

Gorselands in the Forest Limited

Gorselands Nursing Home

Inspection report

Coach Hill Lane
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Hampshire
BH24 4HN

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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

About the service

Gorselands Nursing Home is a residential care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 40 people. The service provides nursing care for people in an adapted country house.

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

There were robust systems in place to protect people from the risk of abuse and staff would report concerns should they have any. Risks were assessed and mitigated to minimise the possibility of harm. The premises were safely maintained, and equipment was serviced as needed. There had been an improvement to recruitment processes and staff were safely recruited. Medicines were safely managed and should errors occur, these were reported and reflected upon. Infection prevention and control practice was strong and in line with current guidance. Learning was taken from accidents and incidents and shared among the team to minimise the possibility of repeat events.

Most feedback about the management of the service was positive and the registered manager had frequently supported the team by working alongside them when there was a staff shortage. The management team were open and honest and understood their responsibilities under the duty of candour. Audits were completed and used to make improvements to service provision. Steps were being taken to improve the integration of the service into the local community.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 November 2019). At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gorselands Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Gorselands Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

The inspection was completed by one inspector. An Expert by Experience contacted relatives by telephone after the inspection to obtain their feedback.

Service and service type

Gorselands Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 24 hours' notice of the inspection. We wanted to be sure the small team were able to accommodate our inspection.

What we did before the inspection

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 reviewed other

information we held about the service including notifications. Notifications are sent to the Care Quality Commission, (CQC) by the provider to tell us about significant events in the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six staff members including the registered manager, a registered nurse and four care staff. We reviewed a range of records. This included care records and multiple medicines records. We looked at 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 telephoned relatives and emailed staff members for feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and how to identify possible cases of abuse. Training was regularly refreshed. Staff would share any concerns they had with the registered manager or the registered nurses, (RN's) on duty. One staff member told us, "We are given the appropriate training to help us to identify risks of abuse, if I think someone is being abused I would first bring it up with the nurse on duty, if I was unable to speak to the nurse or the nurse was involved I would then go to [the registered manager], if I was unable to go to [the registered manager] I would go to the owner, and if I couldn't speak to them I would go to the police and report to [Care Quality Commission]".
- The registered manager alerted the local authority safeguarding team should there be any concerns within the service and undertook investigations as needed.

Assessing risk, safety monitoring and management

- Relatives told us they believed their family member to be safe at Gorselands Nursing Home. One relative told us, "I'm confident that (resident) is in safe hands and the home is doing all the right things. They've been brilliant during COVID-19."
- Risks were assessed and reviewed at least every six months or when people's needs changed. Measures were taken to minimise residual risks and maintain people's safety.
- People were supported to take positive risks to ensure they had fulfilling lives.
- The premises were safely maintained. Planned improvements commenced before the start of the COVID-19 lockdown and were on hold however the provider intended to restart these as soon as practicable.
- Regular checks and servicing took place of equipment and systems such as the fire alarm, hoists, passenger lifts and firefighting equipment. Recommended actions from risk assessments such as the water hygiene management plan had been taken to further minimise risks.

Staffing and recruitment

- Staff were safely recruited and all schedule three requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014 had been met. At our last inspection we had not found full employment histories for all staff, however this was no longer the case.
- Staff usually received an intensive induction however during the peak of the pandemic, if experienced care staff had been recruited, they did not participate in full inductions to enable them to commence in their duties sooner. All staff new to caring completed the full induction.
- We saw sufficient staff deployed to support people when we inspected. Not all staff members believed there to be enough staff on duty all the time. One staff member told us, "Frequently the care staff levels are below the needs of the home which affects staff morale. The manager does work on the floor when very short staffed". Another staff member said. "There is always a sister on duty. If we are short staffed the

manager or the sister may give us a hand occasionally. Sometimes we struggle to meet people's needs if not enough carers on duty".

- A third staff member told us, "There are generally enough experienced staff on duty. However, there are occasions when dementia residents are challenging and we have very poorly residents that take more time to appropriately deal with, as well as bells to answer, that can sometimes feel overwhelming. It can really make a difference as to who the other members of staff are at the time". The registered manager was aware of this and ensured that less experienced staff worked alongside more experienced colleagues whenever possible. They also assessed people's dependency levels were calculated to ensure sufficient staff were deployed to meet people's needs. If there were not enough staff available, the registered manager would work alongside the team in whatever role was required from housekeeper to registered nurse.

Using medicines safely

- Medicines were safely managed. At our last inspection we made recommendations to improve medicines management. These had been implemented and we no longer had concerns. We checked stocks of medicines, medicines administration records, (MAR's), storage and observed medicines being administered.
- There was an electronic medicines system, and this safeguarded against people receiving the wrong medicines, too many medicines or omitting medicines. Registered nurses using the system could clearly see what should be administered and when and to whom. When giving medicines such as pain killers, the system would show warning messages should staff try to give medicines before they were due.
- Any missing medicines or errors were reported using an incident report which was analysed, and learning taken from and shared with the staff team.

Preventing and controlling infection

- The provider had reviewed and adjusted their infection prevention and control policies and procedures in line with government guidance.
- Staff received training and regular refreshers in infection prevention and control and had also received additional training specific to COVID-19.
- The service was very clean and there were no malodours. Housekeeping staff worked to ensure all areas were clean and hygienic to minimise the risks of infection. A relative told us, "The home is spotless. I peek in the windows when I deliver things. I'm very impressed." Another relative said, "It's all good, no concerns about cleanliness. Lots of decorating has been done."
- Appropriate entry arrangements were in place including taking contact details, health questions and taking temperatures to minimise the possible introduction of COVID-19 into the service.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to see if actions could be taken to prevent reoccurrences. Learning from this was shared through care plans and handovers.
- There was a daily meeting for all staff during which there was an open forum where incidents could be

discussed, and ideas shared to consider possible causes and solutions.

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 requires improvement. At this inspection this key question has now improved to 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

- The daily staff meeting enabled the whole staff team to participate, report any successes and concerns and discuss how best to support people. Staff were encouraged to contribute, and the meeting was inclusive, and interactions were respectful of all.
- Champions had been identified within the staff team and staff were empowered to learn more about specific areas of care and cascade their learning to colleagues.
- Most staff told us that the management team and owners were very approachable. One told us, "Yes both the manager and owner are very professional and visual within the organisation. Both provide support, respect and make me feel very valued as part of the team." Another said, "I find (registered manager) to be approachable". A third staff member told us, "Yes I have every confidence in the management team's integrity for both work and personal matters."
- Relatives were happy with the management team and told us they believed that the service had shown improvements. One told us, ""Yes, I would say the home is well managed. I'm very impressed. I've heard good reports from other people as well. The atmosphere has always been very good, happy". Another said, "I think the home is well managed and I've noticed improvements with the current manager".
- Relatives were also positive about the activity's peoples could participate in at the service and the feedback and information shared with them.

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. If something went wrong, for example, a person fell, relevant parties such as relatives would be informed, particularly if that person had been injured.

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

- The registered manager made notifications to the Care Quality Commission, (CQC) as required. They also completed information returns to ensure that all relevant information was shared with us and other stakeholders.
- Audits, introduced just before our last inspection, had become embedded into day-to-day practice and were used to analyse and improve service provision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Over the last year there had been fewer opportunities for staff, peoples and relatives to have face-to-face meetings due to the pandemic and visiting being very limited. The registered manager had ensured that information was sent to relatives to keep them informed about people, the ongoing situation and updated government guidance.

- Peoples needs associated with their equality characteristics were assessed and met and the service provided was person centred. One relative was particularly happy as their family member had been able to keep their pets when they were admitted to the home. This ensured a smooth transition for the person and helped them to feel at home.

- The registered manager was still keen to forge more links with the local community. They had embarked on new relationships with the local church and other groups before the pandemic and intended to develop these further once lockdown had eased. The church had maintained their relationship by enabling people to participate in online services.