Mr & Mrs L Spiller

Gorselands 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

Gorselands Care Home provides care and accommodation for up to 30 older people who are living with dementia. At the time of our inspection there were 28 people living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

Staffing levels were safe to meet people's needs and robust recruitment procedures were conducted. Medicines were administered safely. Risk assessments were in place to support people safely whilst promoting people's independence. Staff were knowledgeable about how to safeguard people from abuse.

Staff had an effective induction when they started work at the service. A programme of regular training for staff was completed to ensure knowledge and practice was at the expected standard. People were supported to access healthcare. People are supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible.

Staff were kind and caring. People had good relationships with staff. Care plans were person centred. People were involved with the local community and networks were established. There was a range of activities available for people to participate in. People were involved in choosing developing activities. Feedback from people was sought through meetings and surveys and suggestions implemented.

Policies and procedures were not always up to date or clear when they had been reviewed. Systems were in place to monitor and improve the quality of the service but required further development. People, relatives and staff spoke positively about how the service was run and managed.

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

Gorselands 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 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 comprehensive inspection was carried out on 26 June 2017. The inspection was carried out by one inspector and one 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. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us.

Some people at the service were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with eight people, eight relatives and eight members of staff, which included the registered manager and the provider. We looked at three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Good

Is the service safe?

Our findings

The service was safe. One person said, "I like it very much. I feel safe and sound, lovely carers." A relative said, "It is safe, caring and considerate. Plenty of time for [Name of person]."

People told us they felt safe as staffing levels were good. We reviewed the staff rotas for the previous six weeks and saw that staffing was kept at the assessed levels. We were told that staffing was consistent and stable. One person said, "It is nice to see the same staff." People told us that staff were always available and attended promptly when needed. One person said, "I use my buzzer and staff come quickly. They answer calls bells promptly." We observed there was enough staff to meet people's needs safely.

Medicines were stored, administered and disposed of safely. One person said, "Medicines always arrive." Another person said, "Tablets are brought around, staff see that I take them." We observed a staff member explaining to a person what their medicines were and what they were for. The staff member ensured the medicines were given in the person's preferred way. We highlighted to the registered manager that guidelines for as required medicines did not always give staff the guidance they may require. Also, that the temperature of the medicines trolley was not taken daily. The registered manager said these would be addressed. Regular audits of medicines took place by the registered manager.

The service followed appropriate recruitment process before new staff began their employment. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Staff were clear on their responsibilities for reporting and recording any accident or incidents. We reviewed incident and accident records and saw the action taken. For example one person was referred to the falls team. We found that some records did not always give a detailed description of what had occurred. This detail could assist in the preventative action taken to prevent reoccurrence. The registered manager said this would be addressed. A monthly overview was conducted to monitor that actions taken were effective.

The provider had policies and procedures in place for safeguarding vulnerable adults. Staff understood safeguarding procedures and explained the process they would undertake to report concerns. One staff member said, "I would report any concerns to the registered manager." Staff recognised the different types of abuse or harm people could experience.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as mobility, personal care and nutrition. Risk assessments promoted people's independence whilst keeping people safe such as when people accessed the local area or were involved in household tasks.

We reviewed records which showed that regular checking and testing of equipment had been conducted.

This ensured equipment was maintained and safe for the intended purpose. The provider told us that the addition of specialist equipment to assist in the event of a person sustaining a fall had greatly benefited people's safety and dignity. Environmental risk assessments were in place to minimise potential risks to people. The service had recently installed an enhanced fire system. The previous system had met all requirements however, the new system further protected people in an emergency situation due to additional features. When fire drills took place, scheduled or unscheduled, reflections were recorded on the effectiveness of the evacuation.

The service was well maintained. Regular checks of the service took place and we saw that maintenance jobs were carried out promptly. The garden was safe and accessible and we saw many people enjoying this space independently.

Good

Is the service effective?

Our findings

The service provided effective care and support. One person said, "It is a home from home." Another person said, "Staff know what they are doing and care for me so well."

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that people's capacity had been considered where necessary in people's care plans. Staff understood about gaining consent from people about their care and support and we observed this being undertaken. For example, we saw people being asked if they would like to wear a clothes protector before eating their meal, and people's choices were respected. One person said, "They [staff] always ask you, they never do anything without asking."

The service had met the responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. A senior staff member had made appropriate applications for people staying at the service and these were currently being processed by the local authority.

The service had an induction process in place for new staff members, which was aligned with the Care Certificate. The Care Certificate is the minimum standards that should be covered as part of induction training of new care workers. Staff spoke positively about the induction process. One staff member said, "I shadowed staff and had time to get to know people." We were sent an overview of staff training after the inspection. Staff said they received regular training in areas such as first aid, manual handling and fire safety. One staff member said the training was, "Good." Staff had regular supervisions with their line manager. These consisted of observations of practice and opportunities to review staff member's knowledge.

People's healthcare appointments were recorded in their care records. These included visits to the GP, optician and chiropodist. Outcome of these appointments were documented and follow up action taken. People's weights were recorded monthly and actions taken if concerns were identified.

People's nutrition and hydrations needs were identified in their care plan. People spoke positively about the food. One person said, "Food is very good. We have a very good relationship with the chef" Another person said, "Really good homemade cakes here." We saw that people had access and were regularly offered hot and cold drinks. People told us that alternatives were always available to them. At a mealtime a member of staff asked a person, "Would you like a ham sandwich instead?" as they were not eating their meal. Kitchen staff were knowledgeable about people's dietary needs.

Good

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person said, "Nice staff, all pleasant and do everything absolutely perfectly." Another person said, "Staff are very good, they are chatty and take their time." A relative said, "Staff are really good, all excellent. Very understanding, very kind and gentle."

People's visitors were welcomed at the service. A relative said, "No restrictions on the time we can visit." One person told us, "My son pops in and out at different times."

We observed that people were relaxed and comfortable in the presence of staff. Staff knew people well and this was evident in the conversations staff had with people. Staff spoke to people in a polite and caring way. We saw that when one person became upset a staff member sat with them, held their hand and reassured them.

People, relatives and staff described the service as having a homely atmosphere. One person said, "There is a nice atmosphere in the home. All seem to be happy people, staff and residents." One staff member said, "The atmosphere is relaxed, calm and homely."

We observed that people's privacy was respected. Staff knocked on people's doors and waited to be invited in before entering. One person said, "Staff knock on my door before coming in, they respect you."

People chose where they wished to spend their time in their room, gardens or communal areas of the service. We saw that people got up when they wished and had their meals where they preferred. One person said, "No one restricts the times you get up or go to bed." The provider supported people to fulfil their end of life wishes. The service facilitated relatives to remain with their family during this time for example, by providing meals, drinks, a bed to stay and emotional support.

The service had received many positive compliments. One compliment read, "Thank-you so much for caring for [name of person] during her stay at Gorselands, we were so happy with all aspects of her care." Another compliment said, "Thank-you for the exceptional care you gave our Mother. Each member of staff always gave individual attention – praise and enjoyment in their work is evident." The service also had received a very high score and many positive comments on a national website where people can review care services.

Good

Is the service responsive?

Our findings

Care and support was responsive to people's individual needs. One person said, "I can talk to staff about anything." A relative said, "[The service] is completely responsive, carers, staff, management and owners."

Care records contained a photograph of the person, medical history and essential contact details such as family members and GP. Care records gave detailed life histories of people. This gave insight into people's employment, areas they had lived in and significant events in their life. The service had involved family members in this process, ensuring that there was depth and detail to this information. Care plans recorded people personal preferences. For example, one care plan we reviewed said, 'Prefers care from female carers.' Another care plan said, 'Prefers to have slightly smaller meals.'

Care plans were regularly reviewed. Family members told us they were involved in this process. One relative said, "Care planning is good. We talk about changing needs." Another relative said, "Any changes to the care plan, they ring me up and discuss."

The service had received one complaint in the last 12 months, which had been investigated and fully resolved. The complaints procedure was displayed within the service. People and relatives told us that staff were approachable and they could raise any concerns which got dealt with promptly.

People gave positive feedback about the activity provision at the service. One person said, "Really do look after us and keep us occupied." There was a varied and interesting daily programme of activities including singing, music, exercise, gardening and crafts. Inclusive trips within the local community were arranged. One person said, "It makes a difference if you can get out, staff take us or we go in the garden." People's individual interests were supported. For example a small vegetable patch had been created for one person. A staff member said, "This brings back so many fond memories for her." People were encouraged to have ownership and be involved with choosing activities for example with the annual pantomime. People's religious needs were met within the community and visiting groups and services.

Regular meetings were held with people and family members. We reviewed recent minutes and saw that people's opinions were sought around food choices, trips out and film afternoons. We saw suggestions for improvements were welcomed and people voted on which charity they wished to support. A presentation was made to celebrate the success of one person in a recent award they had won. A staff member told us the positive impact of this in raising the person's self-esteem and making them feel valued.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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 home is run.

The service had policies and procedures in place. However, it was not clear when these had been written as they were not always dated. There was no record when policies had been reviewed. Some policies which were dated had been devised several years ago, which may mean procedures have changed. The provider and registered manager said this would be addressed.

We received positive feedback about how the service was managed. One person said, "The manager is very nice. See them [managers] all every day." Staff described the registered manager as, "Kind, patient, considerate and helpful." Staff told us the registered manager and provider were involved with the day to day running of the service and were approachable.

Staff told us that there was a positive work culture and they worked well together. One staff member said, "We work well as a team." Another staff member said the service was, "Clean, tidy, well run and the ladies are well cared for."

Information was communicated effectively to staff through a variety of systems. For example, through a handovers, communication book and staff meetings. Staff told us they were kept well informed of people's needs.

Surveys were completed annually with people and relatives in order to gain feedback and identify areas for improvement. From a recent survey in May 2017 we saw positive comments such as, 'Activities are very good and varied' and 'The family is entirely satisfied with the care.'

The service engaged in the local area and had established community links. Local schools had been involved in arts and crafts projects at the service and people had attended local schools to watch pupil performances and shows. Students from a nearby college who were undertaking relevant courses spent time at the service and engaging in the activity program with people. The service was raising money for a local dog rescue centre by making items to sell. People had been involved in local flower shows and competitions. The provider had facilitated with the organisers a category for care homes to enable and support participation for people. A newsletter was produced and was distributed to people, family and friends. This showed social and fundraising events people have been involved with.

Systems were in place to regularly monitor the quality of the service. This included medicine, care records and environmental assessments. The provider acknowledged that audit systems required further depth and said they would address this.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas it planned to improve upon.