

Guysfield House Limited

Guysfield Residential Home

Inspection report

Willian Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was carried out on 05 September 2017 and was unannounced. Guysfield Residential Home provides accommodation and personal care for up to 51 older people. At the time of the inspection there were 44 people using the service.

At the last inspection on 08 September 2015 we rated the service Good. At this inspection we found the service remained Good.

There was a manager in post who had started the registration process with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Staff had received training in how to safeguard people from abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed. Arrangements were in place to ensure there were sufficient numbers of suitable staff available to meet people's individual needs; however staff were very busy during the course of the morning.

Medicines were generally managed safely, however there were some areas the manager had identified that required improvement and systems and processes were being implemented to improve this.

Potential risks to people's health and well-being were identified, reviewed and managed effectively. People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff were kind and caring and people's privacy and dignity was respected. People were involved in planning their care and received care that met their individual needs. Care plans included clear information to guide staff and there were varied activities available and events that encouraged family involvement.

There were systems in place to obtain people's feedback and there were systems implemented to oversee the running of the home. Regular audits were completed by the manager and the provider and these worked in conjunction with action plans to drive improvement at the home.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Guysfield Residential 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 05 September 2017. It was carried out by two inspectors an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service. The specialist advisor had experience of working as a nurse and provided specialist advice on nutrition and pressure care people received in Guysfield.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with nine people who lived at the service, three relatives, five members of staff, the manager and the regional manager. We received feedback from health and social care professionals. We viewed three people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

People and their relatives told us that the home and the care people received was safe. One person said, "I am safe here I have a buzzer." A relative told us, "[Person] is safe here and that's the most important thing."

People were supported by staff who knew how to recognise and respond to abuse. We saw that there was information displayed around the home on how to recognise and report concerns. We found that the registered manager reported all potential safeguarding concerns appropriately and sought advice from the local authority's safeguarding team if needed.

People had individual risk assessments and these were reviewed regularly. We saw that the manager checked these and ensured staff were aware of safe practice. However we observed one instance we observed staff hoisting a person and the sling was not put on appropriately. The manager took immediate action in arranging for the involved staff to be re-trained the next day in correct manual handling procedures.

People and their relatives told us that staff were busy and always rushing around, however there were enough staff to meet their needs. One person said, "They come quite quickly when I press my bell." A relative told us, "They are always really busy here, very good but always rushing around." On the day of the inspection we observed that people had their needs met in a timely fashion. Although we heard call bells sounding, these were answered promptly. Staff seemed busy and rushed mainly due to the layout of the building trying to get as soon as possible to people who were in need of support.

People were supported by staff who were recruited through a robust process. We saw that all the appropriate pre-employment checks were completed. These included a criminal records check, verified references, proof of identity and full employment history.

People were supported by staff who knew how to respond in the event of a fire and their knowledge was tested by the manager. We saw that staff had received training and there were regular fire drills for day and night staff. There were fire safety checks in place and equipment was serviced appropriately. There was a fire risk assessment in progress to check for any outstanding issues that needed to be addressed. People had individual evacuation plans to instruct staff on how to evacuate them safely.

People told us they received their medicines in time. However the manager identified that people's medicines were not always managed safely. Not all the staff were following safe practices when they were administering people's medicines. They implemented a daily medicine count chart to ensure staff were counting and checking daily if people's medicines were correctly administered, however they found that this was not working effectively. As a result they had implemented daily and weekly checks carried out by themselves and the deputy manager to help identify the staff who required additional support and training in how to administer people's medicines safely. We found that this was an area still in need of improvement. Medicines were stored securely and each person had a profile which detailed any allergies, special instructions and photo. We also saw that where people needed their medicines covertly to maintain

their health, the appropriate process had been followed and documented.

Is the service effective?

Our findings

People and relatives told us staff were skilled in meeting people's needs. One person said, "Staff are all good. They know what they are doing." One relative said, "Although you know someone has had an accident the staff deal with it immediately and very discretely and kindly. They know what they are doing."

People were supported by staff who had the appropriate training for their role. We reviewed the training provided and saw that this included moving and handling, safeguarding people from abuse, dignity and communication, fire safety and first aid. We saw that further training updates were scheduled regularly. On the day of inspection an end of life care training was in progress.

New staff received an induction before starting in the home and they were working alongside a more experienced staff to enable them to get familiar with the people they supported. There were trained champions in the home in areas like, wound care, dementia and nutrition. Staff who held these roles were involved in training and coaching staff on a daily basis in their areas of expertise. We saw that staff received regular one to one supervision and there were team meetings to share information. In addition, if there was anything that a staff member needed to discuss or be informed of it was discussed during handover meetings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People had capacity assessments and best interest decisions were recorded. We noted that when people did not have capacity staff still tried to involve them in decisions about their care and day to day choices. The manager had applied for DoLS authorisations appropriately.

People told us that the food was very good. There was a menu board on display in the dining room with choices offered. One person told us, "The food is good and there are snacks if you want them. We observed that at mealtime staff were pleasant, patient and offered choices. However the experience could have been improved. For example, with table settings or phased lunchtime to avoid people sitting for extended periods of time. We saw that the nutrition champion developed a booklet which set out the optimum amount of nutrients required for a healthy diet and what foods included these nutrients. For example, how much fibre was in a portion of porridge. This enabled staff to monitor and encourage healthy eating.

People had regular access to health and social care professionals. A relative told us, "They [staff] are very good; they will call a doctor if they are worried and they will always phone me and let me know too."

Is the service caring?

Our findings

People and their relatives told us that staff were kind and respectful. One person said, "The carers are fantastic they look after me all the time." Another person told us, "They've very good and kind." A relative said, "The staff are lovely, I am here at all sorts of times and I have never seen or heard anything that I would be concerned about."

We noted that all interactions observed were positive. Staff were attentive and patient and they knew people well. For example, we saw staff adapt their approach depending on who they were supporting or speaking with. We also observed some members of staff coping with some very challenging behaviour from a person and they were kind and compassionate and unhurried all the way through the process. They tried different approach to de-escalate the situation including changing members of staff to ease distress.

People told us that their privacy was respected and they were treated with dignity and respect. There were door hangers outside every door either requesting people to knock or indicating that the person inside the room was busy and not available. There was a dignity tree in the reception area to raise awareness about how dignity and involvement could be promoted. We saw that members of the management team completed observations to see if staff adhered to expectations and feedback to them where this could be improved.

People were involved in the planning and reviewing of their care. We saw that people were invited to participate in review meetings even when they may not have capacity to make decisions independently. Relatives were also involved when appropriate. One relative told us, "I am due to meet up with [person`s] keyworker, we are going to meet once a month to catch up." Another relative said, "I am involved in all the care planning, they always ask me."

Confidentiality was promoted. We saw that all records were stored securely and staff spoke discreetly about people's needs.

Is the service responsive?

Our findings

People's care needs were met. We saw that people looked clean and tidy and did not wait long for support. One person said, "The carers are all pretty good. If you ask them to do something they will do it. They talk to me." A relative said, "[Person] doesn't know me now, they trust them [staff] and knows them over me."

People's care plans included clear information that provided staff with the appropriate guidance. They included how to support people with their individual communication needs and any behaviour that may challenge. For example, one plan said, 'I respond better to yes or no questions' and, 'After my family have gone I need time to myself to adjust.' One plan also gave indicators of how a person's behaviour may change if they had developed an infection.

People had an opportunity to join in the activities available and these included sing-alongs, arts and crafts, gardening, walks, newspaper reviews and religious groups. On the day of the inspection we observed a morning session where there was a discussion about phone boxes. The activity person brought things to life and people joined in. The activity sessions were varied with an emphasis on fun.

The activity coordinator introduced a 'Wish Tree' and asked people to think of something they would like very much to do and these were put onto the tree as 'leaves'. Staff in the home worked towards achieving people's wishes. We saw that a person wanted to have a visit from a puppy dog. The manager arranged for a member of staff to bring their puppy in to fulfil the person's wish."

People and relatives felt confident in raising any issues they had with staff and management. One person said, "If there's a problem I go to the office and they sort it out for me. I don't make complaints." A relative said, "Any concerns I have I can discuss either with the senior or with the manager." Complaints were investigated and responded to appropriately. We saw that there was a monthly review to look for themes, trends or factors that increased complaints. We saw that information was shared with staff to help prevent any reoccurrence. There was information on how to make complaints displayed around the home. There were meetings held for people and their relatives. These were advertised on a TV in the hallway as well as with posters around the home.

Is the service well-led?

Our findings

People and their relatives told us they knew who the manager was and they were pleased and happy about how they managed the home. One person told us, "This is [Manager`s name], he's our manager and I know him well and he is lovely." A relative said, "[Name of the manager] is amazing – he deserved to be manager. He's so caring and he's always there if you need anything. He would be the first one to help if there were any problems."

The manager walked around the home, checking in with staff and looking for any issues. There were also weekend and night visits by the management team to ensure the expected standards were adhered to when they were not there. The manager used these opportunities to ask staff questions and test their knowledge about a range of subjects including safety, procedures and legislation. They also spent time completing observation sessions on units during the day. They addressed shortfalls and offered guidance when needed.

We observed the manager during the day. They were involved on the floor at various times and people knew them and responded very positively to their presence. They were kind and caring and we saw them put their arm around a person who was a little upset to reassure and calm them. We saw them engage with another person in a light hearted, professional way and they clearly knew people and cared about them.

The manager reviewed all accidents and incidents occurring in the home to ensure that all required actions had been considered and taken to minimise the risks of reoccurrence. They checked for themes, trends and other contributing factors to help ensure further risks could be mitigated. For example, the change to better footwear was implemented for one person. They also reviewed all wounds such as skin tears, leg ulcers or pressure ulcers, to check for progress and ensure all appropriate steps were taken to aid healing.

There were effective quality assurance systems in place. We noted that there were a range of audits in place which were accompanied by action plans. These covered areas such as infection control, care plans and medicines. We noted that actions were signed when complete. We reviewed these and found that the actions had been completed. For example, a broken washing machine recorded as repaired and the introduction of a cleaning cycle for slings. Care plan audit results were inside plans for quick reference of what work needed to be completed and these were also signed off. We also saw that there was a visual check, supported by photos, of equipment in place to promote safety. For example, bed rails and sensor mats.

People and relatives were given opportunities to feedback about the service through regular meetings and surveys carried out by the manager and the provider.