

P F Moss

# Gwendoline House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### The inspection

Gwendoline House is a care home providing accommodation and personal care for up to 16 people. At the time of the inspection, 12 people were living at the home.

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

People told us they felt safe living at the home. The staff had a good understanding of what steps to take to reduce and manage any identified risks to them. Staff understood how to protect people from abuse. There were enough staff employed to meet people's needs. Medicines were administered safely by staff who had been trained to do so. Health and safety systems were robust and included checks of equipment being used. Fire systems were also checked and there was a clear process for emergency evacuation. Incidents and accidents were recorded and reviewed. The home was clean and had good infection prevention and control procedures in place.

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 home used a range of systems and processes to monitor the quality and effectiveness provided. Any areas for improvement were recorded with actions put into place. We found any actions had been addressed timely

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

### Rating at last inspection

The last rating for this service was good (published 05 February 2019). The rating at this inspection remains good.

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected two key questions, Safe and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home remains good based on the findings of this inspection.

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

### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Gwendoline 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 Health and Social Care Act 2008.

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Gwendoline House is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people, 4 staff members, the provider and the manager who was covering the home.

We reviewed a range of records. This included risk assessments, medication records, two staff files in relation to their recruitment, maintenance records and a variety of records relating to the management of the home.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. We observed staff interacted well with people in a kind and compassionate manner. One person told us, "The staff are lovely and kind here. I do feel very safe."
- Staff knew how to recognise signs of abuse and how to report their concerns. They were confident the registered manager would address concerns and they were listened to. Staff understood the whistleblowing policy and who they could speak to if they thought people were at risk. One staff member told us, "If I had any concerns, I know this would be taken seriously by the manager."
- The registered manager had oversight of potential safeguarding concerns and reported concerns to the Local Authority safeguarding team as the need arose.

Assessing risk, safety monitoring and management

- Risks to people had been identified and action had been taken to protect people from harm. Risks to people were monitored and recorded. Action was taken to reduce the risks.
- Each person's care record had a number of risk assessments completed, which were specific to their needs. This included moving and handling, mobilising safely and monitoring people's skin integrity.
- The home employed a maintenance person to carry out all works required. We looked at records which showed up to date checks to ensure the environment was safe for people. These included fire safety, gas and electricity checks, moving and handling equipment, and of the water systems.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- At the time of our inspection, two people had DoLS authorisations in place, they informed the local DoLS team of changes as required.

### Staffing and recruitment

- People we spoke with felt the home had enough staff employed. One person told us, "Yes, I think we do have enough. I do not have any concerns."

Staff felt there were a sufficient staffing levels. Their comments included, "Yes, we do have enough staff. People's needs are manageable" and "I do feel that staffing levels are ok. We all work well as a team to provide safe care to the residents."

- Staffing levels were assessed regularly, to ensure people's safety. We were told the staff team covered annual leave and sickness. The registered manager had a hands-on approach to care and supported the staff when required.

- Recruitment checks were thorough. Important information about potential staff was collected, such as references, identification and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were administered safely by staff who had undertaken training and had their competency assessed.

- Medicines were stored securely, and stock balances checked were all correct. Regular audits of the medicines system were undertaken.

- We looked at medicine administration records (MARs) for four people. The charts had all been signed to confirm people had received their medicines as prescribed.

- Protocols were in place for medicines prescribed as and when required (PRN). Clear information was recorded along with the reasons of when to administer this.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

People were encouraged and supported to have visitors at the home. Staff supported people to maintain contact with people in person and via telephone.



### Learning lessons when things go wrong

- Systems were in place to manage and monitor accidents, incidents and safeguarding. Incident and accidents were managed effectively with appropriate actions taken to prevent future risks.
- Staff understood the importance of reporting and recording accidents and incidents and told us lessons learnt were discussed within the team.

# Is the service well-led?

## Our findings

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

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

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

- There was a positive culture which was person-centred, open and inclusive. People's needs were not seen as a barrier to achieving their goals.
- People's religious beliefs were respected. A church service was held at the home if people wished to attend. If people preferred to go to church in person, staff supported people to attend.
- The staff were proud of their work and enjoyed caring for people. We observed that people seemed happy in the presence of the staff. We overheard light hearted friendly conversations between people and the staff.

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 registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.
- There was an open and transparent culture within the home. The staff we spoke with were confident that if they raised any issues or concerns with the registered manager, they would be listened to and these would be acted on.

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

- The home was run by the provider and the registered manager. This was a family run home. The registered manager was on leave during the inspection. The daily running was being overseen by another manager that supported the home when needed.
- The staff spoke highly about the management team. They told us they felt supported, and that the management were approachable. One staff member told us, "They are really supportive of staff. It is like having a second family".
- The provider had a quality monitoring system in place. This was to help them oversee the quality of the care provided to people. Senior staff carried out checks of people's care records.
- The manager and the staff we spoke with were clear in their wish to learn and continually improve the quality and safety of the home.
- The registered manager had informed the CQC of significant events in a timely way, such as where there had been suspected abuse and any significant injury.

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

### characteristics

- The provider continued to seek feedback from people and their relatives using surveys. Surveys had recently been sent out to capture feedback about the home, the results would be analysed and any improvements required would be actioned.
- Staff meetings were held to discuss people's care and what was going on in the home. The meeting minutes were well documented and were an opportunity for staff to share good practice.
- During the start of each shift handover meetings took place between the staff. This provided an opportunity to share important information about people's wellbeing.
- The staff had a good understanding of people's needs. We were told by the staff as they were a small home, they knew people very well and when something might be troubling them. They often spent time talking to people throughout the day. One person told us, "I like that the staff sit with us to have a drink and chat, when they have time."

### Working in partnership with others

- The registered manager and the staff were working towards building the same level of engagement and community links which people enjoyed pre-pandemic.
- The home worked in partnership with a range of professionals. This the GP surgery, district nurses and social workers.
- People's care records showed involvement from other agencies and staff had used the advice and guidance provided to help with them plan people's care.