Grandcross Limited

Gotton Manor 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?	Good

Summary of findings

Overall summary

Gotton Manor Care Home is a care home for up to 60 people. The home provides nursing and personal care. It specialises in the care of older people, including people living with dementia. At the time of the inspection there were 38 people living at the home.

At the last inspection in January 2016, the service was rated Good.

At this inspection we found the service remained Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good;

Although people raised concerns about the staffing arrangements in the home, the provider was taking action to ensure vacant staff shifts were covered. There were systems in place to ensure suitable staff were recruited.

People were supported by staff who knew how to recognise and report abuse. Risks to people were identified and risk management plans were in place. Medicines were managed safely. Measures were in place to prevent the risk of the spread of infection. There were systems in place to record and review any accidents or incidents that occurred.

On the first day of the inspection our observations of the mealtime experience were mixed. People received a diet to meet their individual needs and we saw systems were in place to enable people to give their feedback regarding the menus.

People received effective care from staff who had the skills and knowledge to meet their needs. Although some staff in The Coach House had not received supervision in line with the providers policy, staff spoken with felt supported by their managers.

Staff monitored people's health and well-being and made sure they had access to other healthcare

professionals according to their individual needs.

People's rights were protected because the correct procedures were followed where people lacked capacity to make specific decisions for themselves.

People were supported by staff who were kind and caring. Staff spoke positively about people; they demonstrated empathy and were able to tell us about people's likes, dislikes and what was important to them.

People received care that was responsive to their needs and personalised to their wishes and preferences. People had access to a range of organised and informal activities which provided them with mental and social stimulation.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained.

There were procedures in place to manage complaints. Where complaints had been raised these were responded to and action was taken where required. The manager and provider treated complaints as an opportunity to learn and improve.

The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Gotton Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 April 2018 and was unannounced. It was carried out by two adult social care inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service.

During the inspection we spoke with 12 people who lived at the home, four visitors, and 19 members of staff including the manager, care staff, nurses, the cook, the maintenance team and domestic staff. The regional manager was also available throughout both days the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included six care and support plans, medication administration records, four staff files, training records and records relating to the quality monitoring within the home.

Good

Our findings

People felt safe at the home and with the staff who supported them. One person said, "Staff look after me, its lovely." Other comments included, "No harassment here" and "I feel safe and wanted." Some people were unable to fully share their views with us but all appeared very comfortable with staff.

Risks of abuse to people were minimised because the provider had a recruitment procedure in place to ensure staff were suitable for their role. Before commencing work, all new staff were checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff confirmed they had not started to work for Gotton Manor Care Home until these checks were carried out.

Staff spoken with had an understanding of what may constitute abuse and how to report it. They were confident that any concerns reported would be investigated and action would be taken to make sure people were safe. One staff member said, "I would report any concerns to the manager." Staff were also aware of the whistleblowing policy and that they could report any safeguarding concerns outside of the organisation if required. One staff member said, "They promote the whistleblowing policy, I have never had to use it but I would if I needed to."

We found for one person their family member had raised concerns about a safeguarding allegation. Although the manager had completed an initial investigation, this had not been reported to the local authority or the Care Quality Commission. We discussed this with the regional manager and manager who reassured us they would report this to the authorities. We noted all other safeguarding incidents had been reported appropriately.

We received mixed feedback from people and staff regarding the staffing arrangements in the home. Comments from people living in the Coach House included; "When I ring the bell, it varies as to how long it takes, depends on staffing levels", "I think there should be more staff" and
"If I ring the bell it can take a long time before they come."

Staff told us although they were busy at times, they felt there were enough staff to meet people's needs and ensure they were safe. Comments included, "Yes we have enough staff, we use agency now and then and if needed the head of care will help out", "We have had to use agency lately because of staff shortages", "We have had staff shortages and we have had to use a lot of agency, some days we have to go at 100 miles per

hour" and "We have enough staff, it can be tricky when agency are here but we all work as a team and the senior staff will help out."

We discussed staffing levels with the manager and regional manager. They told us some staff had left and we saw they were actively recruiting to fill the vacant posts. They were in the process of block booking agency staff to cover the vacant shifts to ensure continuity. Staffing levels were determined using a tool based on people's dependency level. We saw this tool in people's care plans and it was reviewed and updated regularly. We looked at the staffing rotas which indicated the staffing levels were consistently met.

People who were being cared for in their rooms had access to call bells to enable them to summon help when they required it. During the inspection we did not hear call bells ringing for extended periods of time, showing people's requests for support were answered promptly.

We discussed the comments from people and staff with the regional manager who told us they would review staffing levels again to ensure they remained suitable to meet people's needs. The regional manager also told us they would arrange for the providers 'resident experience team' to visit the home and complete some observations which would enable them to further determine if staff levels were suitable.

Risks to people were identified and there were risk management plans in people's care plans identifying how to reduce the risks. Areas covered in the assessments included; bed rails, nutrition and hydration, skin integrity, mobility and falls risk. There were also risk assessments in place for social activities such as gardening. Risk assessments had been updated on a monthly basis in order to reflect the person's current level of need. Staff spoken with were aware of people's individual risks and the management plans in place.

There were systems in place to record any accidents or incidents that occurred. These were recorded onto a system which would alert the manager of them. The manager reviewed and analysed all incidents to identity any action required to reduce the likelihood of further incidents and any lessons learned.

There were a range of checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment, testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment. We noted the last fire drill in the Coach House was in September 2017, and this identified that not all staff were confident in locating the fire panel, which would inform them where the fire was. The manager confirmed these staff had received training following the drill. Following our inspection the manager confirmed they had conducted further fire drills to ensure staff were updated on the procedure.

People received their medicines safely from registered nurses and staff who had received specific training to safely carry out this task. All staff who administered medicines had their competency assessed to make sure their practice remained safe and in accordance with the provider's policies and procedures.

Medicines were stored safely and securely including those which required additional security. Medicines Administration Records (MARs) were accurate and completed consistently by staff. Medicine audits were conducted on a monthly basis to identify any areas of improvement.

There were systems in place to ensure people were protected from the risk of the spread of infection. Housekeeping staff were employed to clean the home and there were cleaning schedules in place for them to follow. All areas of the home were clean. Staff had access to personal protective equipment and we observed them using this appropriately during our inspection.

Good

Our findings

People's needs and choices were assessed and planned for. Each person had a pre-admission assessment that was completed before they moved into Gotton Manor Care Home. The assessments formed the basis of the care plans and were reviewed and updated regularly. People and their relatives were involved in the initial assessments. Staff we spoke with had a good knowledge about each person and what was important to them.

People were supported to see health care professionals according to their individual needs. One person told us, "I see my CPN [Community Psychiatric Nurse] for support which makes me feel very relaxed here."

People's care records showed referrals had been made to appropriate health professionals when required. These included the chiropodist and optician. When a person had not been well, we saw that the relevant healthcare professional had been contacted to review their condition. We found that things requested or suggested by external professionals had been implemented. For example, one person needed a specialised stand aid to assist with moving and when we visited this person's room we saw the stand aid that had been suggested. This meant people's healthcare needs were being met and they received ongoing healthcare support.

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff received an induction before they started supporting people independently. The induction was linked to The Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. New staff shadowed more experienced staff members as part of their induction and staff confirmed if more shadowing or learning was required, they were confident this would be provided. One staff member commented, "My induction was helpful."

Staff received a range of on-going training to ensure their skills and knowledge remained up to date. Staff were positive about the training they received. One staff member told us, "The training is good, fire safety and moving and handling all done on one day." Another commented, "The training is good and if you want any additional training they will arrange it."

Staff training subjects included moving and handling people, safeguarding, equality and diversity, pressure area care, and supporting people who are living with dementia. We reviewed the training records and noted some staff required refresher training in some subjects, the manager provided evidence they were taking action where staff required this training.

We received mixed feedback from staff around the frequency they received one to one supervisions (meetings with their line manager to discuss their work). Some staff told us they had not received a recent supervision. Records demonstrated staff in the Main House had received recent supervision. However, in the Coach House some supervision had not been conducted four times a year, in line with the provider's supervision policy. This was due to a lack of senior staff currently recruited to enable the task to be carried out; the provider had been actively working towards recruiting to the post. Despite this, staff spoken with in The Coach House felt supported and able to approach the senior staff with any concerns.

People's rights were protected because the correct procedures were being followed where people lacked capacity to make decisions for themselves. The service was supporting people in line with the Mental Capacity Act 2005 (MCA).

The 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 Act 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked the capacity to make specific decisions we saw capacity assessments and best interest decisions had been carried out with the relevant people involved. Areas covered included; the use of a lap belt whilst travelling in a wheelchair and for the use of bedrails on their bed. Consent forms had been completed where people could consent to aspects of their care. For example one person did not want bed rails despite presenting a potential falls risk. The person had full mental capacity so staff reviewed the risk assessment and an amended form was agreed with the person that detailed their wish not to have bed rails.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had an understanding of the Mental Capacity Act and worked in partnership with relevant authorities to make sure people's rights were protected. The manager had made applications to the local authority where appropriate.

People received a diet to meet their needs. There were two main meal options on the menu each day and if a person did not like what was on the menu they could choose something else. The cook had a list of people's likes, dislikes, dietary needs and preferences to ensure people received a diet that met their preferences. One person told us, "I have allergies, so the chef came and saw me and worked out a menu for me." The cook told us that communication was good between the care and kitchen staff. This ensured people's special dietary needs and wishes were passed on to catering staff. People were supported to maintain a healthy diet and people who were at risk of malnutrition were assessed and monitored by staff where required.

Our observations of the mealtime experience were mixed. On the first day of our inspection in The Coach House we observed although there were condiments available on a trolley in the dining area, staff did not offer these to people. One person told us they thought their meal was dry, and they had not been offered any gravy. We observed a staff member took their tray away unfinished and no alternative was offered, however we noted the person did not inform the staff they thought their meal was dry.

On the second day of the inspection we observed a more positive mealtime experience in The Coach House. This reflected our observations of the Main House mealtime. We observed staff offering to cut up food,

warning people that plates were hot and asking if people would like salt, pepper or a variety of sauces. We observed people being assisted with their meals in a way that respected dignity and at a pace led by the person. People were offered a variety of alcoholic and non-alcoholic drinks to accompany their meal.

The environment was mostly well maintained and decorated. We observed however, some areas of the internal and external environment required redecorating. The regional manager confirmed there were plans in place to address this. People were able to move around the home freely and request staff support as and when they needed it. There were quiet places to sit so people didn't have to go to their bedrooms if they wanted to be quiet.

Good

Our findings

People were cared for by kind and caring staff. Throughout both days we saw staff spoke to people respectfully and showed kindness and patience when supporting them. Staff supported people to move around the home, they did not rush people and offered encouragement and reassurance where appropriate.

People told us that the majority of staff were kind and caring. Comments included; "I think it's excellent, staff are friendly and helpful, all of them", "We are like one big family", "Lovely, good girls [staff]" and "Never had a cross word with any of them." However, one person mentioned a member of staff who they thought could be abrupt with them. We reported this information to the regional manager who stated they would investigate this further.

Staff spoke positively about people; they demonstrated empathy and were able to tell us about people's likes, dislikes and what was important to them.

People had a document called 'My Choices' in their care plans. These were used to record information relating to the person's life history including their previous occupations, family details, their culture, sexuality, likes and dislikes. Information such as this is important when supporting people who might have dementia or memory loss. Where people did not want to share this information we saw there was an option for people to state this. The staff we spoke with had a good knowledge of the people they were supporting.

People's 'My Choices' also included information such as what time people chose to get up and go to bed, when and how often they preferred to have a bath or shower and their preferred style of clothing. One person's 'My Choices' stated they enjoyed classical music and we observed this was playing in their room. We also observed staff promoting people to make day to day decisions such as where they chose to sit and staff supported people in a way that promoted their independence.

People chose what they wanted to do and how and where to spend their time. Some people chose to stay in their rooms; others chose to spend time in the lounges. One person told us, "I tell them, and they do it." Another commented, "I like to get up and dressed before breakfast and most times staff help me do this." People were able to see visitors when they wished. There were relatives and friends visiting people in the home during the inspection.

People's privacy and dignity were respected. One person told us, "Never treated other than with dignity and

respect." Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. We observed staff knocking on people's doors during our inspection. Records demonstrated people were referred to in a dignified way, for example, they referred to people being 'assisted' with aspects of their daily routines.

The service kept a record of all the compliments they received. We reviewed a file that contained written feedback to the service to express their thanks. Comments included, "Thank you for the wonderfully warm welcome, [name] felt very much at home in your care" and "We would like to pass on our heartfelt thanks for the wonderful care our mum received."

Good

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People and those important to them were involved in decisions about their care and treatment. Reviews were planned annually or more frequently if people's needs or circumstances changed.

Each person had a care plan that detailed the support they required from staff. The care plans we looked at gave clear information about the support people required to meet their needs and people's medical conditions. The care plans also included a life history and information about people's interests, which helped staff to understand the person and topics they could talk about. We saw people had signed their care plans where they were able to, which demonstrated their agreement.

Where people had sensory impairments, staff described how they promoted communication in line with the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. For example, one person had a hearing impairment; staff described how they used a notebook to write down what they wanted to say. They also described how they used nonverbal communication such as gestures to communicate. Staff spoke of meeting people's individual needs through care planning, understanding their life histories and getting to know people as individuals.

People told us they were happy with and aware of the activities on offer and had the choice if they wanted to participate or not. One person told us, "I like going in the mini bus to see the country side". Another commented, "In the summer we sit outside with our big hats on."

There were a range of activities on offer in the home; these included trips out into the community, chair badminton, coffee mornings, quizzes, pet visits, one to one sessions and sing alongs. Once a week someone came in to play the piano in the Main House lounge which we were told people really enjoyed. During the inspection we observed the chair volley ball session which was enjoyed by the participants as demonstrated by their engagement and laughter. We observed the activities coordinator encouraging people to participate in a very friendly manner.

Specific dates such as Easter, the Queen's birthday and The Grand National horse race were also celebrated. There were plans to hold a spring fete in the grounds of the home. One person liked dogs and the team arranged for pet therapy dogs to visit the home. Another person told us they enjoyed seeing the dog, commenting, "I have my hair done and she sits on my lap and I stroke her." Another person liked to stay in

their room so staff had arranged for a bird feeder to be positioned outside the window so that the person could watch the birds feeding.

People were able to follow their religious and spiritual beliefs because religious services were held at the home. Staff told us communion was held in the home monthly.

People's wishes regarding what treatment they wished to receive was recorded because the staff worked with people's GP's. This made sure there were plans in place to state under what circumstances they wished to be admitted to hospital and if they wished to be resuscitated. This all helped to make sure people received quality care in accordance with their wishes.

People who were nearing the end of their lives had care plans in place to show the care and support they would like to receive. Staff told us they made every effort to make sure people's wishes were met. The staff had received thank you cards and letters for the care provided to people at the end of their life. One relative had written, "We can never thank you enough for all the care and kindness that you gave to [name]."

People told us if they had any concerns they would speak to the staff. Most people said they hadn't ever had to make a complaint. Two of the relatives we spoke with told us they had raised concerns with the manager. One relative said, ". I didn't feel they listened at first, but it's improving now." Another commented, "I have spoken to manager, who reassured me that she is trying to make changes."

We saw the complaints procedure was displayed around the home for people and visitors to see. There had been three formal complaints received by the service in the past year. Records demonstrated complaints were responded to and action was taken to rectify issues where concerns were raised. For example, where a concern had been raised around a person being offered a lack of choice, action was taken in response to this, such as supervision being held with staff.

Good

Our findings

There was a manager in post who had been in the manager's role for three months. The manager told us they were in the process of applying for the registered manager's position. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was also a registered nurse and they kept their knowledge and skills updated thorough on-going training. The manager told us they were well supported by the regional manager, who visited the home frequently to make sure high standards of care were maintained. They also had support from a manager from one of the providers other homes as well as members of the providers senior team.

The manager maintained a regular presence in the home. They had knowledge of the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. Staff confirmed the manager worked alongside them on shift if cover was needed.

Some people we spoke with knew who the manager was, and some didn't. Those who did thought the manager was approachable. Comments included. "[Name of manager] is very approachable." Another commented, "I know [name of manager], I think she has got things under control."

Although staff expressed it had recently been an unsettling time, due to longstanding staff members leaving, they spoke positively about the future and of working at Gotton Manor Care Home. One staff member told us, "Most of the staff have the right attitude, they care and they are reliable. Things will get better." Other comments included; "The manager is doing well, they are very good", "People are well cared for, we are compassionate", "It's a good team, they have supported me" and "The staff are helpful and supportive and the manager has been really helpful and supportive."

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. In the parts of the home which provided nursing care there was always a registered nurse on duty who was able to monitor people's health needs and act in accordance with those needs. In the Coach House, which did not provide nursing care, there was a Head of Care who was responsible for the day to day running of the area. There were also senior positions in the Coach House and two of these had been vacant for a period of time.

The home had some issues with recruitment and retention of staff. In order to make sure people received consistent care they had taken action to address this by block booking an agency staff member to work as a senior. It was evident during the inspection, due to the lack of senior staff in The Coach House, the Head of Care was very busy, this had impacted on the regularity of staff supervisions being held. The Head of Care told us they could see the provider was trying to fill the senior post, and they were positive once this had been achieved they would be able to get back on top of their workload.

Staff meetings were held which were used to address any issues and communicate messages to staff. One staff member told us, "Staff meetings are ok, we discuss things like the staffing levels, we are updated and receive a monthly newsletter with updates too." Meeting minutes reviewed demonstrated items discussed included action taken to address the staffing vacancies, training and general items updating staff on the home and environment.

There were a range of systems in place for people to give feedback on the service. One of them included staff supporting people each month to use a computer tablet to raise any concerns and to give positive feedback. The regional manager told us any feedback that was received that was graded 75% or below was flagged to them on their computer. This enabled the regional manager to check what action was taken and to ensure any concerns were resolved.

Resident and relatives meetings were also held to enable people to discuss matters relevant to the home. One person told us, "It was informative, and I found out about new menus being offered. It was followed up." We reviewed the minutes of the meetings and saw items discussed included, planned activities, menus, improvements to the environment, laundry, staffing and recruitment and the systems available to give feedback. Each person also received a monthly newsletter updating them on relevant items relating to the home.

The home had links with the local community such as; the local children's nursery school, the local chip shop, pubs and garden centres. The registered manager also told us how they arranged visits to local garden centres and seaside towns.

The provider had quality assurance systems which ensured standards were maintained and constantly looked at ways to improve practice. These included speaking to people about their involvement in their care, reviewing care records, incidents and accidents audits, medicines audits, cleanliness and infection control audits and any reviewing any clinical risks such as wounds. Where actions were identified these were recorded and reviewed as part of the audits.