

Travid Enterprises Limited

# Guys Cross Nursing Home

## Inspection report

120-122 Coventry Road  
Warwick  
Warwickshire  
CV34 5HL

Tel: 01926776922  
Website: [www.guyscross.com](http://www.guyscross.com)

Date of inspection visit:  
26 January 2023

Date of publication:  
15 February 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Guys Cross Nursing Home is a residential care home providing personal and nursing care to up to 34 people. The service provides support to people with a mental health condition. At the time of our inspection there were 30 people using the service. Care and support is provided on 4 units which are split across 3 floors. People had their own bedroom with its own en-suite. Each unit has its own dining area, lounge and kitchen.

### People's experience of using this service and what we found

People received safe, effective care which achieved good outcomes. There were enough suitably trained and skilled staff to meet people's needs safely and effectively. People told us they felt safe and were comfortable in the presence of staff who interacted with people in a relaxed and friendly manner.

People were protected from the risk of abuse. Where safeguarding concerns had been raised, these had been dealt with appropriately.

Risks to people's health and well-being had been identified, assessed and managed well. Where people experienced episodes of distress, care records contained detailed guidance for staff to follow to enable them to support people safely and mitigate risks of further distress. This included strategies to distract or re-direct the person to improve their emotional well-being.

Some people had physical healthcare conditions, for example, diabetes or conditions that impacted on their mobility. Detailed risk management plans informed staff how to support the person and identify any changes which could indicate a deterioration in their health.

People were involved in decisions about their care. People were asked every day for feedback about the way in which their care had been delivered and people felt able to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Systems and processes ensured medicines were managed safely. This included how they were ordered, stored, administered, recorded and disposed of.

People told us they enjoyed the food and had a choice of when and what they ate. Where people had risks around their eating and drinking, staff were provided with clear guidance about what support the person required to minimise those risks. Input from other healthcare professionals such as the speech and language team had been sought.

Staff worked collaboratively with other healthcare professionals to ensure a successful transition between

services. People were encouraged and supported to engage with other healthcare professionals to ensure their mental and physical health was maintained. This included the GP, physiotherapists and psychiatric services.

People and relatives consistently told us the home was well-led. There was a positive culture within the home and staff understood the ethos and values the provider promoted. Staff worked in partnership with people to ensure they could have the best possible outcomes in line with their personal wishes and preferences. Systems and processes were in place to ensure people received high quality care. A range of quality checks were in place to ensure any issues could be identified and acted upon quickly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 November 2017).

#### Why we inspected

The inspection was prompted in part due to the length of time since the last inspection. We also received concerns about the management of people's finances. A decision was made for us to inspect and examine this risk.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk from this concern. Please see safe and well-led sections of this full report.

The overall rating for the service has remained the same based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Guys Cross Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Guys Cross Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors, a specialist mental health nurse advisor and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Guys Cross Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Guys Cross Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We made observations of how staff interacted with people. We spoke with 5 people and 8 relatives about their experience of the care and support provided. We spoke with 9 members of staff including the registered manager who was also the owner, a nurse who was also a unit manager, the quality manager, a senior care assistant and 5 care assistants.

We reviewed a range of records. This included information contained in 6 people's care records and samples of medicine and daily records. We looked at 2 staff recruitment files and a range of records that related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in the presence of staff who interacted with people in a relaxed and friendly manner. One person told us, "If I went somewhere else, I don't think I would feel safe. I feel safe here because we have built up that trust." Another person said, "I feel so safe, it was the best move I ever made."
- Staff understood their safeguarding responsibilities and knew to report concerns to keep people safe. One staff member told us, "My role is to make sure these residents are cared for and protected. To live the best life they can without anyone hurting them. We have a great big policy. I would always report any bad practice."
- The registered manager dealt with safeguarding concerns in an open and transparent way. At the time of our visit, there was an open safeguarding concern regarding the management of finances which was being investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, assessed and managed well.
- Where people experienced episodes of distress, care records contained detailed guidance for staff to follow to enable them to support people safely and mitigate risks of further distress. This included strategies to distract or re-direct the person to improve their emotional well-being.
- Some people had physical healthcare conditions, for example, diabetes or conditions that impacted on their mobility. Detailed risk management plans informed staff how to support the person and identify any changes which could indicate a deterioration in their health. One relative commented, "Staff do share information. They will call if there are any changes to the care plan and manage risks proactively."
- Environmental risks were managed safely. The provider had oversight to ensure regular checks were made on the premises and equipment to ensure people's safety.
- The provider's quality manager had completed a fire risk assessment of the premises. Whilst the quality manager had previously had training in this area, they acknowledged this had not been refreshed recently. The registered manager immediately arranged for an external provider to carry out a review to ensure the fire risk assessment was satisfactory.

Learning lessons when things go wrong

- Staff understood their responsibilities to report accidents and incidents as necessary. Accidents and incidents were recorded and used to review people's care and support.
- Where things had gone wrong, there was an appropriate review with people, staff and other partner organisations.

### Staffing and recruitment

- There were enough staff to meet people's needs safely and effectively. Staff were able to respond quickly to support people at times of anxiety or distress.
- Staff told us they had time to spend with people to support their emotional wellbeing. One staff member explained, "It is what we promote a lot (sitting and chatting with people). It is about time, there are some people who just want or need a bit of time and it is important."
- The recruitment process continued to ensure staff were suitable for their roles by conducting relevant pre-employment checks. This included Disclosure and Barring Service (DBS) checks which provided information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

### Using medicines safely

- Systems and processes ensured medicines were managed safely. This included how they were ordered, stored, administered recorded and disposed of.
- People received their medicines as prescribed from staff who had been appropriately trained.
- People were involved in regular medicine reviews. Regular discussions were had with people to ensure their medicine remained effective. Where necessary, changes were made to ensure people remained well.
- Some people needed medicines on an 'as required' (PRN) basis. Protocols were in place for staff to follow to determine when these medicines should be considered. Where these medicines were prescribed to relieve a person's distress, records showed these medicines would only be used as a last resort.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- There were no restrictions on visiting. Relatives and friends could visit whenever they wanted.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs prior to their move to Guys Cross Nursing Home to ensure staff had the skills and experience to provide effective care.
- Staff continuously assessed people's needs during their first 14 days at the home to ensure the placement was appropriate and would achieve positive outcomes for people.
- Support plans and risk assessments developed from these assessments informed staff what support and care people required. Staff recorded the support people needed every day which helped identify any changes or unmet needs.

Staff support: induction, training, skills and experience

- Staff told us the training they received gave them the competencies and confidence to respond appropriately to people, particularly when the person may be experiencing anxiety or distress. One staff member told us, "They (staff) don't feel overwhelmed, it helps them feel a bit more confident. It is very much based on de-escalation techniques."
- Staff received a comprehensive induction which included working alongside more experienced staff members to ensure they understood people's individual needs and preferences.
- The provider had a programme of regular training to ensure staff knowledge remained up to date. Where some staff had not completed one of the specified courses, there was a plan in place for completion.
- Staff told us they had regular opportunities to discuss their role and seek support to improve their practices. One staff member commented, "Working in this environment can be hard work sometimes but it doesn't feel like it gets too much because we always have supervision." Another staff member told us how the provider had supported them to complete a health and social care qualification.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and had a choice of when and what they ate. One person told us, "The food is delicious. Staff buy me special pies. That is what I like, so that is what they make me." Another person commented, "If I didn't like what was on the menu, they would do something else. There are options."
- Relatives were also positive about how staff supported people with nutrition. Comments included, "I feel staff are flexible around mealtimes to suit [person's] needs" and, "The staff try to promote healthy eating. Nutrition is taken into account but people have choice and freedom when selecting from the menu."
- Where people had risks around their eating and drinking, staff were provided with clear guidance about what support the person required to minimise those risks. Input from other healthcare professionals such as the speech and language team had been sought.

- People's weight was monitored so any nutritional risks could be identified. Where required, people's food and fluid intake was recorded so it could be monitored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with other healthcare professionals to ensure a successful transition between services. One person had recently moved to the home and records showed good partnership working to ensure the move to their new home was a success.
- People had 'quick grab' records to take with them to hospital in an emergency which gave healthcare professionals important information about people. One person told us about their recent hospital admission and commented, "The staff responded quickly (when I was unwell). They know how to look after us. [Name of nurse] is the best nurse."
- People were encouraged and supported to engage with other healthcare professionals to ensure their mental and physical health was maintained. This included the GP, physiotherapists and psychiatric services.
- The nurse from the supporting GP service contacted the home every week to review people's care and would arrange a visit if a need was identified.
- People were encouraged to participate in national screening programmes such as bowel cancer screening.
- There was a therapeutic approach to meeting people's needs with, for example one person engaging in art therapy.

Adapting service, design, decoration to meet people's needs

- The service was homely and well maintained. It provided an environment where people could relax, maintain their independence and socialise as they wished to. Each person had their own en-suite bedroom which gave them a personal and private space they could decorate as they wished.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were involved in decisions about their care. People were asked every day for feedback about the way in which their care had been delivered and people felt able to make their own decisions. One person told us, "We are very involved and always know what is going on. I make my own choices like when I get up and what I want to do."
- Staff understood people's right to make their own decisions. One staff member told us, "We are not here to take away their voice."
- Staff gathered information about people over time to assess their decision-making abilities. Where people

could make their own decisions, for example in relation to Covid-19 vaccination, their consent had been recorded. However, formal mental capacity assessments had not always been completed.

- Despite this, where through ongoing assessment, it was deemed a person did not have capacity to make more significant decisions which could amount to a restriction on their liberty, DoLS applications had been submitted.
- There was a culture of positive risk taking which ensured people's human rights were not violated. The registered manager carefully balanced people's rights with people's safety and there was a strong focus on supporting people in the least restrictive way. For example, one person was being supported to have restrictions around smoking reduced.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to ensure people received high quality care. A range of quality checks were in place to ensure any issues could be identified and acted upon quickly.
- Quality was measured by what people achieved through their recovery programmes which was clearly recorded.
- Risk assessments and care records were regularly evaluated to ensure they remained relevant and accurately reflected people's needs. Where any changes were needed, these were communicated in a timely way to staff.
- The registered manager was committed to continually improving their practices and welcomed suggestions we made during our visit such as recording some mental capacity decisions on as formal mental capacity assessment records and sourcing an external fire risk assessment. The registered manager told us, "We are here to learn and welcome all feedback. We are a single provider and not part of a huge chain so need outside input to improve."
- The provider is required to submit us, CQC, notifications about significant events that occur in the home. Overall, these had been submitted but the registered manager was unaware of the need to tell us when a person's DoLS authorisation had been renewed. These were sent to us immediately after our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives consistently told us the home was well-led. Comments included, "I feel over 100% looked after. [Registered Manager] is fantastic" and, "It is the best place I have been to be honest and I have been in a few. [Registered Manager] runs a good home"
- There was a positive culture within the home and staff understood the ethos and values the provider promoted. Staff worked in partnership with people to ensure they could have the best possible outcomes in line with their personal wishes and preferences. One staff member explained, "It is basically, this is your home, your house. The residents have to feel comfortable; it is about them first."
- It was clear from the interactions between the registered manager with people and staff, they were an active presence in the home. One staff member explained, "As a manager she is very good. It is very much about the residents; they need to come first and it is important the staff know they need to come first."
- Records demonstrated a holistic approach with other healthcare professionals to support and maintain people's mental and physical health.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was open and honest culture within the home. The registered manager understood their responsibility under duty of candour, and we found no evidence this had not been followed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider fully involved people in their care. The registered manager explained they had maintained paper care and recovery plans because it was important people could access and read their care plans whenever they wished to.
- Records showed people were encouraged to regularly reviewed their own care. For example, each day people were asked for feedback on the care and support they had received and how their day had been. Some people chose to write in their care plans themselves whilst others shared their responses with staff to record. This meant people's views were an integral part of care planning and risk management.
- Staff consistently told us they felt listened to and described the service as a 'family'. One staff member told us, "We all discuss problems and find solutions together."

Working in partnership with others

- The registered manager was transparent and worked collaboratively with all relevant external stakeholders and agencies to ensure people received joined-up care.