

Tamhealth Limited

Gosmore Nursing and Care Centre

Inspection report

Hitchin Road,
Gosmore,
Nr Hitchin,
Hertfordshire, SG4 7QH
Tel: 01462 454925
Website: www.fshc.co.uk

Date of inspection visit: 11 February 2015
Date of publication: 18/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We undertook an unannounced inspection of Gosmore Nursing and Care Centre on 11 February 2015. The home provides accommodation, support and nursing care for up to 63 older people. At the time of our inspection there were 40 people living in the home, some of whom were living with dementia.

There was a new manager in post however they were not yet registered. 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.

At the last inspection we found the service was not meeting the required standards in relation to the

Summary of findings

suitability of the premises, the assessment, planning and delivery of care to people who used the service, staffing levels and quality management. The provider sent us an action plan to show what they were going to do to make the necessary improvements to meet the required standards and told us that they would do this by 26 November 2014.

At this inspection we found that the service was now meeting the required standards in relation to the assessment, planning and delivery of care and staffing, and that progress had been made towards meeting standards in relation to quality management. Improvements had been made to the control of extreme temperatures in the building and to the maintenance of the garden areas.

Medicines were not managed safely and accurate medicine stock records were not kept.

The provider had not taken all appropriate steps to prevent and control the spread of infection and some areas of the service were not clean or well-maintained.

Risks to people were assessed and minimised.

There were appropriate numbers of suitably skilled and qualified staff on duty to meet people's needs. Staff received on-going training and support and were aware of their responsibilities when providing care and support to people at the service.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS), and assessments had been appropriately completed.

Each person had a support plan in place detailing their needs and preferences. People were supported to have enough to eat and drink and to access healthcare services as required.

People's views were sought and used effectively to make improvements to the quality of the service.

Audits were used effectively to monitor the quality of the service.

During this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe.

Medicines were not managed safely.

The provider had not taken all appropriate steps to prevent and control the spread of infection.

Staff had been trained in safeguarding and were aware of the processes that were to be followed if they had any concerns about people's safety.

Staffing levels were appropriate to meet the needs of people who used the service.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff had the skills and knowledge to meet people's needs.

The building was in a poor state of repair. Plans were being made to address this.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and assessments were appropriately completed.

People were supported to eat and drink to maintain good health.

Requires Improvement



Is the service caring?

The service was caring.

People who used the service had positive relationships with staff who treated them with respect.

People's privacy and dignity were protected.

Good



Is the service responsive?

The service was not always responsive.

Staff provided personalised care based on people's individual needs and preferences.

Some people were supported to pursue their hobbies and interests but some people were not offered activities that met their needs.

People knew how to make a complaint and felt comfortable to do so if the need should arise.

Requires Improvement



Is the service well-led?

The service was not always well-led

Requires Improvement



Summary of findings

A new manager, who was not yet registered, was in post.

Improvements had been made to the service but these were not yet fully embedded within the culture of the home.

People's views and feedback were used to inform the development of the service.

Staff felt comfortable discussing any concerns with their manager.

The manager promoted a person centred culture throughout the home

Gosmore Nursing and Care Centre

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 was planned to check 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 February 2015 and was unannounced. The inspection team consisted of two inspectors.

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 also reviewed other information we held about

the service. This included information we had received from the local authority and the provider since the last inspection, including action plans and notifications of incidents. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven people who used the service. We also spoke with the manager of the home, the deputy manager, a senior manager, two nurses, four care staff, and an administrator. We reviewed the care records of four people that used the service, staffing and training records, and records relating to how the provider assessed and monitored the quality of the service provided.

After the inspection visit we spoke with three health and social care professionals who worked with the home in order to gain feedback from them about the quality of the care provided.

Is the service safe?

Our findings

At our last inspection on 07 August 2014 we found that there were not enough staff on duty to meet the needs of the people who lived at the service. At this inspection we found there were enough staff in each area of the home.

Most people said there were enough staff to keep them safe. One person said, “If I use my call bell they come quickly. There are enough of them around.” and another person said, “There is always someone around and they are quick to come if you call.” However, a third person said, “If you use the call bell, they don’t come quickly. It’s hard to put a definite time on it though.” During our inspection we observed the routines in the service. We saw that people received personal care in a timely manner. We saw that staff were present throughout the home and that there were enough of them to respond to people’s needs.

The management team used a dependency tool to calculate the numbers of staff required to meet the needs of the people who were currently using the service. On the day of the inspection we found there were more staff than the minimum numbers recommended by the dependency tool. A staff member explained that, because of the layout of the building, the management team assessed that extra staff were required to support people safely. In addition to care staff there were activities, administration, domestic, and kitchen staff. This enabled the nurses and care staff to focus purely on meeting people’s care delivery.

We saw that the necessary recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. We looked at five staff files and found that appropriate checks had been undertaken before staff began work at the home. These included written references, and satisfactory Disclosure and Barring Service clearance (DBS). Evidence of their identity had been obtained and checked, and there was a clear record of the employees previous work experience and skills.

Medicines were stored correctly and at the right temperature. We checked the records for the management of controlled drugs and found these were completed correctly. Medicines were only administered by qualified nurses who were appropriately trained. We saw that one person was administered medicines covertly. We noted in the person’s care plan that a mental capacity assessment

had been completed in relation to this and that a decision had been made in the person’s best interest in line with the Mental Capacity Act 2005. This was also documented in the person’s medical records to ensure that nurses administering medicines were aware of the best interests decision made.

However medicines were not managed safely or effectively. We completed a check of medicines stock and records for four people who used the service and identified discrepancies in all of them. Stocks of medicines held at the home did not correspond with records. For example one person’s medicine administration records (MAR) showed that 12 Lorazepam tablets were in stock although only four were found when we checked. This meant that eight tablets could not be accounted for. In contrast, records showed that there was no stock of one medicine held for another person, but our check found 25 tablets in stock. This showed that medicines were not managed safely or effectively to ensure that people were properly supported to take their medicines as prescribed or to have an adequate supply of medicines available to them. We discussed our findings with the manager who confirmed that an immediate investigation would be carried out and action would be taken to address the reasons for these discrepancies once they were identified.

This was a breach of Regulation 12 of the health and Social Care act 2008 (regulated activities) regulations 2014.

We saw that staff used appropriate personal protective equipment, such as gloves and aprons when assisting people with personal care, and that they washed their hands both before and after providing support. We saw that equipment used by cleaning staff was colour coded to indicate which areas of the home each piece of equipment was used for, and that colour coding charts were on display to remind staff to use the equipment correctly. However, we found that the provider had not taken all appropriate steps to prevent and control the spread of infection. Some areas of the home, such as the bathrooms were visibly dirty. Paintwork throughout the home was chipped and shabby making it difficult to clean sufficiently to prevent the spread of infection. Carpets and furniture in some areas of the home were stained and required cleaning. In a sluice room and in a bathroom we found soiled equipment and overflowing, unclean bins. Although cleaning schedules had been completed to indicate some areas had been cleaned, we found this was not the case.

Is the service safe?

This was a breach of Regulation 12 of the health and Social Care act 2008 (regulated activities) regulations 2014.

People told us they felt safe. One person said, "I feel safe. We all have an alarm button and you can call anyone day or night if you are in your room. Another person said, "I do feel safe. The place is known to me and I am surrounded by people who know me. "A third person said, "I feel safe. I moved from another home and this is much better."

We saw that the provider had up to date policies designed to protect people from abuse which included safeguarding and whistleblowing. Staff we spoke with were able to demonstrate a good understanding of the types of abuse that may occur and knew how to report this should they need to. They were also able to demonstrate their awareness of the whistleblowing policy. One member of staff told us that they had received training in safeguarding people from abuse and would always report their concerns to their manager. Another member of staff gave an example of an occasion when they raised a safeguarding alert after witnessing poor care that they recognised as neglect.

Each person had individual assessments in place which identified any areas of risk, such as a risk of falling or

developing pressure areas, and how these would be minimised. We saw that people were involved in making decisions about risks and about how they would like to be supported to stay safe and maintain their independence as much as possible. Each person had a personal emergency evacuation plan within their care records which explained how they should be assisted to evacuate the premises safely in the event of an emergency. We saw that there were processes in place to manage risk in connection with the operation of the home. These covered all areas of the home management, such as fire risk assessment, water temperatures and electrical appliance testing.

Records of incidents were kept and the computerised system enabled the management team to identify any trends so that action could be taken to reduce them. One member of staff told us that they had learned as a team from incidents. For example, they had learned to be more vigilant following a person rolling out of their bed. They had reviewed the person's risk assessment and provided a low profile bed with a crash mattress to maintain the person's safety.

Is the service effective?

Our findings

At our last inspection on 07 August 2014, we found the provider was not meeting the required standards to ensure that the premises met the needs of the people. We identified concerns in relation to the temperature of the building, the positioning of fans and the maintenance of the garden. At this inspection we found that the provider had taken action to address these issues.

The manager told us that the lift had broken down the day before our inspection. We saw that action was taken to repair it during our visit and that the manager had put contingency plans in place to ensure that people's needs were met whilst the lift was out of use. Although some areas of the service was in a poor state of repair and decoration, the manager and a senior manager had identified that a full refurbishment of the premises was required and plans to progress this were in place. They also confirmed that, in the interim, some redecoration was to take place to make immediate improvements to the environment.

People said that staff were good at their jobs. One person said, "They're doing a good job. I am happy here. The staff are good, some are brilliant, others can learn a bit more." Another person said, "The staff are of a very good standard." New staff had been provided with induction training and had a period of shadowing experienced staff before taking up their duties. Staff we spoke with were able to tell us how they applied the training they had received to people's day to day care. For example, one member of staff told us they had learned how to support a person to maintain the correct position when drinking to avoid aspiration (choking from inhaling fluid). Another member of staff said, "There is always room for improvement. The more you know, the better you can deliver care and meet the needs of residents". We observed that staff knew people well and had the skills to meet their needs. For example, we saw that staff supported people to move around the home safely in line with their care plan and were competent in using moving and handling techniques and equipment. Staff told us that they received good support from the new home manager on a day to day basis, and that they had regular supervision meetings with their line manager. During these meetings they discussed their performance

and targets. They also discussed any problem areas and training requirements. Records also showed that staff received appropriate professional development and were able to obtain further relevant qualifications.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberties Safeguards (DoLS) and gave us examples of how they would be used in the home. At the time of the inspection no one living at the home had a DoLS in place. The new manager confirmed she would be reviewing this as a priority with regard to the most recent supreme court ruling about DoLS. Where appropriate, an assessment of a person's mental capacity had been completed to determine whether they could make decisions about specific aspects of their care. When it had been assessed that they did not have the mental capacity to make or understand the impact of the decision, it had been made in the person's best interests and documented appropriately.

People told us that their consent was sought before any care or support was provided and we observed this during the inspection. One person said, "They always ask for my consent before they do anything." A staff member said that when providing care, they always asked first and explained to the person what they would be doing. Where possible, people or their representatives had signed the care plans to indicate that they agreed with the planned care.

Most people told us that they enjoyed the food and they were given an alternative choice if they did not like what was on the menu. One person said, "Food, I think, is very good. You tell them what you want and you can have a second helping. Drinks sit on a tray and I usually ask if I want one." Another person said that the choices on the menu were, "Nice but a bit repetitive. There is a lot of mince. I very often have something that is not on the menu. The chef is not so rigid you can't change at the last minute because he will try to make sure you get something you like." We observed a lunchtime meal and saw that people were supported to have sufficient food and drinks, were given a variety of dishes to choose from and enjoyed their food.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be a risk of not eating and drinking enough, the provider monitored how much they ate and

Is the service effective?

drank on a daily basis, and their weight was checked regularly. We also saw that where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing.

People told us that they were supported to access healthcare services. One person told us “if you’re ill they will call a doctor. There’s a couple of grand doctors and

there’s always a doctor available. I see the opticians, dentist and chiropodist. They all come here.” The care records showed that the provider had involved a wide selection of health care professionals to ensure that people’s needs were met. Staff told us that they had a good relationship with health care professionals who visit the home and that regular discussions were held with a GP to identify improvement that could be made to the provision of care to people.

Is the service caring?

Our findings

People spoke highly of the staff that supported them. One person said, “The carers are kind, courteous and respectful”, and another person said, “staff are caring, they are great staff.” A member of staff said, “If I don’t have time to sit and talk with people I will make my own time. They are human beings. They have feelings... I like talking to them”. We observed staff interacting with people in a caring way. We saw that staff were attentive to people and chatted with them about day to day matters. There was a relaxed atmosphere in the home and people were clearly at ease in the company of staff.

We observed that the staff listened to people and gave them time to communicate their wishes. People told us that the staff understood their needs well and provided the support they required. The staff we spoke with were knowledgeable about the people they supported and what was important to them. One of the staff told us that they assisted people to make decisions about their care and support and acted on people’s views and choices to ensure that they received the care they wanted. We saw that staff

were flexible about the support they offered. For example, at lunchtime, one person decided they wanted to leave the dining room and eat in their room. Staff accepted this, assisted the person to their room and organised for their lunch to be taken to them. This showed that the support provided was determined by what people wanted rather than the task being undertaken.

We observed that the staff protected people’s privacy, dignity and confidentiality. The staff ensured that people were supported with their personal care in private. We saw that when staff assisted people to move from communal areas, this was done in a discreet and respectful manner. Although they told people that they were moving them, others in the room would not have known why they were being moved. One member of staff told us that they always knock on a person’s door and ask if they may enter. People confirmed this and we saw that this happened during the day of the inspection. People told us their friends and family could visit whenever they wanted and that this enabled them to maintain relationships that were important to them.

Is the service responsive?

Our findings

At our last inspection on 07 August 2015 we found that people's care and treatment was not assessed, planned or delivered in line with their individual needs. We found that although people's physical needs were identified and met, their preferences, emotional needs and need for stimulation and social contact were not sufficiently met.

At this inspection we found that the service had taken action to address these issues. People we spoke with were positive about the care and support they received. We saw that people's needs had been assessed and appropriate care plans were in place to ensure that people were supported effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. One person said, "what I like is all there in my plan." The staff told us that they felt that improvements had been made to the planning and delivery of care and that they enjoyed their work more because they got to know people really well, including understanding their needs, preferences and choices.

People and their relatives had been involved in the planning and regular reviews of their care. We saw evidence of regular communication with people's relatives. The staff told us that where possible, they regularly discussed and reviewed care plans with people who used the service and we saw evidence of care reviews in the records we looked at.

People were supported to pursue interests and hobbies in the local community, and we saw that individual and group trips had been arranged to various places which were of particular interest to people. One person said, "We went to Duxford and Clacton. Clacton was good but Duxford was brilliant. We had a private flying display and took food. We sat on the grass and had a big picnic." People were supported to take part in activities within the home. One person told us, "We have cooking days where we make cakes about once a month. [Name] does the entertainment, tombola, jigsaws, that sort of thing. [Name]

makes provision for one to one chats." Activities staff had put together a programme of activities based on the interests of the people who used the service. We observed that activities were provided throughout the day in a communal area and that the people in attendance were enjoying themselves and the atmosphere was lively with lots of chatting and laughter between people and staff. However, this was not always the experience for some people in other areas of the home where they did not always get the social interactions they required to prevent them from becoming isolated and lonely. Many people spent much of their day alone in their rooms. One person said, "I get very bored up here."

People told us that they were able to personalise their bedrooms. In order to support people to maintain their individuality and diversity, we saw that they had personal items and photographs of friends and family members on display in their bedrooms. These familiar items made the environment feel homely and comfortable for people.

People told us that they were comfortable with raising complaints and concerns and had been given the information to enable them to do so. One person said, "When my bed was too soft I made a complaint and they tried to pump it up but they couldn't. They got an engineer out and the pump needed renewing so they are getting a new one". Another person said "I don't have any complaints but I would talk to the manager or one of the staff if I did." A third person said, "If you complain about anything they see to it." We saw that the manager had a system to record and monitor responses to complaints and that most complaints had been responded to in an appropriate and timely manner in line with the provider's complaints policy. We noted that one complaint had not been responded to within the agreed timescales and remained outstanding from December 2014. The manager told us that she would follow this matter up with the complainant without delay. The manager told us they intended to discuss concerns raised during staff meetings to enable learning from these and appropriate actions to be taken to make improvements.

Is the service well-led?

Our findings

At our last inspection on 07 August 2014 we found that the provider was not meeting the required standards in relation to the quality monitoring and management of the service. The service had been without a registered manager since April 2014 and a temporary manager was in place. There were no effective quality monitoring systems and the concerns of both people who used the service and staff were not used to make improvements to the service. Since that inspection, the temporary arrangements for the management of the service continued, including a period of cover provided by the provider's regional manager, until a permanent manager was appointed at the beginning of February 2015. We found that improvements had been made since the last inspection but that these needed to be built upon and given time to ensure they were fully embedded within the culture of the service.

On the day of this inspection the new manager had been in post for 10 days and was not yet registered with the care quality commission. The manager was present during our inspection and was able to clearly demonstrate that she understood her responsibilities. We found that she had a 'hands on' approach to her role and that she promoted a person centred culture within the home. She was clear about the standard of service she wanted to provide to people and their families, as well as providing effective support for the staff. We saw, and people and staff confirmed, that she was visible within the service and was taking time to talk with people and get to know them and the staff team. One person said, "Yes, I've met the new manager. She came round to introduce herself. She seems like she will be good." A member of staff said, "My main concerns were that the management felt insecure. Care went on but we need a leader. The relatives are now more certain and trust in us. [Manager] rang the next of kin to introduce herself." They went on to say, "[Manager] gives

hands on support and I think she will be brilliant. She has the experience. If there are any issues she says ok and looks to see what she can do about it." Staff confirmed that they were aware of the whistleblowing policy and all of them said they would feel confident to report poor practice and believed that the new manager would take appropriate action.

There was an effective quality assurance system in place. Quality audits completed by the management team covered a range of topics, including infection control, care plans and medicines management. We saw that action plans had been developed where shortfalls had been identified and the actions were signed off when they had been completed. We saw that, in addition to the quality audits, the manager carried out regular walks of the floor and produced reports and action plans following these. We saw that these walkabouts covered areas such as cleanliness, dignity, respect, and involvement. The manager had identified issues that we found during the inspection in relation to cleanliness and infection control and the state of repair of the building, and was having discussions with the regional manager, as well as staff, about how these matters would be addressed.

The manager had introduced a morning 'stand up' meeting for senior staff to ensure that they had a clear understanding of all their duties and responsibilities for the day and any changes to people's needs. Regular staff meetings were also planned to ensure staff had good information and the opportunity to raise any issues, concerns or ideas for improvements they had. Although the last resident's satisfaction survey was completed in 2013, the home provided other opportunities for people to be involved in making suggestions for improvements to the service. One person said, "We have a meeting once a week. All the residents are invited to share their views or query things." The manager confirmed that they planned to conduct another survey in the near future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not managed safely and appropriate steps were not taken to prevent and control the risk of infection. Regulation 12 (1) (2) (g) and (h)
Treatment of disease, disorder or injury	