Greensleeves Homes Trust

Gloucester House

Inspection report

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Date of inspection visit:
10 September 2019
11 September 2019
12 September 2019

Date of publication:
09 December 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Gloucester House accommodates up to 54 people across four different units, called 'villages'. Each village has its own facilities such as a small lounge and drink and snack making facilities. There were 39 people living at the service at the time of inspection. Many people required nursing care and were living with dementia, had diabetes, or experienced seizures. Some people had complex nursing needs such as a tracheostomy, which was in place to help them to breathe, and others had a tube into their stomach as a means of providing nutrition when they were not able to take food by mouth. Some people were nursed in bed, some needed help with moving around and others were able to mobilise independently.

People's experience of using this service and what we found
There were some areas of the service that needed to improve. When these areas had been identified during inspection, the registered manager started to put measures in place to improve straight away.

Risks within the premises and environment had not always been identified to make sure management plans were in place to reduce the risks to people. Guidance was not always available for staff to make sure individual risks were controlled.

Opportunities were missed through the provider's monitoring and auditing systems to identify the areas of quality and safety that needed improvement, so that action could be taken in a timely manner.

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; however, the policies and systems in the service did not support this practice by making sure the appropriate records were maintained. This is an area identified as needing improvement.

Staff were aware of people's needs and how to keep them safe. People told us they felt safe and were supported by staff who knew how to support them. Nurses were conscientious in making sure people received their medicines safely.

There were enough staff to meet people's needs and people confirmed they did not have to wait if they needed help, staff attended quickly. Staff said they could spend time with people, to chat in a relaxed way. Safe recruitment practices were followed.

People met with the management team before they moved into the service to check that nurses and staff would be able to meet their needs. Each person had a care plan that contained information about their choices and preferences and these were reviewed regularly.

Trained nurses monitored people's health and referred people to relevant healthcare professionals when necessary. People were supported to eat a balanced diet and to keep as healthy as possible.

The premises were kept in good condition and were being refurbished to a high standard. People were involved in decisions about the refurbishment so the environment suited people's needs.

Staff were supported through one to one meetings with their manager and regular team meetings. Their personal development was considered important and nurses and staff had access to extra training in addition to the training that was considered essential.

Staff knew people well and the atmosphere in the service was relaxed and happy. Relatives felt welcome and said they were also supported well by staff. People and their loved ones were involved in all elements of their care. People's end of life wishes were recorded and their loved ones were included in the plan.

The activities staff supported a full activities programme where there was something to meet everyone's interests. They continued to find ways to develop this further. People knew how to complain if they needed to and said they were confident their concerns would be listened to and acted upon, if they had any.

The registered manager promoted an open-door culture where people, relatives and staff felt they could speak to them at any time and they would be listened to. The registered manager was keen to make sure the service provided was person centred and inclusive. People, relatives and staff were overwhelmingly positive in their comments about the registered manager and the management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (Report published 14 March 2017).

Why we inspected
This was a planned inspection based on the previous rating. The inspection was prompted in part by notification of a specific incident. The information CQC received about the incident indicated concerns about the management of a ligature risk within the service. This inspection examined those risks. We found no evidence during the inspection that people continued to be at risk of harm as a result of ligature risks, as measures had been put in place immediately to protect people by removing the risk.

Enforcement
We have identified two breaches in relation to the management of risk and monitoring systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Gloucester House

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, older people and residential care.

Service and service type
Gloucester House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with 17 members of staff including a senior manager, registered manager, deputy manager, nurses, senior care workers, care workers, activities staff, domestic staff, admin staff, the chef and the maintenance person.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at areas of good practice.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Established tools were used to assess if people were at risk of pressure areas, malnutrition or falls. However, these tools were not always used to develop individual risk management plans, to provide staff with the guidance to protect people from the risk areas identified.

● Where individual risks had been identified and a risk assessment was in place, these were not always robust. Some people had bed rails to prevent the risk of falling out of bed. A risk assessment was in place, however, a plan to advise staff how to manage associated risks such as trapping limbs in the bed rails, or people trying to get out of bed with the rails in place was not always recorded'

● Where people were unable to use a call bell when they needed the attention of staff, a risk assessment was in place. However, staff were sometimes guided to check people, 'regularly', the guidance was not always specific about how often regularly was. Daily records did not provide evidence that people were kept safe and risk management plans were being followed by staff. One person whose care plan and risk assessment said they needed to be checked on regularly as they were unable to use a call bell did not have a chart to record these observations. This meant people may be left for longer periods of time than intended without being checked.

● Environmental risk assessments were not always robust in managing risks identified within the service. Physiotherapy equipment in a communal room had been identified as an area of risk to people and a risk assessment had been completed. However, the management plans in place to prevent harm to people were not robust. The measures in place concentrated on people who used the equipment regularly. The risks to people entering the room, as they could freely, and accessing the equipment had not been considered until an incident occurred.

● Following an incident before the inspection, the risk had been re assessed, the equipment removed and the doors to the room locked. The registered manager had removed the risk to people.

The failure to ensure risks were robustly identified and managed to prevent harm so people received care that was safe is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People said they felt safe. One person commented, "Yes, I am very safe; I have lived here for a very long time. I am very happy."

● Some people's behaviour challenged others at times. For example, if they were upset or if they had mental health needs. Care plans provided staff with the information they needed to support people in the most appropriate way, such as distractions or moving to a different area of the service.

● Staff told us they were provided with the equipment they needed to care for people safely. One member of

staff said, "If equipment is needed, you don't have to say it twice – the manager gets it straight away."
● A maintenance person was employed to take care of the building, ensuring all required repairs and servicing of equipment were completed quickly and when due. For instance, all fire equipment was checked and serviced regularly. Fire drills were carried out to make sure staff knew what to do in the event of a fire.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us how safe they felt living at Gloucester House. One relative said, "(My relative) is definitely safe, I can't speak highly enough of the staff."
● Nurses and staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. The staff we spoke with could describe what abuse meant and how they would respond and report if they witnessed anything untoward.
● Staff told us the registered manager and management team were very approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary.
● The registered manager knew their responsibilities to report any concerns to the appropriate authorities. They had reported concerns and sought advice when necessary.

Using medicines safely
● People's prescribed medicines were ordered and stored safely by registered nurses. Safe methods were used to return unused or discarded medicines to the pharmacy for disposal. Temperatures were taken regularly of medicine rooms and fridges to make sure medicines were stored at the correct temperature to ensure they remained effective and safe.
● Processes were in place to make sure the safe management of medicines continued. Medicines administration records were neat and well recorded, minimising mistakes.
● Medicines to be taken as and when necessary, such as pain relief, had guidance in place to show what the medicine was for, when it should be taken and the safe amounts to be given within a 24-hour period.
● A random sample of medicines were checked to make sure the numbers in stock tallied with the numbers recorded. We found no mistakes.
● Regular audits of medicines were completed, including by the pharmacist supplying the medicines to the service. Actions for improvement were recorded and signed as completed.

Staffing and recruitment
● People told us they thought there were enough staff. One person said, "I feel safe because there are lots of staff around. They come running if I press my emergency buzzer, and I also have a mobile buzzer so I am safe if I go into the garden."
● The service had four separate units, called 'villages', two on each floor. One registered nurse led the shift for each floor. Three staff were available on each village to support people with their care needs during the morning, reducing to two care staff in the afternoon.
● Five domestic staff looked after the cleanliness of the service and people's laundry each day. A cook and kitchen staff were employed to look after people's nutritional needs by planning and cooking meals.
● Staff told us they thought there were enough staff to meet people's needs. One member of staff said, "I like that we have time to spend with people, to chat and take our time."
● Staff were recruited safely. Application forms were completed, references and proof of identification were checked. Gaps in employment had been identified and accounted for. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Preventing and controlling infection

● A senior care staff member had been given the responsibility as infection control lead. They told us they had completed three days training before the role started. They said they had learnt a lot and had been able to use these skills for the benefit of the service.

● The infection control lead had developed a new infection control audit tool, incorporating the knowledge they had acquired. This had increased standards in the service and had proved to be a learning curve for all staff.

● The service was clean and free from odours. Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infection.

Learning lessons when things go wrong

● Accidents and incidents were recorded by staff. The registered manager monitored incidents to check for causes or themes, such as the time of day or if accidents occurred in the same areas within the service.

● The registered manager had introduced an investigatory tool to analyse serious or repeated incidents and the incidence of pressure areas, to identify the root cause so they could learn lessons.

● The root cause analysis was used following the admission of a person with an existing pressure sore. Although the pressure sore had not developed at the service, the registered manager found that although photographs of the wound had been taken to track the healing process, the person's pressure area risk had not been assessed within 24 hours of admission. This was flagged by the registered manager as an area to improve.

● The lessons learnt were cascaded to all staff during staff meetings and supervision sessions to ensure good practice was understood and maintained.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who lacked capacity did not always have a capacity assessment to check their ability to make particular decisions. Only one capacity assessment was completed to consider a number of different types of decisions to be considered. Therefore, the evidence was not always available to show how a decision had been reached that a person lacked the capacity to make specific decisions.
- The registered manager said this was due to the electronic care planning system being used by the provider. There was only an option available to complete and record one mental capacity assessment. They told us they would go back to completing paper versions until a solution could be found, to make sure they were upholding people's rights. However, this had not been considered until we raised our concerns. This is an area that needs improvement.
- The registered manager had made appropriate applications when people were considered to be deprived of their liberty.
- Staff knew people well and understood how to support people to make their own decisions. Staff were aware of how people communicated best and how they needed information to be given to them. Staff were supporting people to make choices during the inspection. This included where they wanted to spend their time, what activities they wanted to join in and what they wanted to eat at mealtimes.

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

- Initial assessments were undertaken with people, and their relatives where appropriate, before a decision was made for them to move into the service. This meant the registered manager was able to assess if they had the numbers of nurses and staff who had the skills necessary to provide the nursing care and support needed.

● The assessment covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. These included their cultural and spiritual needs.
● A range of care plans were developed in order to provide people's care and support in the way they needed. Care plans included, communication needs, oral health, Mental state and cognition, mobility and dexterity, activities and end of life support. The provider used an electronic system for recording all care plans and where staff recorded the care they provided throughout the day and night. Staff understood how to use the electronic system and were positive about using it to record the care they provided.

Staff support: induction, training, skills and experience
● People said staff knew what they were doing and provided good care. One person told us, "They are well trained. The nurses are very good. Though they look after me very well, they always encourage independence." Another person commented, "I need to be hoisted. Staff are very competent. They always seem to be doing training."
● Staff said the induction they received when they started in post had been good. New staff shadowed experienced staff for a period of time to get to know people and what the provider's expectations were.
● Nurses and staff told us the quality of the training was good and they liked the mixture of some on line training and some face to face training in a group setting.
● Nurses had the opportunity to expand their skills and keep up to date to maintain their continued professional development for their nurse registration. For example, they had recently completed tracheostomy training, which nurses described as excellent. Key care staff also completed this training to make sure enough skilled staff were available to deliver the appropriate care to people with a tracheostomy.

● A tracheostomy can be either temporary or permanent. It involves a medical procedure where an opening in the neck is created in order to place a tube into a person's windpipe, which allows air to enter the lungs to aid breathing.
● Additional training was available for care staff to support their personal development. Some senior care staff had completed medicines administration training, so they could give medicines to people as well as nurses. Some staff had received training to become a moving and handling trainer.

Supporting people to eat and drink enough to maintain a balanced diet
● People had a choice at mealtimes and could ask for something else to eat if they did not like the options on the menu. Alternative diets were catered for, such as vegetarian or when people were diabetic. People's dietary needs were highlighted in their care plans and kitchen staff were updated with changes.
● People spoke positively about the food. One person said when finishing their lunch, "That was lovely." Another person commented, "The food is perfect. They are very good – if you do not like what is on the menu, they will give you something else. They are very obliging. Chef always asks if the meal was OK."
● Those in need of support at lunchtime were given sufficient help and were not kept waiting.
● People were able to make their own drinks, either independently, or with support. Drinks areas were available in each village and relatives and friends were also able to make drinks when visiting.
● People's nutritional and care needs were fully documented with guidance for staff where needed. Some people had swallowing difficulties and needed their drinks thickened to prevent choking and some people needed a softened or pureed diet. These were managed safely, according to recommended guidelines.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Registered nurses were employed to make sure people were supported with their health and nursing care needs. However, the service worked closely with other healthcare professionals to make sure people's needs were fully met.

● GP's, specialist nurses, dentists, opticians, chiropodists, physiotherapists and community mental health teams either visited or saw people for clinic appointments on a regular basis. Nurses recorded the outcome of visits to make sure advice given was followed and incorporated into people's care plans.

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

● The service was in the process of being refurbished and most of the work had been completed. People had been involved in the process to make sure redecoration reflected what people wanted.

● The villages had been tastefully refurbished, each with their own character and style. People living in each village had chosen the theme they wanted. For example, one village followed the theme of a seaside resort and another a cottage garden. People and staff had been involved in creating paintings on corridor walls and making items to display.

● Villages had a small lounge area and space to make drinks. This meant people were able to remain within the vicinity of their room if they wished, rather than go to the larger lounge area, making it easier for some people to get around independently.

● People's room doors were designed to replicate a front door, with number, letterbox and knocker. People had chosen the colour they wished. Boxes with photographs and memories from their past, made by staff, were placed next to each door. This made it easier for people to recognise their own room.

● Thought was given to making sure the environment was suitable for people living with dementia. This included the signs around the service so people were able to find their way around easier.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives described their loved ones care in a very positive way. The comments we received included, "Staff are amazing. They are really caring and every one of them is really good and are fantastic looking after my (relative)"; "They have been excellent – the staff are all great, so approachable and great with the residents. The care they give my (relative) means I can go home at night happy and content."
- There were many examples seen of good care being provided, by staff who clearly knew people well. All staff chatted and checked up on people.
- Maintenance staff were having humorous chats with people and asking people if they wanted a cup of tea – then went off to make it for them.
- There was a lot of banter and laughing and joking with people, as well as caring and supportive exchanges when people were feeling unsettled.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and the development and review of their care plan. Where they were not able to contribute, their loved ones were included. One relative said, "I am very involved in my (relative's) care – everything is run by me and discussed." Another relative told us, "My (relative's) medicines are administered covertly, but I was fully consulted and know this was in (their) best interests."
- People had various areas they could sit during the day. Some people had a favourite place, and some liked to walk around and stop where they wanted. People were sitting in the spacious reception area by choice. They clearly enjoyed sitting in the comfortable chairs, watching the comings and goings and chatting with visitors and staff as they went past.
- A member of staff said, "I am very happy here, it's a really nice environment. There is lots of interaction with people, and activities, which is uplifting."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain their privacy and dignity. They described, for example, that they made sure curtains were closed as well as people's bedroom doors, and always helped people to remain as covered up as possible when providing their personal care.
- One member of staff said, "I always speak to people in a low voice in the communal areas if they need to go to the loo rather than shouting out so everyone can hear, as this could be embarrassing for them."
- People were very clear when we spoke to them that they felt respected. Their comments included, "I am undoubtedly treated with dignity and respect. The staff are very good. We have lots of chats"; "The staff are very good. They are kind and caring. We have a very good laugh. I am very happy here" and "Staff always

knock."
A relative told us how comforting it was to know their loved on was well cared for, "They treat my (relative) with dignity and respect, very much so. They take a lot of time to find out about my (relative's) family background. They engage in conversations about the photos in (their) room. I got a good feeling as soon as I first visited."

● Nurses and staff encouraged people to maintain their independence and gave examples of how they did this with individual people. They knew the importance of maintaining people's well-being by keeping active. One person told us, "Staff encourage you to be as independent as possible."

● Information relating to people and staff was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same, Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individual care plans provided the information staff needed to make sure people received care that was person centred and delivered in the way they wanted.
- Care plans included people's; personal care needs, mobility, mouth care, eating and drinking, pain management and continence. Some people's loved ones had said they wished to be involved in providing specific elements of their loved one's care, particularly when people were nearing the end of their life. The registered manager supported this where possible.
- The oral care of people was detailed in a care plan so staff had the individual information needed to make sure people were supported to have a fresh mouth and to prevent soreness. Staff had recorded the times that people preferred to brush their teeth. For example, some people found they were able to manage better themselves with minimal support in the morning.
- Although a brief life history had been written with people to add to their care plan, the service was developing this further. A comprehensive booklet was being used to provide an account of people's past life, who was important to them and what their interests were. People's relatives had been asked to start this off and staff completed the booklet with people when they were returned.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were addressed in detail in their care plans. Where people needed time to respond or their verbal communication was better some days than others, this was clearly recorded.
- Information was provided in a way that people could understand, including posters of information around the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities co-ordinator and two assistants were in post to plan activities and support people to take part seven days a week. A range of interesting activities and events were organised. A Gloucester House newsletter was produced, promoting future activities and celebrating previous events using pictures and photographs.
- Clear information was posted around the service to inform people of planned events, so they could choose to attend those that interested them. Advertising was clear and easy to read with photographs

where necessary to help those people who may find reading difficult, to understand.

● People were very happy with the activities on offer at Gloucester House. The comments we received included, "The activities programme is excellent. There are loads. I really like the physical activities"; "The activities are very good. I am very happy" and "I really enjoyed the visit to Eastbourne."

● Themed weeks had taken place, such as a holiday week set up as a seaside holiday. Various activities and treats were planned, such as fish and chips and an ice cream van, as well as donkeys visiting and shows, throughout the week.

● A mums and toddlers group was held in the service once a week, clearly enjoyed by everyone. External entertainers were regular visitors. One singer was visiting, encouraging people to join in. People were singing into the microphone, enjoying the opportunity.

● The provider had invested in an interactive light game, played on a table, designed to help people living with dementia to join in, in a relaxed yet stimulating way. The activities coordinator told us of its success and how people who did not always join in with other activities had engaged with this, even if it was to just sit and watch.

● People who were nursed in bed or who chose to stay in their rooms, were visited regularly by activities staff to support with one to one interest's and avoid social isolation.

● Some events were used to raise money to improve areas of the service. For example, a summer fete had raised over £1000. People were involved in planning fund raising activities, coming up with ideas. People decided what they wanted fund raising money to be spent on.

Improving care quality in response to complaints or concerns

● People and their relatives told us concerns were dealt with quickly. One person said, "The manager looks after any concerns. (Registered manager) is really good." A relative commented, "The manager deals with any concerns quickly and effectively."

● There was a complaints policy in place which was easy for people to understand.

● There had been four complaints at the service in the last 12 months. These had been dealt with in a timely manner and by following the provider's complaints policy.

● A relative said, "I do speak my mind if I have concerns, but I have never needed to raise anything as they do it all."

End of life care and support

● People had an end of life care plan in place detailing their wishes for the end of their life, such as where they wished to be cared for and funeral arrangements. People's religious and cultural needs were recorded to make sure their specific wishes were followed. Information was included to make sure pain control and comfort were addressed and followed.

● Some people had an advance directive setting out if they wished to remain at the service and not be treated in hospital or receive treatment such as antibiotics. Relatives had been involved in the care plan so staff knew when they wished to be contacted and if they wanted to be present.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a monitoring system in place to check the quality and safety of the service. Although these were completed regularly, some parts of the system were not always robust enough to identify areas of concern and act to make improvements in a timely way.
- Some of the areas of concern we found, such as the assessment and management of risk had not been considered as potential safety issues.
- Although the registered manager told us they would revert to paper copies of mental capacity assessments, this had not been considered until we raised our concerns. This meant there was a risk that people's basic rights under the MCA may not have been upheld.
- Care plans were audited on a monthly/two monthly basis. However, actions needed to make improvements were not always completed or followed up in a timely way, with many actions from the July 2019 audit still outstanding.
- Daily records did not always evidence the care that was being given. Care plans were clear about the nursing care people needed. Nurses were carrying out complex nursing procedures, however, these were not always recorded within the daily records. This had not been identified as a concern through the auditing process.
- One person's care plan showed they required a nursing procedure to be carried out at least twice a day. However, nurses had only recorded in the daily record on two occasions in the previous two weeks.

The failure to ensure a robust approach to improving the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider requested information on a weekly basis from all their services, so they could monitor quality and safety. The registered manager's report included accidents and incidents, pressure areas, deaths, complaints and admissions.
- One nurse said, "The care staff are really good, there is really good team working and no issues." Another nurse commented, "Care staff are up for trying new things and expanding their knowledge."
- A member of staff told us that any area they now raised to make improvements was listened to and if the registered manager could action it they would.
- The provider and registered manager understood their responsibilities under the duty of candour when

incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns and incidents within the service or with their loved one.

● The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.

● It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

● There was a person-centred approach to people's care and support. People and their relatives were involved as much as possible in the development of their care.

● People and their relatives were overwhelmingly positive about the care, the staff and the approachability of the management team. The registered manager knew people well and had good relationships, laughing and chatting with ease. We received a number of comments from people, which included, "The manager is the best since I came here. I like (them). The manager always listens to both me and my son"; "The manager is definitely good news. (They) have done a lot to smarten up the home. You can go to (them) with any problems. I have been very happy here." and "This place is well organised. I have no concerns. The manager is very good."

● Relatives said, "I wanted to make sure you knew how brilliant it is here" and "I have seen huge improvements since the current manager came. I would be very sad if (Relative) was elsewhere. The manager makes everyone feel very welcome."

● Staff were very positive about the level of support they received from the registered manager and management team. They described an open-door culture where the management team were available to everyone at all times – people, visitors and staff. The comments from staff included, "The service has changed positively since (registered manager) came, it is definitely better – all staff will say that"; "The management team are very good and open to suggestions. The office door is always open; they listen and take action where they can" and "(Registered manager) is all about the residents, they are very focused on them. Residents come to the office all the time to see (registered manager)."

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

● Regular meetings were held with people who used the service and their relatives, to update on changes in the service and to receive their ideas and suggestions.

● At one meeting, the registered manager updated people on the continuing plans for the refurbishment in the service. The reception area was next to be decorated and a new carpet fitted. This was in the process of being completed during the inspection. People had been able to choose colour scheme and carpets.

● Actions agreed were recorded by the registered manager as well as the date of completion and what action was taken.

● People also had the opportunity to attend monthly 'Resident forums', organised by the activity coordinator. The registered manager told us some people preferred this more informal approach and spoke up more freely.

● One person had said at a forum meeting they would like to be involved in the staff interview process. They had been asked to consider what questions they would like to ask at staff interviews so this could be taken forward.

● Staff meetings were held every few months, as well as meetings in between specifically for domestic staff, kitchen staff, or nurses. The meeting minutes showed staff were updated on changes in the service and reminded about good practice and what was expected of them. Staff were able to raise concerns and ideas for improvement.

Continuous learning and improving care; Working in partnership with others

● The service had created links with the community, the mums and toddlers groups were very successful; a local church held regular services and a harvest festival in the service and a summer fete was held where over £1000 was raised to add to the amenities fund for the benefit of people

● The registered manager worked in partnership with a local university, taking student nurses as part of their training programme.

● The registered manager attended local provider forums and received updates from national organisations to keep up to date with good practice. They worked closely with visiting professionals such as GP's and specialist nurses.

● The provider identified people, staff and services within the organisation who had completed work deserving an award. Gloucester House had received six awards for various good practice and innovation. For instance, one person living at Gloucester House had won 'Fundraiser of the year' award and the service had won the 'Gardens and grounds' award.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager failed to ensure risks were identified and robust management plans were in place to ensure peoples' safety. Regulation 12(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure a robust approach to quality monitoring to make timely improvements to the service. Regulation 17(1)(2)