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

Overall summary

We carried out this unannounced 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service

Gorselands Care Home provides care and accommodation for up to 30 people. The home specialises in the care of older people living with dementia.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Both the registered manager and the provider were available for the whole of the inspection.

Summary of findings

On the day of the inspection there was a relaxed and caring atmosphere in the home. People were observed to be following their own choices and were able to go into the secure gardens when they wished. One person told us, "I am really happy here I feel safe and it is comfortable". A relative told us, "The care here is really good I am glad I found this home".

People's health care needs were fully assessed and care and support was provided on an individual level. This meant people's individual needs were considered and catered for. Care plans and care practices were monitored to ensure best practices were being followed and improvements were made when needed.

People, staff and relatives told us there was an open and approachable ethos in the home. We observed people chatting freely with the provider, registered manager and staff throughout the day. They appeared relaxed and at ease during the conversations.

People told us staff were caring and knowledgeable about their needs. One person told us, "Sometimes they know what I need before I do". Records showed staff had all received appropriate training to provide the care and support people needed. The provider had plans in place to ensure staff continued to attend training to keep up to date with good care practices.

Everybody spoken with told us they enjoyed the food, one person told us the food was "excellent". We saw people were offered choices and the food was nutritious and well presented.

There was an activities programme in place. Due to unplanned sick leave the morning activities organiser was not in the home. This meant during the morning we saw little in the way of organised activities; however we observed staff carried out one to one activities with some people. During the afternoon people were fully engaged in preparing their entries for a local flower show.

The majority of care staff had received training in identifying and reporting abuse. All staff spoken with were able to explain to us the signs of abuse and how they would report any concerns they had. They all stated they were confident any concerns bought to the provider and registered manager would be dealt with appropriately.

The provider had systems in place to monitor the care provided and people's experiences. A regular survey was carried out asking people and their relatives about the service they received. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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?

Good

The service was safe. People who lived at the home were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm.

Staff we spoke with had a good understanding of how to recognise and report any concerns.

The provider had systems in place to ensure there were enough experienced and skilled staff to support people in the home.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Is the service effective?

Good

The service was effective. People who lived at the home received effective care and support because staff had a good understanding of their individual needs.

Staff received ongoing training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

Is the service caring?

Good

The service was caring. People were supported by staff who were caring. People's relatives and health care professionals told us they were happy with the care provided at Gorselands Care Home.

We saw staff were kind, compassionate and very respectful toward people living in the home.

People told us they were supported to make their own choices about the things that were important to them.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

The registered manager worked with professionals to ensure they responded appropriately to people's changing needs.

There was a programme of activities appropriate to the needs and interests of people who lived in the home.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led. People who lived at the home, their relatives and health care professionals told us the home was well run.

Staff told us the registered manger and provider were approachable and listened to any suggestions they had for continued development of the service provided.

Summary of findings

The quality of the service provided was effectively monitored to ensure continuous improvement.

Gorselands Care Home

Detailed findings

Background to this inspection

This unannounced inspection was carried out by an inspector and an 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.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

At the last inspection carried out in August 2013 we did not identify any concerns with the care provided to people who lived in the home.

At the time of this inspection there were 28 people living at Gorselands Care Home. During the day we spoke with nine people, three relatives and one health care professional. We also spoke with the provider, registered manager, five care staff and the cook. We looked at a four personal records relating to the care of people and records relating to the running of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe living at Gorselands Care Home. One person told us, "I am really happy, I feel safe because the staff are so kind". A person's relative told us, "I am so happy to see my [relative] so settled they feel safe and can just relax".

Staff told us they had all attended training regarding safeguarding vulnerable people. They were able to tell us about the signs they should watch for that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. One staff member told us, "I am confident the manager and the owner would take action if I went to them, but I also know I can call the local safeguarding number and report anything I am worried about".

We looked at the staff training records; these confirmed most of the staff in the home had attended safeguarding training whilst those who had not had booked dates to attend. One relative told us, "I am confident from the way staff discuss how they care for people, that they have a very good understanding of how to keep people safe". We saw there were notices displayed in the home informing people, staff and relatives who they could speak to if they had concerns.

Gorselands Care Home had an open door policy; people had access to a safe garden area in which they could walk freely. We saw people had risk assessments with control measures in place to ensure they enjoyed the freedom to walk in the garden with minimal support from staff. Staff told us they supported people to maintain as much independence as possible. We saw one person's risk assessment stated they were high risk of falls; however they liked to go in the garden so staff accompanied them when they expressed the wish to go, minimising the risk but allowing them the freedom and independence.

Each person living in the home had a personal emergency plan. This showed staff how that person may react in an emergency. It included details of how to help them move from one part of the home to another for their safety and who to contact if an emergency situation occurred.

Care records contained mental capacity assessments for people who may not have had the capacity to make a decision. These are assessments to ensure people's legal rights are upheld when they are unable to make important decisions for themselves. One staff member told us, "If you rush people and give them too much information all at once they are not going to be able to make their own decisions. Instead we take the time to explain and wait for them to work it out themselves, nine times out of ten they can tell you what they would prefer". We observed this in practice as people decided where they wanted to go and what they wanted to do through the day.

The registered manager, provider and staff spoken with all had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. They were able to explain how they made sure people who did not have the capacity to make decisions for themselves had their legal rights protected. For example there were capacity assessments in place about whether people could make a decision on the use of bedrails. These included a consultation with a relative, an assessment of their use and the alternatives, and a risk assessment of their suitability. If advocates were required to represent someone who did not have capacity to make a decision, we saw this process was in place.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. At the time of our inspection nobody in the home was subject to a Deprivation of Liberty Safeguard. The registered manager was aware of the recent supreme court judgment and was in discussion with the local authority on any implications at the service.

One relative told us, "There is always enough staff on duty, you never have to wait to see someone, and they are always there when you need them". One person told us, "I never have to wait very long when I need something; there are always plenty of staff to do what I ask". Staffing levels were adjusted to meet the assessed needs of people in the home. Additional staff could be arranged if people had higher needs or if they were going out for the day. We observed sufficient numbers of staff on the day of our

Good

Is the service safe?

inspection. The numbers of staff in the home were the same as planned in the staffing rota. We saw people were responded to in a timely manner and call bells were answered promptly.

All areas were clean and tidy; the registered manager showed us the cleaning routines which staff followed to ensure people lived in a clean well maintained home. We saw the cleaning rotas were signed by staff to show the work had been carried out. The building was well maintained and checks on the fire detection system and lift were carried out regularly to make sure they remained safe. We saw the home used large print signage with pictures to enable to people to find their way around the home unaided.

Good

Is the service effective?

Our findings

One person told us, “They all know what I need, sometimes before I know myself”. One relative told us, “I am so happy with the care, the staff know what my [relative] wants and how best to help them. You can ask any member of staff on duty and they know what their needs are”.

Low staff turnover showed there was a stable staff team; staff members told us they had worked at the home for a number of years. Staff were able to tell us how they would care for each individual effectively. One staff member explained how they worked with people to establish a relationship with them and understand why they did things in a certain way.

Staff told us they were supported to attend training. One staff member told us they had received training in dementia care which had really helped them recognise the needs of the people in their care. This staff member told how they were more aware of why people’s history was important. They told us about one person who liked to be in the garden and they now understood why they may become agitated if the door was shut in bad weather. Another staff member told us they thought it was good the registered manager worked alongside staff to observe practices. Records looked at showed all staff had received training appropriate to the needs of the people in the home. There was a plan in place to ensure all staff kept up to date with essential training. Nine senior care staff had attained a National Vocational Qualification (NVQ) in Care.

Everybody we spoke with said they enjoyed the food at the home. One person told us, “We have excellent fresh food; I was a cook, so I should know”. One care worker stated that although they offered choices they felt the teatime menu had become a bit repetitive. We discussed this with the registered manager who assured us this had been commented on and changes were being made to the teatime menu. We also saw at lunchtime the two choices were chicken, we discussed this with the provider who said they had also noted this and had already spoken with the cook about the need for the choices to be different.

We saw people were offered a nutritious and well balanced meal, people were offered choices and if they did not want either, they were offered other options such as a salad or omelette. We spoke with the cook on duty; they had a very good understanding of the dietary needs of people and could provide a diet suitable for specific needs such as diabetes. They also discussed how they would provide a diet that met cultural or religious beliefs. Staff told us they spoke with people about the foods they had enjoyed when cooking for their family or when they were younger. They would then let the cook know of people’s preferences. Relatives were also asked to inform staff of people’s specific likes so they could use them to persuade people to eat if they went off their food. At meal times people were shown the meals so they could make a choice. One staff member told us, “pictures are ok but they don’t smell and sometimes it is that which helps people decide what they want”.

Care staff told us two people had been identified as at risk from weight loss. We were told they had their last meal at teatime then went to bed at about 6.30 pm, were offered a warm drink and snack at supper time then could go through to breakfast before another meal was provided. The registered manager had consulted with the dietician and had ensured these two people received a high calorie diet, during their waking hours. They had also discussed waking the two people to eat but had been advised this would increase the risk of choking due to their drowsy state. We looked at the care records for both people and saw the care plans clearly recorded the high calorie diet and how to manage it. We saw both had gained weight since the plan had been put in place.

Mealtimes were managed sensitively and people were assisted with dignity and respect. We noted that meal times had been called a ‘protected’ time. The registered manager told us it had been a trial and mealtimes were not ‘protected’ but they asked GP’s not to visit during lunch. They stated they had not stopped relatives coming for mealtimes as they recognised sometimes relatives were better at helping people with their meals. They had stopped playing music during mealtimes and felt this had had some impact on improved concentration levels.

People had access to health care professionals to meet their specific needs. People’s care plans contained records of discussions and meetings with appropriate professionals. We saw one person had been identified as at risk of developing pressure sores. They had been visited and assessed by the district nursing team. The care records clearly showed the agreed plan to prevent pressure sores from occurring. We saw pressure relieving equipment such as cushions and mattresses were in place. Three people

Good

Is the service effective?

had been identified as at risk of serious weight loss, they had all been referred to the dietician and plans had been put into place which included high calorie diets and fortified meals. The records showed all three had gained weight following the consultation.

Records showed us regular appointments had been made with the chiropodist, optician and a dentist who was registered to provide home visits. One relative told us they felt the registered manager was very clear when referring to other professionals and they were always kept informed and involved when necessary. Another relative told us, "I am always involved with other professionals through the home. They have put me in touch with people and they always let me know when someone is coming to assess my [relative] so I can be there".

One health care professional told us, "The registered manager contacts us whenever they feel someone needs to be assessed for increased needs. The home works well with us and they take on-board things we suggest may help".

Good

Is the service caring?

Our findings

Staff talked with people in a compassionate and respectful way, always asking what they wanted rather than telling them. We saw one staff member assist a person to move from one room to the other. They asked them where they wanted to sit and whether they needed anything like a drink or a book. One person told us," I know all the girls, they are all good and they listen to you". Another person told us, "They are a nice crowd (referring to staff), they make others feel happy". One relative told us they felt happy talking to all the staff about their relatives care and support.

People were able to make choices about how and where they spent their time. We saw people walk out the front door and go to sit in the sunshine or walk around the raised flower beds. One person told us, "This is what I like, I thought I would be in doors all day when I came here but I soon found I could go outside as and when I want to".

All people in the home had a key worker, this is a member of staff who gets to know the person in depth, understanding their diverse needs like and dislikes. Staff explained to us the little details that could make a person's day, more relaxed or special. One person told us about the fun they had had with staff when arranging to display their entries at the local flower show. They said, "It was more like a day with the family you forget they are staff".

One person was sat alone in their room after lunch, we spoke with this person and they told us they had asked to go to their room to read their book. Staff checked them regularly asking if they were 'ok' and if they needed anything.

People's rooms were personalised to their individual style. Rooms contained personal pictures, artwork and ornaments. One person told us, "I have my own things here; I was able to bring the things I treasured most with me".

People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about or take part in through the day. We saw newspapers were ordered daily and staff sat with people to help them read them. One person liked jigsaw puzzles and one was started on the table in the lounge whilst one person chose to read their book. Part of the care plan also included people's preference for end of life care. Information showed the registered manager had discussed people's wishes about things such as resuscitation and where they would prefer to be cared for. Relatives had been involved in these discussions when required. One person told us, "I have told them I don't want to go to hospital I love it here".

People's privacy and dignity was respected. People had access to their rooms at all times and could take a relative or visiting professional to their room for privacy. The staff meeting minutes showed staff had discussed 10 dignity challenges and one staff member told us the discussion had really made them look at things differently. At mealtimes people were asked if they wished to use an apron and staff told us it was disrespectful to refer to them as bibs.

Staff assisted people in a dignified manner, one person needed to be reminded to use the toilet; this was done in a very quiet and polite way which ensured the person was not embarrassed. Another person was becoming agitated and a member of staff spoke to them quietly and politely and fetched their favourite teddy bear which they knew would calm them. We saw the person smile and relax. We noted that staff did not talk about people in front of other people which showed they respected their privacy and confidentiality.

Good

Is the service responsive?

Our findings

Staff spoken with demonstrated a clear knowledge of the needs of the people in the home. This meant they were able to provide care that was responsive to individual needs. Staff were able to give us detailed information of how they would care for each person as an individual. One staff member told us, "It is important to remember each person is an individual with their own needs. It can be easy to slip into caring for a group of people but that is not what providing personal care is about".

Before a person moved into the home the provider or registered manager visited them to assess their needs. They stated that they would not offer a place if they felt the home could not meet their needs. They added that they also considered how that person's needs may impact on people already living in the home.

Care plans were personal and specific to that individual. They contained clear information for staff so they knew how they liked to be supported. The records showed that where a person lacked the capacity to make decisions for themselves the provider or registered manager involved professionals and family members. One relative told us, "I am always kept informed and involved in my [relatives] care".

In one care plan the person experienced memory loss and would not remember when a relative had visited. This had made the person feel isolated as they felt nobody visited them. The provider responded to this by introducing a book for the family to write in when they visited. They could record what they had done and talked about. This meant the person felt less isolated as they were able to recall the visit by reading the book.

Staff were aware of the care plans and risk assessments for each person. We observed staff carry out care and support through the day that was consistent with the information in the plans. We saw staff completed records for food, drink and position changes as stated in the person's individual needs assessment.

Two activities organisers were employed at the home. During our visit one organiser was off due to unplanned sick leave. This meant during the morning there were few organised activities, however if leave is planned alternative activities are arranged. We saw a member of staff engage people in a discussion about the news and another member of staff helped a person with their jigsaw puzzle. We saw a programme of activities was recorded on a noticeboard near the kitchen.

During the afternoon we observed people joining in a craft session during which they discussed and planned the entries they were making for a local flower show. They also told us about the prizes they had won that weekend at another local flower show. One person proudly showed us their first prize card and said they were looking forward to winning the next.

One relative told us there was plenty for people to do and they were happy with the level of activities in the home. Another relative was not sure about the activities but could recall the Easter bonnet competition. Comments made in a survey, carried out by the provider, included one from a relative who said, "I am happy with the activities and getting mum to knit again is an achievement".

Relatives had commented in a survey carried out in 2013 that they did not know what activities people got involved in. The provider responded to this by arranging for the activities organisers to complete a quarterly newsletter. This is sent to all relatives informing them of the activities and trips people had taken part in, and a copy was displayed on the noticeboard.

People and relatives told us the provider was often in the home and entertained people with musical sessions on his guitar. One person told us "I really like it when Lawson (the provider) plays for us".

People were supported to maintain contact with friends and family. The two relatives we spoke with both said they could visit at any time and were always made to feel welcome. Where possible people were encouraged to continue to be involved in the local community. The home had visiting clergy to meet people's religious needs and the provider confirmed they had managed to arrange for a rabbi to visit.

We saw there was a complaints procedure displayed on the noticeboard, people and relatives spoken with told us they were confident they could speak with the provider and registered manager if they had any concerns. One person told us, "I go straight to the top if I am worried about anything. They are really good and sort things out immediately". The provider maintained a complaints log.

Good

Is the service responsive?

The last formal complaint received was in September 2013. We saw that the home policy and procedure had been followed and an outcome and the person's satisfaction were clearly recorded.

Good

Is the service well-led?

Our findings

The management structure in the home provided clear lines of responsibility and accountability. There was a registered manager in post and the provider visited the home most days. Each shift was also led by a senior member of staff. Staff spoken with told us they always had someone senior they could go to for advice and help.

The registered manager told us the provider operated an open policy for all staff, people and visitors to the home. This was confirmed by one relative who told us, "The manager and owner are always available for a chat, they are so approachable, you can see it in the way they are so at ease with all the people and staff in the home".

Staff told us the registered manager and provider listened to what they had to say and would make changes if they suggested something that could be an improvement. We saw the provider led by example providing a service that was individual to each person rather than a group of people. There was a calm, relaxed and caring atmosphere in the home. Staff members followed the ethos of the home that each person is important as an individual; with the right to be supported to express their opinions and make choices whenever possible.

The registered manager also worked care shifts alongside care staff. They had spent the week before the inspection working alongside night staff to observe practices to ensure a consistent approach to care across all shifts. Both the registered manager and the provider kept up to date with good practice by attending training and consulting with healthcare professionals in the area. They then shared their learning and experience with staff at team meetings. The minutes for one team meeting showed they had discussed how to make mealtimes more meaningful, following a training session with North Somerset Council about mealtimes. Staff told us communication was very good in the home and that information was shared in good time.

All accidents in the home were recorded. The provider audited the records to look for trends or patterns. We saw appropriate action plans and referrals to the falls team when an issue was identified. We also saw people's risk assessments had been revised to reflect any change in their needs.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We saw an audit had been carried out on the management of medication. Any shortfalls had been discussed with staff in team meetings and risk management put into place.

There were systems to seek the views of people in the home and their relatives. We saw the latest response from relatives which were mainly complimentary. We saw that suggestions made by relatives had been acted on, driving improvement in the home. For example more than one relative had stated it would be nice if staff wore name badges. The provider had ordered name badges and was in the process of arranging photographs of staff with their names to be placed in the entrance hall. We asked how the provider sought the views of staff as they did not have a formal survey. They told us they had regular staff meetings and one to one supervision when issues could be discussed and ideas shared. As well as supervision and one to one meetings staff received formal appraisals when feedback of performance and professional development could be discussed. One staff member told us they had requested food hygiene training at their supervision meeting and they had been signed onto a course.

We saw the provider had a good working relationship with other professionals to ensure people received up to date and appropriate support to meet their needs. Records showed dieticians and tissue viability staff had been consulted to advice staff members on providing the correct preventative support to people with specific needs.