

Ringdane Limited

Gosmore Nursing and Care Centre

Inspection report

Hitchin Road
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Tel: 01462454925

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gosmore Nursing and Care Centre is a residential care home providing personal care to 22 people at the time of the inspection. The service can support up to 70 people.

Gosmore Nursing and Care Centre is in administration. A supporting provider, Barchester Group, had been instructed by the Administrators to operate the care home until the home closes.

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

People were happy with the care and support they received. Staff were kind, friendly and attentive to people's needs. People told us there were enough staff to meet their needs. Staff felt that there were enough of them to meet people's needs in a person-centred way. Staff were trained and felt well supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to. Accidents and incidents were reviewed to help identify any themes or concerns. This included a 'safety cross', which was a visual aid to the management team to help see what part of the home incidents had occurred.

There were some governance systems in place and these were being used effectively and regularly. However, when the provider, Four Seasons, ceased to operate the home on 10 December 2019, access to their governance systems stopped. The supporting provider was adapting their audits to match Four Seasons policies to provide governance in this period. The management structure in the home made staff feel they had guidance and support. Staff felt this had very much improved since our last inspection.

There was plenty of communal space for people to enjoy, staff were aware of areas that were cold on the day due to a draft and supported people to use different rooms, for example for activities. People who were participating in the activities that were provided told us they enjoyed them.

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. The information in the capacity assessments was clear and showed that people had been given the right information to help them be involved in the process.

People were involved in planning their care , along with their relatives. People had end of life care plans in place. Complaints were responded to appropriately, and there had been no recent complaints. Feedback was sought through meetings and the registered manager was around the home frequently speaking with people and relatives.

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

The last rating for this service was Inadequate (published 23 August 2019). At this inspection the service has improved to Requires improvement.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 23 August 2019. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme depending on if the home closes. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Gosmore Nursing and Care Centre

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Gosmore Nursing and Care Centre 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 who was registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Gosmore Nursing and Care Centre is in administration. Barchester Homes were assisting the Administrators to operate the care home until it closes. The regional manager was providing provider oversight to the home.

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 did not request a 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 10 people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, regional manager and five members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and various medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.



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 Inadequate. At this inspection this key question has improved 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

At our last inspection the provider had failed to ensure people's safety was promoted. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had their individual risks assessed.
- Staff were aware of people's individual risks and we saw them working safely.
- Pressure care and wound management was being delivered appropriately. There were checks in place to monitor this.
- Safety checks were carried out on equipment.
- There were systems in place to manage fire safety. Fire drills were completed. However, some staff needed more guidance on what to do in the event of a fire. For example, where to evacuate people to, how long they have between doors. This was carried out following the inspection.
- A fire risk assessment had been completed shortly before the inspection. The report was sent to us following the inspection and this showed that there were actions to be completed. At the time this report was draft, we received confirmation from the registered manager that the actions had been completed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficiently skilled staff to support people in a safe and timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us there were mostly enough staff to meet their needs. One person said, "I have a buzzer in my room. I can always reach it and they come fairly quickly." Some people and relatives said at weekends it felt like there were fewer staff. One person said, "There have been times when there's not been enough staff particularly at weekends."
- We saw that people had their needs met in a timely manner.
- Staff said they felt there were enough staff to meet people's needs.
- Staff had been informed that the home was to close. As a result, the registered manager was mindful that staff may leave ahead of the closure so had a plan in place with a care agency they used. However, staff told us that they would be there as long as there were people there who needed them.
- We did not review recruitment at this inspection. The registered manager was not recruiting new staff due to the planned closure.

Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock held, handwritten entries were countersigned, and most boxes were dated on opening.
- Audits were completed regularly, and daily counts were being completed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from the risk of abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People told us they felt safe and that they would talk to a member of staff if they were worried about anything. One person said, "I've always felt perfectly safe here."
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings. One staff member said, "If I saw any abuse I would tell the nurse or manager. If it involved them I would go higher up. I don't know the names but know I could go to the regional manager. There is also the safeguarding number we can ring."
- Information on reporting concerns was displayed in the home and concerns had been reported appropriately.

Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control. However, some chairs did have an odour and required deep cleaning.
- Staff had received infection control training and we saw this being put into practice. For example, the use of personal protective equipment.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, or updates were needed, the registered manager shared this information with the staff team through meetings and supervisions. The information and action plan

following the last inspection was clearly shared with people, relatives and staff.

- Staff confirmed that they were kept informed of changes and they were reminded of what was expected. Staff told us they felt better supported to provide safe care because of the renewed and improved openness and guidance.



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 Inadequate. At this inspection this key question has improved to 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

- There had been no admissions to the service since our last inspection, so we could not review the admissions process.
- Staff were kept informed of what was expected by the management team and this was reiterated at meetings and during the management teams' observations. They explained to staff the seriousness of any shortfalls found. Staff were keen to provide good care for people.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained for their role.
- Staff had their training renewed in all subjects after the last inspection. They told us they felt much more equipped for their role. One staff member said, "They told us, forget what you were told before, you are being retrained in everything. I received training in things I didn't know I needed training for. I am now so much better at my job."
- Staff said they felt supported and benefitted from the current structure in the home. One staff member said, "I feel supported and I can raise any concerns."

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

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People enjoyed a varied and balanced diet. Choices were taken the day before and rechecked that

morning before the meal. Menus were on the tables but there were no pictorial menus. Where people were not eating or said they didn't want the meal, staff offered alternatives and encouraged them to eat.

- There were some mixed views about the food. However, the overall feedback was that food had improved under the new chef. Choices were available. One person said, "The food is quite good really. They always seem to manage to give me a good wholesome meal." The meal looked and smelled appetising and people told us they were enjoying it on the day of inspection.
- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk.

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care and improvements were made.
- There was good communication between staff and professionals to help ensure people's needs were being met. Assessments were underway with the local authority to help people find a new care service.

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

- The home was only supporting a small number of people so there was work to move people to the ground floor if possible so they were not isolated and to make better use of staffing resources.
- There was an accessible garden which we saw people using and the communal areas were in use.
- One area of the home was cold due to the very cold wind. Staff were working to find ways to stop the draft and encouraging people to use different areas for the activities.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals.
- We saw that people were visited by the optician and chiropodist and when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. There was a hairdressing salon which was in use on the day of inspection. The hairdresser knew everyone well.

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

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were met. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 had their capacity assessed for relevant decisions, and best interest decisions were recorded. The assessments included a clear account of how the assessment was completed, considering the best time of day to speak with someone, for example, when they were more alert.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.



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 Inadequate. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were met. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People told us that staff respected their privacy. All doors were shut whilst personal care was happening, and staff knocked on all doors before entering.
- Staff were discreet when speaking to people or about people's needs.
- Records were held securely to promote confidentiality.

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

- People told us that staff were kind, attentive and respectful. One person said, "I like it a lot here. Everybody's kind and very, very helpful and they love me. They never make me feel stupid and they're always respectful. I feel very happy here." Another person told us, "The staff are always on an even keel. They never shout, and we have a laugh and a joke."
- We heard and saw staff being kind and reassuring with people. Staff were chatting with people, asking if people were warm enough and talking about their lives and families.
- There were notes on doors reminding staff that people were resting so to be quiet and not let doors slam. We found that staff respected this and were calm and quiet going about their tasks.
- Visitors were welcome at any time. One person said, "My family visit whenever they want."

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

- People and their relatives were involved in planning and reviewing their care and the day to day decisions.
- Staff asked people before supporting them and explained what they were doing. We heard staff explaining to a person who was receiving palliative care everything they were doing, even though the person was unable to respond.



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 Inadequate. At this inspection this key question has improved to 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

At our last inspection the provider had failed to ensure people received personalised care that met their needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. One person said, "The staff look after us well." Another person said, "I don't have a shower, but I could have one if I wanted one." A relative said, "[Person] was frail when they came in here [length of time since admission], but now they're cheerful and happy. [Person] gets on well with staff and some of the staff are absolutely brilliant."
- Care plans gave staff details of people's needs. Some plans could benefit from more detail, but we noted people were moving out of the home so there would not be a need to further develop them at this time.
- People were receiving care that met their needs. People looked comfortable and cared for.
- Charts and care notes were completed with what support had been given. Charts were reviewed by senior staff to ensure people's needs had been met.

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.

- Staff took time to communicate with people who had impaired communication.

- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people. For example, one person was unable to communicate verbally. There was a clear account of how the person would share their choices and needs.
- One person had a picture book and letter board to help communication.

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

- There were activities going on during the inspection. The group activity was a quiz. People were looking forward to it and asking the activities organisers about it. Another person showed us a prize they had won at Bingo. People were also looking forward to seeing the hairdresser. This was a sociable event, people were chatting with the hairdresser and music was playing.
- People told us they enjoyed the activities. Comments included, "I like the word games; they're good for my brain.", "We have cards, exercises and bingo which I like." and, "We had a chair exercise last week and I was tired after it!"
- The activities organisers knew people well and people were pleased to see them. One of the activities organisers had been away from work and we heard a person say, "It's nice to see your lovely face again."
- There was a board display of what was planned for the week.

Improving care quality in response to complaints or concerns

- People and relatives told us that they felt confident to raise an issue if one arose.
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends. There had been no recent complaints.

End of life care and support

- End of life care was provided at the service. The staff worked with people to help ensure they were supported in a dignified and pain-free way.
- Care plans were in place for people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place.



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 Inadequate. At this inspection this key question has improved 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

At our last inspection the provider had consistently failed to ensure that systems in place appropriately identified and addressed issues in the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Gosmore Nursing and Care Centre is in administration. Barchester Homes were assisting the Administrators to operate the care home whilst a sale can be secured. The regional manager was providing management oversight at the time of the inspection.
- After the last inspection the provider was required to send us a monthly update of actions and their progress. The registered manager had continued to send this, and we saw that they were working in accordance with the plan, with many actions being completed.
- The management team carried out checks and audits to help satisfy themselves that standards were to that expected and regulations were met. One staff member said, "They are always watching and checking so you have to make sure you are doing it right." The deputy manager had developed checklists to ensure important checks did not get missed.
- Where these checks had identified any issues, action was taken to resolve them. However, at the time of the inspection the registered provider had ceased access to their governance systems. The supporting provider was amending their audits to align with the registered provider's policies to provide effective oversight in the home. These audits were being completed as they were received, and the registered

manager was able to give us an accurate account of the progress in the home.

- Staff told us that they felt that the home had improved significantly since the last inspection. They told us they were there for the people they supported. One staff member said, "They (people) are the most important thing, we didn't know what we were doing wrong, until we were shown. There was no leadership before. Thank you for coming and pointing it all out so it could be better."
- Accidents and incidents were reviewed to ensure there were no themes and trends. Staff were made aware of any action needed to minimise reoccurrences. The deputy manager used a 'safety cross' which was a visual prompt to highlight any high-risk areas of the home based on incidents logged.

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

- People and relatives were very positive about the registered manager and the running of the home, despite the upcoming closure. One person said, "The new manager is a big improvement. He's accessible and he talks to you. He's a very nice man." Another person told us, "I like the new manager. He always calls me by my name."
- Staff told us that the registered manager was good, and they were open and approachable. A staff member said, "Everyone is really friendly, I can speak with everyone here."
- Everyone felt that the home was running better since the last inspection and with the registered manager in post.

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 management team were open with us about the current plans for closure and transitional period for people and staff. Everyone affected by the closure had been informed.
- Meeting notes showed that any issues and actions were discussed. Meeting notes also showed that people, relatives and staff were kept informed of changes within the home and outcomes from visits or contact with the local authority and the CQC.

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

- There were meetings for people and their relatives. The meeting notes included actions taken as result of our last inspection and updates.
- Staff also told us that there were regular meetings and the registered manager was always available if needed. Staff told us that the deputy manager was also supportive.

Continuous learning and improving care

- Incidents, complaints and events were reviewed. Staff meetings and supervisions discussed any learning and changes needed as a result.

Working in partnership with others

- The management team had worked with the local authority to address areas they found as needing development. They were working with other agencies at the time of the inspection to help people find suitable alternative accommodation as the home was closing.