

Kingsley Healthcare (Birmingham) Limited

Gower Gardens Residential

Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Gower Gardens Residential Care Home provides personal care for up to 66 people. The service provides support to older people, people with physical disabilities, and people who are living with dementia. At the time of our inspection there were 39 people using the service.

The care home accommodates people in one adapted building over three floors. People had access to a lounge and dining area on each floor and a cinema room and garden were also available for people to use.

People's experience of using this service and what we found

The registered manager knew of their responsibility to notify the Care Quality Commission (CQC) of incidents of concern however, there was a delay in notifying us of two incidents. People, staff and relatives spoke positively about the management team and felt able to raise concerns. The provider had systems in place to have oversight of the quality and safety of the care, although some improvements were required to ensure everyone had an application for a Deprivation of Liberty Safeguard (DoLS) in place.

People were supported to access healthcare professionals when their needs changed, however some people had not had their annual dental checks. Staff received training and competencies to ensure they were skilled to meet people's needs. People were offered a choice of food and the environment was warm and welcoming with further refurbishments taking place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service mainly supported this practice. There was a delay in applying for one person's DoLS application.

People and relatives told us care was provided safely. Staff had received safeguarding training and knew how to recognise and report any safeguarding concerns. Infection control measures were in place, and staff competencies were completed to ensure they administered medicines safely. The provider had effective recruitment processes in place and accidents and incidents were analysed to improve care and ensure lessons were learned.

People were supported by kind and caring staff. We observed people being treated with dignity and respect and encouraged to maintain their independence. Staff ensured personal information was kept confidential and people were involved in decisions about their care.

Different activities were available for people to get involved with. Care plans contained information about people's preferences and staff knew people well. Complaints were responded to in a timely way and information about the support people wanted to receive at the end of their life was recorded.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last Inspection

The last rating for the service under the previous provider was requires improvement (published on 30 July 2022).

Why we inspected

The inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gower Gardens Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert By Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Gower Gardens Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gower Gardens Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who lived at the home and 6 relatives about their experience of the care provided. We spoke with 14 staff including the nominated individual, registered manager, operations manager, care staff, domestic staff, maintenance staff and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed. We also spoke to a health care professional who visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had received training and understood how to recognise the signs of abuse and how to report. One staff member told us, "Safeguarding is protecting people from harm and abuse, keeping them safe." Another told us, "I would report those concerns to the manager."
- People and relatives told us they felt safe. One person told us, "I do feel safe here as there is always someone on call when I press the buzzer, so I know they will come and help me." A relative said, "They understand with [person] not being able to use the buzzer. The sensor mat is pulled out and they come and check on [person]."
- When safeguarding concerns were highlighted, they were referred to the local authority. The registered manager looked into any safeguarding concerns and action was taken to reduce the risks to the person.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff were aware of people's risks and were able to tell us how they supported people to keep them safe. When people's needs changed, risk were reviewed, and care plans were updated.
- Where people needed additional monitoring, for example because of their skin integrity or due to risk of malnutrition, staff kept clear records to evidence the measures they were taking to reduce the risk.
- Regular checks were made to the environment to ensure people were kept safe, this included checks on water temperatures and safety equipment within the home. The provider took action when required.

Staffing and recruitment

- Most people and relatives felt there were enough staff to meet people's needs. Two relatives told us staff could be more stretched at the weekends and one relative felt staff were slow to respond to the call bell. The provider had a dependency tool to assess how many staff were required to meet people's needs and to check call bell response times. Our observations were there were enough staff to meet people's needs.
- Staff were recruited safely. Staff files included staff work references, identity checks, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.
- Staff told us they had time to support people without rushing them. A staff member told us, "For the people we have there is more than enough staff in the building." Another said, "We are a really good team, when people go off sick, because we are such a good team, we work it out and get it covered."

Using medicines safely

- We found one person had some medication in a pot in their room which they had not taken. The person had capacity to understand about their medication however, the staff member had not ensured these medicines were taken safely before signing the medication administration records. We raised this with the registered manager who immediately took action to address the issue.
- Staff had training in the administration of medicines and regular competencies were in place. People told us they were happy with their medicine support.
- Medicines were stored and disposed of safely. Where people had medicines prescribed on a required basis (PRN) supporting guidance was in place, so staff knew when to give the medicine.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with their wishes and in accordance with current government guidance.

Learning lessons when things go wrong

- The provider had identified that there could be delays in administering controlled drugs due to only senior staff being able to witness the administration of this type of medication. In order to reduce any delays, they had improved their system by ensuring more of the staff group were trained and competent to act as a witness.
- Accidents and incidents were reviewed for each person, and action taken to mitigate risks. Information was shared in the morning meeting to ensure all staff were aware of any current issues.
- The provider ensured lessons learned were shared across their care homes to improve the quality and safety of the care. We saw lessons learned had been shared with staff in group supervisions and additional training put in place as required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications were made for people who lacked capacity to decide where they lived and about their care and treatment. However, there had been a delay in applying for one person's DoLS after their last authorisation had expired. When we brought this to the attention of the management team the application was made straight away.
- When people lacked capacity for certain decisions, mental capacity assessments and best interest decisions were recorded. Some improvements were required to ensure the information discussed was relevant to the decision which was being assessed.
- Staff had received training and had a good understanding of the Mental Capacity Act. A staff member told us, "You don't assume that the service user does not have capacity, it's all about choice."
- We saw staff seeking consent from people, for example asking people if they wanted to have a clothes protector on at mealtimes and when they were supporting people to move.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Timely referrals were made to health care professionals when people's needs changed, and staff followed any recommendations made. A health care professional told us, "They follow any guidance we can give. The senior carers are very informative about people's needs."
- People who were at risk of choking had been referred to the speech and language therapy team. Staff were able to tell us about the recommendations which had been made to prevent people from choking.

- Systems were in place to ensure staff were made aware of any changes in people's needs. This included handover meetings, daily meetings with senior staff and instant access to people's care plans and risk assessments on the electronic care records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An initial assessment of people's needs was carried out before they moved to the home, so they could be sure they could meet people's needs and preferences. People and their family members were involved in the initial assessment. A relative told us, "[Unit manager] came and assessed [person] in hospital and [registered manager] was involved. They asked about [person's] life and preferences."
- Care plans reflected a good understanding of people's needs, including information and preferences about their religion and sexuality.

Staff support: induction, training, skills and experience

- Staff completed mandatory training which included safeguarding, mental capacity, fire safety and health and safety. Further training was also available to reflect the needs of the people living at the service. The management team were booking staff onto further face to face training and a training action plan was in place.
- Competency assessments were completed to check staff had the skills and knowledge to support people. This included assessing how staff supported people with medicines and with their mobility.
- Staff completed a full induction when they started working at the home which included working alongside other more experienced staff, completing training and reading the policies in place at the home.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people told us they liked the food. One person said, "The food is very good. I have only asked for a change of meal once." Another person told us, "The food is excellent." There was a system in place for people to feedback about the quality of the food and the chef met with people to find out their preferences.
- Care staff we spoke with had a good understanding of people's dietary needs and personal preferences. The chef was knowledgeable about people's individual needs and how to keep them safe from any risks such as choking and specific health conditions. Records of people's dietary needs were accessible for all staff.
- People were supported to make choices about their meal. For people living with dementia they were supported to make a choice by staff showing them a plated meal.
- There was a system in place to monitor people's weights and we saw action had been taken to review weight loss concerns with the doctor.
- We observed people were not rushed when eating their meals and there was a relaxed atmosphere. The management team completed audits of people's dining experiences to ensure good practice was followed.

Adapting service, design, decoration to meet people's needs

- The home was welcoming, warm and comfortable. We saw that people's bedrooms were personalised. There were also additional facilities such as a cinema room, quiet lounges and a café for people to use.
- Adaptions had been made around the home to enable people living with dementia to orientate themselves. For example, people's bedrooms had a sign which included their name, photograph and important facts about themselves which they had agreed to be included. The home also had coloured toilet seats, which can assist people living with dementia due to the contrasting colour.
- The home was undergoing refurbishments to improve the environment. The changes had been discussed with relatives and people in a meeting prior to them taking place. A person told us, "The new colour scheme is nice, makes it feel clean and fresh."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We last inspected this key question under the old provider at our inspection on the 18 February 2020 (report published 02 April 2020). We rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with kindness and respect. One person told us, "Staff do treat me well. I like chatting with them." A relative said, "They have gone above and beyond they are all really caring." We observed kind and caring interactions between staff and people.
- People's care plans contained information about their wishes and preferences and there was consideration of people's diverse needs. One person's care plan included information about their cultural needs. One person's first language was not English and we observed a staff member speaking to them in their first language.
- Staff enjoyed their role in supporting people. One staff member told us, "The people have to be treated with respect, the same as how you would want your mum and dad to be treated." Another said, "As long as I leave people with a smile on their face, I am happy."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were involved in the development and reviews of their care plans. Care plans including details of people's personal preferences such as the clothes they liked to wear, food choices and activities.
- We observed people being offered choices about their day-to-day care. A relative told us, "They are very resident centred. [Person] has capacity and they will listen to them and respect what they need as well as guiding them."

Respecting and promoting people's privacy, dignity and independence

- Staff shared with us how they ensured people's dignity and privacy was respected. One staff member said, "We ensure doors are closed for personal care and medication. When people have phone calls, we close the door it's the same for visits." Another told us, "I make sure the door and curtains are closed, and when giving personal care the person is covered with a towel."
- People were encouraged to maintain their independence where possible. We observed one person washing up. Another person went out of the home independently.
- Staff were aware of the need to maintain people's confidentiality. Records were securely stored, and staff understood the need not to speak about people where others may be able to hear. A staff member told us, "You don't talk about people in front of other service users. I will talk to the senior in private if I have a concern."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

We last inspected this key question under the old provider at our inspection on the 18 February 2020 (report published 02 April 2020). We rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives were involved in reviews of their care and when people's care needs changed. One relative told us, "The communication is very good, they ring if there is a concern or if they think [person] should see the doctor."
- Staff respected people's individual choices and preferences and knew people well. One relative told us, "They are good at spotting and knowing [person's] routines and how they are." We observed staff supporting people with their preferences, for example supporting one person to eat in a way they preferred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. Care plans included guidance to staff on how to effectively communicate with people.
- Information such as the provider's complaints policy and service user guide had been translated into another language, for a person who required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity co-ordinator employed by the home and there were a range of activities available to people. One person told us, "I do take part in the activities, there is a film on today in the cinema room which I will be going to. I do really enjoy painting and drawing. We've had a choir visit us and I like to go to the church services." A relative told us about an afternoon tea that had been arranged for a special occasion for their relative and family.
- Relatives told us when people were cared for in their bedrooms staff would ensure they spent time with them. One relative said, "They come in and paint [person's] nails and come and sing with them."
- We observed, and relatives told us they were supported to maintain important relationships. One relative told us a person had a telephone put into their bedroom so that they could ring directly. Another relative said, "When I phone the home they always take the phone to [person] so we can talk. I really appreciate that as it keeps me in contact with my relative."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. We saw 1 complaint had been raised recently, which had been looked into quickly and the complainant received a timely response which they were satisfied with.
- People and relatives told us they felt able to raise any concerns and could approach the registered manager directly. We saw a number of compliments had been received regarding the care and support people received.

End of life care and support

- The care people wished to receive at the end of their life was recorded. Staff had been booked onto some face-to-face training for end of life care.
- We saw evidence of proactive contact with relevant healthcare professionals to ensure one person remained comfortable and pain free at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Some systems and processes needed further development to ensure all healthcare needs and regulatory requirements were met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal requirements within the law to notify CQC of incidents of concerns. The provider had systems in place to ensure we were notified of incidents however we identified two recent incidents we should have been informed of. The registered manager told us this had been an oversight and sent us the required notifications without further delay.
- The provider's governance systems had not been entirely effective to ensure all DoLs applications were monitored. As a result one person's application had not been made without delay. This meant they was no legal authorisation for that person to be deprived of their liberty. After feeding this back, the provider improved their systems to ensure a more robust oversight.
- There were systems in place to ensure people received support with oral hygiene, however the system had not been robust and some people had not received their annual check up from the dentist. This increased the risk of dental and mouth care problems not being identified and preventative action taken. We raised with this the management team who immediately contacted the dentist to make arrangements. The provider also took steps to improve the electronic care records system to include an alert when a person was due a dental check.
- Systems were in place to assess and monitor the quality and safety of the service provided to people, with provider oversight. Audits were completed on care and medicines records and prompt action taken where inconsistencies were identified.
- There was a clear staffing structure in place and staff were clear about their responsibilities. Regular meetings were held with senior staff from each department to discuss changes, share any concerns and look at actions required to reduce risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives spoke positively about the registered manager and told us they felt comfortable to raise any concerns. One person said, "I am quite happy to discuss any concerns I may have with the seniors, and if need be, I will make an appointment with [registered manager]." A relative told us, "[Registered manager] is very responsive, the best there has ever been there." Another said, "The manager is great, very down to earth. I feel able to go and talk to them."
- Staff told us they felt supported by the management team. One staff member told us, "The managers are

very approachable and fair to staff." Another said, "Both [registered manager and deputy manager] are brilliant. The support is always there."

- There were meetings for people and relatives to discuss any issues and share their views. The provider had also started a survey with people, relatives and staff to gather their views. We saw positive feedback was given as part of this survey.
- The provider and registered manager understood their responsibility under duty of candour to be open and transparent when somethings goes wrong. A relative told us, "They always seem to be honest about what's happened. I don't get the feeling they are hiding anything."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us about positive outcomes for people living at the home. One relative said, "Since my relative has been here the staff have got them to use a walker sometimes and that is really good to see. They have really persevered with my relative."
- Staff meetings were held regularly to discuss any improvements in the quality of care required and learning from complaints and safeguarding. Staff told us the meetings were useful and changes were made. One staff member said, "It gives everyone a chance to air concerns. [Registered manager] will try and sort them out there and then."
- People and relatives were positive about the home and felt the management team were approachable. One person said, "I would recommend this home." A relative told us, "It's not like a care home, there is a caring atmosphere. From the minute you walk through the door, I felt like they wanted to help me."

Continuous learning and improving care; Working in partnership with others

- The management team were open and transparent during the inspection and took immediate action to address any issues we identified.
- The provider shared learning across all of their organisations to ensure improvements in the quality and safety of the care provided. For example, improving risk assessments in relation to emollient creams and ensuring good practice when administrating prescribed creams.
- The service worked in partnership with district nurses, speech and language therapists and other professionals to ensure people were getting the care they needed. One health care professional told us, "I have no concerns about the support, they are very knowledgeable about their clients." A relative said, "If my relative has any health issues the home is straight on it, they act very quickly which is what you want."