

Gloucestershire County Council

Great Western Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 18 and 19 April 2016 and was unannounced. Great Western Court provides a reablement, interim placement and community respite service to help people to return to their own homes where possible following a hospital admission or deterioration in their health and well-being. It is registered to provide accommodation with nursing or personal care for up to 30 people. The home is purpose built on the ground floor which consists of five separate units; although only three units were open on the days of our inspection. Each unit had six individual bedrooms (some with adjoining bathrooms) and a shared lounge and dining room. There were 17 people living at the home at the time of our inspection.

A registered manager was in place as required by their conditions of registration. 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.

People had been consulted in the decision to move to Great Western Court for a period of rehabilitation. They had been involved in planning their reablement goals. Their care plans reflected their levels of independence and support needs. People's risks had been identified and managed well, however guidance for people with unstable medical conditions were not always in place. These were immediately implemented by the registered manager. A multi-disciplinary team of therapist and rehabilitation officers supported people to progress and reach their personal goals. The home had good links with community health care professionals. People were supported to maintain their health and well-being and access additional care and support from other health care services when needed.

People told us they enjoyed their stay at the home. Relatives confirmed that people's time and rehabilitation at Great Western Court had been beneficial. People told us the staff were kind and compassionate. Their dignity and privacy was respected. People were supportive to regain their daily living skills and try out new skills and equipment to enhance their levels of independence. Reablement activities had been introduced. Activities were being provided which assisted people in their reablement goals. Plans were in place to improve people's social, emotional and recreational goals.

Their medicines were managed and administered appropriately. However records of when people required medicines 'as required' or had received medicinal creams applied to their skin were not always consistently completed. This was immediately addressed by the registered manager.

Staff had been suitably recruited and trained to carry out their role. The provider's head office supported the registered manager in recruiting staff. Plans were in place to ensure the registered manager viewed and checked all relevant recruitment documents to ensure staff were of good character. Staff were regularly supported and supervised. People were supported by staff who were knowledgeable in recognising the signs of abuse and the course of actions they would need to take to report any concerns.

The registered manager had a good understanding of their role and how to manage the quality of the care provided to people. They listened to people's concerns. They acted on their suggestions to make improvements in the home. Quality monitoring systems were in place to check and address any shortfalls in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People were positive about the care they received and felt safe. Staff understood their responsibilities in reporting any allegations or incidents of abuse.

People's risks were mainly assessed and managed well to protect people from harm. However protocols for people with unstable medical conditions were not always in place.

People were protected by safe and appropriate systems in handling and administering their medicines.

Effective recruitment procedures were in place to ensure people were being supported by suitable staff.

Is the service effective?

Good 

The service was effective.

People were involved in making decisions about their care and support. A multi-disciplinary team met regularly to review the progress of people's personal goals. When people's needs had changed they were referred to the appropriate community health and social care professionals.

People's dietary needs and preferences were met. They were supported to regain skills in preparing light meals.

Staff were supported and trained to ensure their skills and knowledge was current and met people's needs.

Is the service caring?

Good 

The service was caring.

People were encouraged to improve their levels of independence and work towards their goals.

People and their relatives highly praised the staff. Staff were kind

and compassionate to the people they supported. They treated people individually and with dignity. People's privacy was respected.

Is the service responsive?

Good ●

The service was responsive

People received care and support which was focused on their individual goals and needs. Their care records were detailed which provided staff with guidance on how they preferred to be supported.

People and their relatives had an opportunity to express their views about the service. Their feedback was valued and acted.

Is the service well-led?

Good ●

The service was well- led.

People and their relatives spoke highly of the staff and the registered manager. Staff felt supported by the provider and registered manager. The culture of the home was fair and open.

The quality of care was being regularly monitored and checked.

Great Western Court

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 18 and 19 April 2016 and was unannounced. The inspection was carried out by one inspector.

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 the information we held about the service as well as statutory notifications. Statutory notifications are information the provider is legally required to send us about significant events.

We spent time walking around the home and observed how staff interacted with people. We spoke with six people, three relatives, three members of staff, the deputy manager and the registered manager. We also spoke with two health care professionals. We looked at the care records of four people. We reviewed three staff files including recruitment procedures, as well as the training and development of all staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Is the service safe?

Our findings

People confirmed they felt safe amongst staff and they received care in a safe and supportive manner. Staff had a good understanding of how to keep people safe and were knowledgeable about recognising the signs of abuse. They told us the actions they would take if they were concerned about the safety of people. Staff were clear about their responsibilities to report accidents, incidents or concerns. Staff received regular update training in safeguarding people and was also discussed team meetings. One staff member said, "My role is to keep alert and ensure service users are safe. If I have any concerns I would immediately record them and report them to the managers. I wouldn't let it drop until I was sure it was resolved." Posters on notice boards provided people and their visitors with information about recognising and reporting signs of abuse.

People's risks were identified immediately to give staff a clear understanding of their support needs. Risk assessment tools were used by the staff to identify if people were at risk, for example, at risk of malnutrition. Staff had identified some people were at risk of falling using a falls risk assessment tool. For those identified as being at risk, a falls care plan had been put into place which guided staff on how to help mitigate people's risk of falls, such as wearing appropriate footwear. Staff had access to other health care professionals such as district nurses and GPs if there was a clinical concern or risk.

During the first day of our inspection, we raised concerns with the registered manager about people who were known to have potentially unstable conditions. These conditions such as epilepsy and diabetes were being managed by prescribed medicines or diet. However, there were no care plans or guidance for staff if people became unwell due to these conditions. The registered manager and deputy manager immediately addressed this and reviewed people's care plans and implemented individual protocols where required. These protocols would guide staff and help them to ensure that they had the appropriate knowledge to assist people if their health deteriorated.

People were supported to take steps to increase their physical independence. Some people were provided with equipment such as perching stools or hot water level indicators which helped to mitigate some risks associated with their care. Staff ensured that people's risks were regularly reviewed to ensure people were being protected.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Most staff had worked at the home for many years. Staff volunteered to carry out additional shifts or regular bank staff were used if there were staff shortages. We were told, "We have a good pool of reliable staff that we can rely on when we have staff shortages." We were told that the registered manager frequently walked around the home and spoke to people and staff to ascertain the dependency levels and progress of people. They told us the staffing levels would be adjusted accordingly. This was confirmed by staff.

The staff team at Great Western Court consisted of a multi-disciplinary team comprising of physiotherapists, occupational therapist and rehabilitation staff. The therapists assessed people's abilities and provided them with equipment and individual rehabilitation programmes including exercise classes and the practicing of

daily skills such as kitchen skills. Rehabilitation officers and assistants helped to reinforce people's reablement goals and assisted people with their daily support needs with the assistance from a team leader who overviewed the service being provided. The home had formed good links with other health care professionals such as district nurses, pharmacists, social workers and GPs who regularly visited the home to assess and review the needs of people.

People were protected from staff who had been vetted by the provider's head office. The head office had checked the criminal and medical histories of new staff and had obtained their references from their previous employers. However, the registered manager had not always requested to review some of the recruitment records obtained by the head office or evidenced that they had checked the employment and criminal history of new staff to ensure they were of good character. This was raised with the registered manager who immediately contacted the head office and requested the relevant copies of the recruitment records. This information was shared with us which clarified that adequate recruitment checks had been carried out. The registered manager stated they would implement a recruitment checklist to ensure they reviewed all the relevant recruitment checks before employing new staff.

People were supported to manage their medicines. We were told that people came to the home with their medicines which were checked and booked in by staff who had been trained in the management of medicines. People's prescribed medicines were reviewed by the visiting GP and pharmacist. People were supported to manage their own medicines where possible and implement medicine management systems which they would continue to use when they returned to their own home.

Systems were in place to ensure people's medicines were ordered and stored effectively. People were given their medicines in a safe and timely manner. The recording of the administration of their medicines was accurate. Some people required medicines 'as required' for example if they were in pain or constipated. Records showed when people had been given this medicine. However the reason why people required the medicine was not always recorded. Some people required support with applying medicinal creams to parts of their body. Body charts indicated where the creams should be applied. One person required creams to be applied two times a day; however the dates and times of the application of their creams were not always recorded. The person confirmed that staff had supported them to apply their creams each day. This was raised with the registered manager who stated this would be raised with staff and would be monitored and added to the medicines auditing process.

Whilst the registered manager took immediate actions with regards to the concerns raised in this domain; we require the home to be consistent in their practices over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

People were supported by staff who had been trained to carry out their individual roles. Their knowledge and skills were monitored by senior staff. One staff member said, "We are well trained and get a lot of support and have regular meetings with our line managers. We can always go to the managers at any time if we have specific concerns." The therapists received the training and support they required in their own specialist field.

People and relatives confirmed that staff were knowledgeable in their roles. One person said, "They do a great job. I am very confident in them and know I'm getting the best help I can."

The deputy manager overviewed the staff training schedule and ensured staff were updated in mandatory subjects such as moving and handling. Subjects such as safeguarding and protecting people from harm had been discussed in team meetings. This had helped to reinforce staff's knowledge and responsibilities. Additional in-house training had also been delivered to enhance staff awareness in areas such as continence, the use of inhalers and risk assessments.

During our last inspection we found that not all staff had received formal and regular supervision meetings (1:1 private support meetings) with their line manager. During this inspection we looked at the home's supervision matrix and supervision notes of three new staff members. The matrix indicated staff were receiving regular supervisions. Supervision records showed that staff met with their line manager every six to eight weeks. New staff received more frequent meetings throughout their probation period. Staff also received an annual appraisal to review their performance and development. Staff confirmed they felt well supported and now received more frequent private meetings to discuss their professional development and concerns.

People who stayed at Great Western Court had the mental capacity to understand and consent to moving into the home prior to their arrival and signed to agree with the service's terms and conditions. They were able to make decisions for themselves and were involved in the planning of their reablement programme and had consented to the care and support being provided.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any condition on authorisations to deprive a person of their liberty were being met. 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.

Staff encouraged people to make choices about their day and respected their decisions. We were told where people had lacked mental capacity to understand, other significant people such as social workers and families had been involved in helping them to understand the care and support. The registered and deputy managers were knowledgeable in the principles of the MCA. Most staff had completed training in the MCA

were clear on how this applied to their practice. Plans were in place for the deputy manager to deliver further MCA training to reinforce the principles of the code of practice when gaining people's lawful consent to the care and support they are about to receive.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody at the time of our inspection was being restricted of their liberty and had the freedom to move around and leave the home freely.

As part of people's reablement programme, they were encouraged to prepare and serve their own breakfast in the unit's kitchen and dining room. People were provided with support from staff as required or given equipment to assist them in becoming independent such as kettle tippers or alternative sized kettles. We saw people helping themselves to cereal and toast and making a hot drink. The majority of people's other meals were provided for them. People were required to select their preferred choice of meal on a menu card for the following day. People told us this system worked well for them. They told us the kitchen staff would happily cook an alternative meal if they didn't like their choice of meal on the day. One person said, "The meals here are good. I really enjoy them." Relatives confirmed that the meals provided were enjoyable. One relative said, "The meals served are superb." Kitchen staff often visited the units and spoke to people about their dietary requirements and preferred choices in meals. We were told that people with specialised or cultural diets would be catered for.

People's support needs and their progression in their levels of independence were discussed at weekly multi-disciplinary team meetings. People were referred to community health care professionals as required.

Is the service caring?

Our findings

The ethos of Great Western Court was to ensure people reached their potential levels of independence in their daily living skills. People worked with staff with the aim of returning to their own homes. A keyworker system was in place. This meant that each person had one member of staff who overviewed their care and support needs and goals. People were positive about the support and care that they received from staff. One person said, "The staff are really kind. Nothing is too much trouble for them. We spoke to a group of four people who sat resting in the dining room after their breakfast. They all agreed that the staff were kind and caring. One person said, "The staff are exceptional. It is a lot better being here than in hospital." Another person said, "The staff are very kind. They give me help when I need it but step back when I'm trying to do something for myself. They have got it just right." One person told us that they weren't sure what to expect when they moved into the home but soon understood the ethos of reablement. They said, "At first I thought it was just a normal care home but I soon realised that this was about me getting stronger and being more confident so I can go home. This place is a blessing!" One relative told us, "The home is spot on, absolutely spot on!" They went on to explain that staff had let their relative settle in to the home before they gently introduced the idea of reablement to them.

People's privacy was respected. Staff were reminded about the importance of confidentiality when sharing information with other health care professionals. People signed to agree that significant information about their health and well-being could be shared with relevant health care professionals and services when needed. People could choose to spend time in their bedrooms or socialise with others in the lounge.

They were issued with a key for their bedroom doors and had the choice to lock their bedroom doors. Staff had been trained in cultural awareness and were sensitive to people's individual cultural and religious needs. We were told that people's faith was respected and they were given the time and privacy to meet their religious needs.

People's relatives were positive about the care and support their loved ones had received while staying at the home. One relative said, "We can't fault them, they did a brilliant job. Mum really enjoyed her stay and didn't want to leave." Another relative told us staff were approachable and happy to discuss their concerns with them. They said, "The home is very friendly and flexible. They are very welcoming when we visit. Nothing is too much trouble. They are always happy to discuss dad's progress with us."

Staff demonstrated respect for people's dignity. We observed staff supporting people in a respectful and dignified manner. They allowed people to attempt to carry out their daily activities such as making their breakfast or standing up from a chair before they intervened if they were struggling. One staff member said, "Dignity and respect is so important. I always treat people how I would like to be treated. We give them time to try things for themselves and don't step in too early." They went on to tell us how they would adapt their communication and approach depending on people's needs and sensory impairments. They said, "Communication is key. We need to make sure that people are happy and we are all working to the same goal." Another staff member gave us examples of how they respected people's dignity by knocking on people's bedroom doors before entering and asking them what time they wanted to go to bed.

Is the service responsive?

Our findings

People received care that had been personalised to their support requirements. The registered manager had reviewed their admissions criteria to ensure that people were appropriately admitted into Great Western Court. They said, "It is important we have the resources and our staff have the skills to meet people's needs." They went on to explain that they had been monitoring the effectiveness of the service; inappropriate admissions and the outcomes of people's reablement goals. All people were referred to the home via the Single Point Clinical Assessment (SPCA) service. SCPA receives referrals from health care professionals who want to avoid people being admitted into acute hospitals by utilising alternative pathways of care that are available in and around the County. The registered manager told us they sometimes queried new referrals to ensure that the home was suitable to meet people's enablement needs. We discussed with the registered manager about how they ensured people's care plans reflected their involvement in the planning for their care. We were told that where possible, people were involved in the decision to stay at Great Western Court and were involved setting and reviewing their own personal goals.

People's care plans provided staff with guidance about the level of support they needed and their reablement goals. Their care plans were regularly reviewed to ensure they reflected people's abilities and progress in their goals. Staff were knowledgeable about people and the levels of support they required. One staff member said, "We are here to support people. We help them to regain their skills and confidence and may suggest new ways or pieces of equipment which may assist them". For example, one staff member told us how they had suggested a new technique to get dressed and provided a person with a piece of equipment to assist them to become independent in dressing. Another member of staff member said, "It is lovely to see people improve. It is really heart filling to know that you have helped them to return back to their home."

People's support needs and their progression in their levels of independence were discussed at weekly multi-disciplinary team meetings. Staff from the rehabilitation team, therapists and external community health care professionals such as the district nurse, pharmacist and community fieldwork assessors attended the meeting to ensure there was a holistic discussion about the people who were staying at the home. We were shown copies of the meetings which identified people's development and actions taken or required to achieve their individual goals. One external health care professional told us the staff at the home were 'approachable, informative and caring'. The registered manager was considering ways to involve people in reviewing their progress and possibly participating in the weekly meeting. They also told us that there were plans in place to set up a working party to evaluate and update the care planning process and to further reflect people's involvement and desired goals.

Since our last inspection, actions had been taken to improve people's social and recreational needs while staying at the home. The registered manager said "We have reviewed the activities and have ongoing plans. Our aim is to provide activities with an emphasis on reablement." They gave us examples of activities carried out in the home such as shopping, coffee mornings, baking, film show, and daily living activities such as laundry and ironing. Suggested activities were discussed at the monthly coffee mornings between people and staff such as gardening in raised beds in the garden and the installation of WIFI (wireless internet) to

help people use computers and the internet to enable them to order their shopping or keep in contact with family and friends. The registered manager explained "Some people come to us knowing about computers and tablets; however others want to learn so they can do their grocery shopping on line." A team leader had been designated to take the lead in activities to ensure people's social and recreational needs were being met. Plans were in place to recruit a staff member who would be responsible for planning and managing people's social and recreational activities.

Notice boards and information stands in reception and at the entrance to each unit provided people and their families with information about local events, clubs and organisations which may assist people in their own homes. Information about upcoming reablement activities was also displayed. Families were encouraged to visit their relatives and take them out in to the community. Visiting times were restricted to ensure people's reablement programmes were not interrupted.

People's opinion and feedback about the service they received was valued by staff. People were asked to complete a short questionnaire at the end of their stay at Great Western Court. People could also complete the provider's feedback leaflets and put comments in a suggestion box at reception. All feedback comments were reviewed by the registered manager. Any shortfalls in the services were investigated and acted on to prevent them occurring again. For example, the lighting had been improved as a result of people's feedback.

People's day to day concerns were addressed immediately. Records showed that one complaint made by a relative was investigated and actions were taken and used as an opportunity for learning or improvement. Information about how to make a complaint about the service was available in service user guide held in each person bedroom.

Is the service well-led?

Our findings

The aim of Great Western Court was to provide a period of rehabilitation to enable people to reach their potential level of independence in a safe environment. The registered manager of the home had been registered with CQC since June 2015. They were supported by a deputy manager who was planning to undertake management qualifications. They told us their biggest challenge was to reinforce the importance of reablement and explained, "We want staff to be very clear of our ethos of working alongside service users and encouraging them to reach their potential."

Staff were positive about the management team and recognised that they had made a lot of positive changes to the management of the home. One staff member said, "The managers are really good, very hands on. They make a good team." The register manager carried out regular 'walk a rounds' in each unit. We were told this was their opportunity to check staffing levels, discuss any daily issues and update on the progress of people. Staff were encouraged to attend various staff meetings which were appropriate to their role. For example, we saw records of regular keyworker and night staff meetings.

Staff told us they felt supported by the managers. One staff member said, "I'm proud to work at Great Western Court. We get a lot of support and positive comments. It makes you feel good when you get a lot of positive comments." Another staff member told us the managers had supported them in taking higher qualifications in health and social care and was considering applying for a more senior post.

The registered and deputy manager had reviewed Great Western Court's admissions criteria and were monitoring the success of the service they provided by evaluating the number of days people stayed at the home and where they moved to once they were discharged from the home. The people who we spoke with all told us their wish and goal was to return to their own home. The manager's evaluations showed that an increasing numbers of people were staying for shorter periods of time and returning to their own homes. We were also told that the service was planning to start a scheme to contact people two weeks after they returned home to find out how they were progressing and managing after the stay at Great Western Court. The deputy manager said, "This will help us to pathway track the service users and monitor how effective we are."

The registered manager told us they felt supported in their role. They explained that due to the nature of the service, they had regular contact and meetings with staff from the local health as well as social services. They said, "Liaison between us and health is vital to ensure that service users are appropriately discharged from hospital to us and that we identify and communicate their abilities and support needs before they go home to our community colleagues."

The provider's policies and procedures were available to staff which gave them clear guidance about different aspects of their role. They were confident in the management and the provider of the home. Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The quality of care in the home was checked regularly through a variety of quality assurance audits such as infection control and medicine management. Regular food audits about the standard of the meals being provided were also carried out. Accident and incident data was also reviewed by the deputy manager on a monthly basis. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service.