

P F Moss

# Gwendoline House

## 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

This inspection took place on 19 December 2018 was unannounced. There were no concerns at the last inspection of April 2016. Gwendoline House provides accommodation for up to 16 older people. At the time of our visit there were 16 people living at the service.

There was a registered manager in post. 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 our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of 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.

People continued to receive a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. The home was clean and staff followed the providers infection control policy and procedures.

The service remained effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

Staff provided a caring service to people and respected and promoted their dignity. People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and

understand the experiences of people who used the service.

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.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Gwendoline House

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector for adult social care. Prior to the inspection we looked at information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning for the inspection.

During our visit, we observed people throughout the day and we spoke individually with four. We also joined them for a short time during an activity session. We spent time with the provider, registered manager and deputy. We spoke individually with two staff. We looked at three people's care records, together with other records relating to their care and the running of the service. This included three staff employment records, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

People continued to receive safe care and support. One of the common themes from people was that they felt, safe, happy and secure. Comments included, "I feel safe living here and it's all down to the staff", "Staff always come and check on me", "My sight is poor so the staff keep me very safe" and "I felt safe the moment I walked through the door".

Staff understood what constituted abuse and the processes to follow to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred.

Staff managed risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented.

During the inspection the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People confirmed there were sufficient numbers of staff on duty. People could request support by using a call bell system. One wrote in their recent survey, "The staff are very good and there to assist me very quickly".

The service ensured staff employed had suitable skills, experience and competence to fulfil their roles. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they could support people with their medicines. The registered manager and deputy completed practical competency reviews with all staff to ensure best practice was being followed.

The home was clean, homely and free from any unpleasant odour. The provider had infection prevention and control policies in place and staff had received training. Staff had access to the equipment they needed

to prevent and control infection including; disposable gloves, aprons, sluicing facilities, and cleaning materials.

# Is the service effective?

## Our findings

People continued to receive care and support from an effective service. Staff had an induction programme to complete when they started working for the service. Those staff who had not worked in care before completed a programme of 15 modules within three months. This was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015.

The service continued to ensure staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Staff felt encouraged and supported to increase their skills and gain professional qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received.

The service had a small, steadfast group of staff. Staff continued to work well as a team. Staff felt they were supported daily by the provider, registered manager, deputy and colleagues. Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

Staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the principles of the MCA and, how to implement this for those people who did not have mental capacity and, how to support best interest decision making. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own 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 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 make 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 with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People continued to receive a healthy nutritious diet. Choice of meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed freshly prepared meals and told us they were, most enjoyable, tasty and there was plenty to choose from.

The service ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. The registered



manager recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

## Is the service caring?

### Our findings

People continued to receive support from a caring service. People appeared to have a good relationship with care staff and they looked comfortable and relaxed when approached. The atmosphere was relaxed and we observed a lot of friendly, caring interactions, and smiles. Comments from people and relatives were positive and included, "I love living here, I have made good friends. The staff make me feel happy", "We want to thank each and every one of you for your loving care and kindness", "I really appreciate the kindness and understanding mum is shown" and "You are all very kind and nothing is too much trouble, it's lovely to have mum in such a happy place".

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and access to weekly visits with the home's hair dresser. People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained. One person told us, "They have all been very good, they always respect my choices and what I would like to do. I like to meet people occasionally but I feel happy in my room with my own things around me. The staff always speak to me very nicely and politely".

The management team had considered plans over the next 12 months to further enhance a caring service. The PIR stated, "In order to make our service more caring we are going to focus on dignity over the next 12 months. One of the most important things to our residents is their dignity. We are going to ensure all staff have a good understanding and are delivering best practice. We are going to raise awareness and create a common understanding of what Dignity in Care means. To achieve this, we are going to promote the 10 Dignity Do's within the home. We also want to appoint Dignity Champions within the home".

Staff had got to know people over time and continued to develop personal profiles 'about me'. These were based on the 'This is me' profiles originally promoted by the Alzheimer's society. The information gathered lent itself to a person-centred approach for any person who wanted to receive individualised care and was widely used in the care sector. People had taken time to provide details about preferred daily routines and what level of assistance they required. This helped ensure people's daily routines were meaningful and enjoyed and further demonstrated respect for people as individuals. Some examples we read included, "I like to get up at 8am and have my breakfast in the conservatory", "I like to have my book to hand, I don't enjoy the television but like listening to the radio", "Please don't disturb me at night" and "I like a fitted sheet on my bed and two pillows please". We saw that people had their personal items around them in the communal areas. It was nice to see personal items around them during the day and not just in their rooms, this further demonstrated that Gwendoline House was their home.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet areas in the home. Family and friends were invited to special events. Relatives wrote in a recent survey, "We are always made to feel very welcome" and "I am always greeted hospitably, staff always engage in conversation".

## Is the service responsive?

### Our findings

The home continued to provide a responsive service. The registered manager and deputy continued to complete thorough assessments for those people who were considering moving into the home. The information gathered was detailed and supported the service and prospective 'resident' to decide as to whether the service was suitable and their needs could be met. The registered manager demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People said they were, 'very content' and 'more than satisfied' with the care and support they received. Comments from the recent surveys included, "It's lovely here I wouldn't want to live anywhere else", "It's very comfortable and I am very satisfied" and "There is a real home from home feel where the care is so personalised". Care documentation provided staff with a good level of detail about how people wished to be supported and cared for. The provider wrote in their PIR, "Our care plans define who our residents are. The plans are continuously reviewed and updated with our residents and relatives to ensure that they continue to be happy with the help and support they receive".

People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the 'residents' meetings. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas. Comments included, "I think the entertainment is wonderful", "I never get bored, I always enjoy being with people who live here" and "I like the fact that I continue to do my own things that interest me and equally I have the choice to join in with others". There continued to be 'old favourites' that people enjoyed. On the day of our visit there was a group quiz. Almost everyone joined in, it was light hearted, fun and thoroughly enjoyed by all.

When asked who they would speak to if they were not happy, people said they would either speak to their family or a member of staff. The daily presence of the provider, registered manager and deputy meant people were seen every day and asked how they were. This had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that they knew people well and people were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Staff were proud and felt privileged when supporting people during the end of their life. They did this with empathy, love and respected people's wishes to the very end to ensure a peaceful, dignified death. Staff were fully supported of GP, district nurses and palliative care nurses.

## Is the service well-led?

### Our findings

The registered manager and deputy continued to demonstrate effective leadership skills within their roles. Their knowledge and enthusiasm of the service, the people in their care and all staff members was evident. Equally the provider had a very 'hands on', active approach and presence within the service. He was available 24 hours a day and spent every day with people who lived at the home, relatives, and staff. Everyone was proud of the service and wanted it to be a positive experience and place for people. One relative wrote in a recent survey, "I have found the management team and all staff to be very caring and accommodating".

The management team made every effort to keep up to date with current best practice and met with managers from other services. The deputy had recently successfully completed her Level five qualification in management. In the PIR the provider stated, "We are members of Care & Support West and attend their quarterly meetings and yearly conference. These meetings not only provide us with any changes to the industry but also cover best practices in areas such as safeguarding, recruitment and mental capacity. They are also a good opportunity to meet with other registered managers to share knowledge and experiences. By attending the meetings, we are kept informed and up to date about changes and developments across the care sector both locally and nationally. In addition to this they are point of contact if we have any situations we are unsure about and need to seek advice".

The service continued to seek the views of everyone using the service by way of surveys and meetings. The provider wrote in their PIR about their most recent survey and how meetings are an important aspect of empowering people to have their say. They stated, "We carry out yearly quality assurance questionnaires where we ask our resident's and their relatives for feedback on the care and support they receive. Some of the comments made from our residents about the staff who provide the care included what lovely people they are, how they help them with the things they struggle with but also work with them to encourage them to stay as independent as possible. Some of the feedback from relatives that we have received is that they have found the management and all staff to be caring and accommodating. We hold resident's meeting in which they are given the opportunity to talk about the care they receive, their preferences when it comes to the choice of food they want, where they would like to go and what activities they enjoy. Management also take time to talk to the resident's individually on a daily basis for feedback on how the staff are with them, whether they are happy and if they have any concerns".

Systems were in place to monitor and evaluate services provided in the home. The registered manager and deputy reviewed concerns, incidents, accidents and notifications. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality. Additional monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The registered manager and deputy knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. We use this information to monitor the service

and ensure they have responded appropriately to keep people safe and meet their responsibilities as a service provider.