

Gordena Care Ltd

# Gordena Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gordena Care Home is a 'care home' that provides care and support for up to 9 people. All the people who lived at the home had a learning disability. There were 6 people living there at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

The home was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

#### Right Support:

People were supported in line with their individual needs. The staff supported people who were familiar with their needs. Staff took into account any risks when providing people's care and worked collaboratively with other health and social care agencies. Families were important contributors to people's care and had developed close relationships with the staff.

#### Right Care:

People could communicate with staff and understand information given to them. The staff supported people consistently. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The home gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture:

The registered manager was also the provider. They have a strong visible presence within the home. They had created a culture of learning, opportunity and reflection. Staff were encouraged to speak out and contribute to the development of the home.

People were empowered to live their lives in line with their preferences and were given the opportunity to have new and repeated experiences. People were encouraged to have holidays supported by the staff. Some people were supported with volunteer roles within the community.

### Rating at last inspection and update

The last rating for this service was good (published 27 September 2017).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected the domains of Safe and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home remains good based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gordena Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Gordena 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.

#### Service and service type

Gordena 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. Gordena 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. The registered manager was also the provider.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information

the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with three people who lived at the home. We also spoke with three staff members which included the registered manager. We spent time observing people. We could see the interaction between people and staff. We reviewed a range of records. This included risk assessments, care records and medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the home were viewed. This included health and safety records, maintenance checks and quality audits.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At the inspection of 23 and 29 August 2017, we found improvements were needed to ensure people were safe. This included staff completing a fire drill at frequent intervals and to ensure the recommendations made by a pharmacist had been fully actioned. This included checking staff competency in respect of the administration of medication. At this inspection, we found improvements had been made.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At this inspection we found fire drills had been completed at regular intervals with the staff. Clear records of these drills were maintained for each drill. This included the staff that attended, the duration of the fire drills and if any concerns had been noticed.
- The fire brigade had visited the home to complete an inspection of the premises. Recommendations had been made, which were implemented straight away. This included updating the fire risk assessment and a new fire door installed downstairs.
- Regular checks were made on the premises to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.
- The registered manager supported people in positive risk taking. People were supported to achieve their aims, develop life skills and to build their confidence. One person we spoke with went out alone to meet friends for coffee. Another person volunteered locally and used public transport. Both people were aware of how to keep safe.
- People's individual risks were assessed, and measures were put in place to reduce and manage the risks. Risk assessments were reviewed and updated at regular intervals.
- Incidents and accidents were recorded, information within these were reviewed by the registered manager and used to identify any learning and any action to reduce risks.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- Staff that administered medicines had received medicines training and had their competencies assessed. We were shown competency checks of new staff and the process being followed.
- Since the last inspection the registered manager had changed pharmacy. Topical creams were applied safely with clear records maintained.
- There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines.
- Audit systems were in place to ensure any medication discrepancies were highlighted and acted upon.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Staff received regular training in relation to safeguarding and protecting people.
- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- People told us they felt safe. One person told us, "If I am unhappy, I tell the staff. I know what to do."
- The registered manager had alerted the relevant local authority safeguarding teams about any allegations of abuse and worked in partnership with them to keep people safe.

Staffing and recruitment

- Staffing was flexible and was arranged around activity and as people's needs increased. For example, Staff were flexible at staying later to accommodate people's social activities and appointments.
- The home had enough staff to meet the needs of people. The registered manager was recruiting for further staff to help increase the occupancy of the home. The home had two vacant beds and one bedroom taken out of use.
- The registered manager was hands on and helped to cover the daily duty rota and any annual leave and sickness. The staff had a social media chat where they communicated to get any outstanding shifts covered.
- People told us they felt staffing levels were safe. Their comments included, "Yes, I do think we have enough staff. If we need any help we ask or call them".
- The provider had a recruitment system in place which enabled them to recruit staff safely. The recruitment process included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the home was working within the principles of the MCA. Assessments of capacity and agreements about best interests were carried out.
- At the time of this inspection we were advised one person was subject to a deprivation of liberty.

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

- The provider had ensured people were able to maintain contact with relatives. This included visits within the home and going out to meet them. No restrictions were in place.

# 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 remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was also the provider. They worked hard to instil a culture of care in which staff felt valued and promoted people's individuality, protected their rights and enabled them to fully develop.
- They also owned another home locally and divided their time between them both. They were visible in the home and approachable. They were alert to the culture within the home and spent time with staff, people and family discussing behaviours and values.
- People were happy at the home and led fulfilling lives. People were encouraged to make drinks, help with meal preparation, to do their laundry and to keep their rooms clean and tidy. Some people were not able to complete these daily tasks and required staff to support them.
- The staff supported some people to go away on holidays. We were shown photos of people's holiday in 2022. Some people chose to stay home with the staff caring for them.
- Staff valued the people they supported and interacted with them in a warm and caring manner. The atmosphere at the home was calm and friendly.
- People were keen to speak with us about their experiences at the home. Two people we spoke with told us how they were supported by the staff after another person died in the home. They were able to sit and spend time with the person before they died. It was clear people and the staff cared for each other.
- The staff supported people to maintain regular contact with the person's friend. The friend continued to visit the home and people also went to their home to see them with staff.

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

- Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred, individualised care for people.
- The registered manager carried out a schedule of audits, spot checks and observations. This was to check people received good quality care and support. These included audits of, medication, infection prevention and control, health and safety and people's finances.
- Any issues identified through audits had corrective action taken on them to ensure people were cared for safely.
- There was a process of continual improvement and quality assurance to ensure the quality of the provision was maintained. The systems ensured the registered manager had clear oversight of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics people's rights and provide good quality care and support; Continuous learning and improving care

- Staff had regular supervision sessions where they reflected on their work and their training and development needs. Staff told us they found the supervision sessions helpful and constructive and supportive.
- Regular staff meetings were held with the staff. They discussed important issues and were able to put forward their own ideas. The staff told us they felt listened to and valued.
- The registered manager worked closely and new staff and met with them regularly. This was to check how they had settled into their role.
- The staff and the registered manager kept in regular contact with people's family. This was by phone, text and by email. Newsletters were shared about things that had taken place at the home, along with updates about their wellbeing.
- House meetings took place with people and staff. We were told they helped to devise weekly menus and other matters.

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

- The registered manager understood duty of candour and the need to be open and transparent when things go wrong.
- They made the necessary statutory notifications when things went wrong and had processes in place for reporting and investigating incidents.

Working in partnership with others

- The provider kept up to date with national policy and regulation to inform improvements to the home.
- The home worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included the GP and dentist. People were supported to attend appointments at the local surgery.
- Some people had volunteering jobs locally. The staff had supported people to build these connections.