

Weston-super-Mare Free Church Housing Association Limited

Gough House

Inspection report

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Date of inspection visit:
09 July 2019

Date of publication:
24 July 2019

Ratings

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

Summary of findings

Overall summary

About the service

Gough House is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 16 people.

Gough House is spread over three floors. The ground floor is made up of a lounge, dining room and bedrooms. The first and second floors are made up of bedrooms. There are communal bathing and toilet facilities on each floor. All floors can be accessed using a stairlift. The registered manager's office is located on the first floor and there is a garden accessible to people. There is parking available to the front and rear of the building.

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

People told us they received support from staff who were kind and caring. Relatives confirmed this. People's privacy and dignity was respected. People were involved with the care planning process and decisions about their care. People were provided with support in the home and this continued if they were away from the home. People's choices and independence were respected and encouraged by staff.

People's needs were assessed, and care plans reflected these. People told us they were involved with planning their care. People were supported to eat and drink in ways that suited their individual needs and people spoke positively about the food provided by the service. When required, people were supported to access healthcare services and the staff worked effectively with these services to ensure good outcomes for people. People were encouraged to personalise their rooms, equipment was available if and when people required it. People's consent was sought before they were supported by staff. People were supported to access activities that were relevant and meaningful for them.

People's needs were responded to and people confirmed this. People told us they felt comfortable to complain but people we spoke with told us they didn't need to complain. No-one using the service was receiving end of life care during our inspection.

People, relatives and staff spoke positively about the registered manager, the registered manager was visible in the home and accessible to people. People and relatives felt listened to and said communication with the service was good. Staff told us they worked as a team to achieve good outcomes for people and that people received good care. The registered manager used a programme of quality audits and checks to maintain oversight of the service. The registered manager was proud to have been nominated for an award and updated us after the inspection that a further five nominations had made it through to the 'semi-finals'

People felt safe and told us they received care and support from competent staff in a safe way, people said there were sufficient levels of staff to meet their needs. People were protected from the risk of potential harm and abuse because staff were confident about understanding what abuse was, what it looked like and actions they would take if abuse was suspected. Risks were assessed and managed to ensure people were

not placed at risk of avoidable harm. Medicines and creams were managed safely, this included the use of body maps for creams. People were protected from the spread of infection because staff wore personal protective equipment, the environment was clean and free from malodours. The provider learned from mistakes when things went wrong.

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.

Rating at last inspection the last rating for this service was Good (Published January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

For more details, please see the full report which is on the CQC website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Gough 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 team consisted of 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.

Service and service type

Gough 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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 ten people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the, registered manager, one senior care worker, care workers and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two 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 training data and quality assurance records. We spoke with two professionals who regularly visit 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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments from people included, "I am looked after here, and there is always someone around, they [staff] look out for us to make sure we are ok."
- Staff spoke confidently how they would identify potential abuse and what actions they would take if abuse was suspected. One staff member said they would look for, "Little signs, low mood if they [person] are normally chatty but not" and would, report concerns to the registered manager or senior care staff.
- Staff received safeguarding training a part of their induction and regular updates.

Assessing risk, safety monitoring and management

- People told us staff kept them safe. Comments from people included, "No problems living here, the staff are not far away, and I know the night staff check on us regularly" and, "If I worry I will talk to staff they will listen and make me feel better".
- Risks were assessed appropriately, and guidance was available for staff about how to lower risks to people. For example, one person had a risk assessment because they smoked and used a potentially flammable cream. The risk assessment provided guidance for staff about how to wash bedding, clothing, use personal protective equipment (PPE) and apply cream for maximum absorption into the skin to help avoid a potential fire.

Staffing and recruitment

- People told us there were sufficient numbers of staff to meet their needs. Comments from people included, "Plenty of staff they always help you if needed but they are busy all the time" and, "The amount of staff is good, you never would know if they were short, I have never been left in the morning".
- Staff were recruited safely. Checks included those with previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Using medicines safely

- People told us their medicines were managed safely. Comments from people included, "I don't need to worry about my medicines, they [staff] do that for me" and, "Medicines are given to me by staff".
- People's creams were managed safely. This included the use of 'body maps' to guide staff which cream should be applied where on a person's body.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The home was clean and free from malodours.

Learning lessons when things go wrong

- The registered manager identified water from two showers was exceeding safe temperature levels. The registered manager brought this to the attention of the provider and both were replaced with showers dispensing water within safe temperature levels.

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 remained the same.

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

- People's needs were assessed, and guidance was available for staff about how to ensure identified needs were met. For example, one person required assistance with personal care. The care plan guided staff to, "Support [person's name] with washing [their] back, legs and feet".
- Care plans reflected people's choices and guided staff to respect these. For example, one care plan said, "Staff to respect [person's name] wishes and decisions" and another said, "In the afternoon, [person's name] prefers to have a full body wash with the assistance of a member of staff."
- People's desired outcomes were recorded in their care-plans. People and relatives told us they had good outcomes. One relative said, "Mum has blossomed since living here. I think it has saved her life as she was depressed and falling at home and was unsafe, here there are always people nearby, I still worry but 90% less". Comments from people included, "I feel safer here than at home as I was falling over a lot, here they support me to get around and if I ask for help it is never too much trouble".

Staff support: induction, training, skills and experience

- People were supported by staff who received training relevant to their roles. For example, diabetes, safeguarding and pressure ulcer prevention training. One relative said, "All the staff have training, they often say what they have been up to when they have been on a training day". Comments from people included, "Yes they [staff] all know what they are doing, they are the right kind of people that work here, not come across anyone that isn't competent"
- Staff new to the service received an induction that helped to familiarise them with the service, for example looking at policies and procedures, such as whistleblowing and safeguarding.
- The provider ensured staff new to care were supported to complete the Care Certificate. The Care Certificate is a set of standards including information that all staff new to care should know.

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

- People told us they were provided with enough good tasting food and special dietary needs were met. Comments from people included, "Food is nice we get a choice and get offered more when we are finished" and, "I have a gluten free diet and that is catered for". One relative said, "Food is plentiful, dad has put on weight living here".
- People received support to eat and drink. For example, one person had dementia and believed they worked in the home. Staff encouraged the person to sit with them during break times and have a drink.
- Care plans included guidance for staff about how they could support people to eat and drink. For

example, one person with dementia could eat more effectively with their hands rather than a knife and fork, however staff were also guided to offer the person the use of a spoon when it was appropriate.

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

- Staff worked well with each other and external agencies to ensure good outcomes for people. This included the GP and District Nurse.
- One person had arrived at the service with an illness. They had great difficulty walking around independently and could not use the toilet alone. The provider worked with the District Nurse, GP and Residential Home Support Team and this resulted in the person taking less medicines, being able to use the toilet independently and walk further.

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

- People were encouraged to bring items into the home that were important and personal to them. We saw people had decorated their rooms with pictures and other items, such as soft toys.
- There were photos and flowers displayed in communal areas.
- There was a stair lift and equipment, such as hoists and bath chairs, available for use when required.

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

- People were supported to access healthcare services. For example, one person was visiting the dentist during our inspection and one person's calendar showed they had appointments to see the chiropodist and dentist in the future.

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.

- Staff asked people for their consent before providing support. For example, we observed one staff member asking a person if they required support to walk into the dining room.
- The provider completed capacity assessments when it was appropriate. For example, one person wished to self-administer a prescribed cream. The provider undertook a capacity assessment and determined the person had capacity to make that decision.
- At the time of our inspection, one person living in the home was subject to a DoLS authorisation. The provider worked to ensure the conditions within the DoLS were met.

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

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 told us they received support from staff who were very caring. Comments from people included, "Staff are very kind and are always around they do sit and chat occasionally, they are very friendly that's why I like it" and, "The staff are so lovely; they are amazing, very kind and patient they know I like to chat so often spend time with me" and, "They [staff] cannot do enough for me, they tick all the boxes".
- Relatives confirmed staff were caring. Comments from relatives included, "[Staff] really care for mum, they have adopted her, I get a very relaxed vibe when I come in" and, "Wonderful staff; that's why we chose this home. The staff are very conscientious and what I like is the team work well together, they always have a laugh at the right time. We couldn't have picked a better place".
- The provider made sure people were well supported, even when they left the service. For example, one person went to hospital with a serious health condition. One staff member stayed after their shift ended and supported the person's relative to visit the person in hospital. The registered manager contacted another staff member who visited the person in the afternoon to sit with them, so they wouldn't be alone.
- Staff received equality and diversity training.

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

- People told us they felt listened to and were involved with decisions about their care. Comments from people included, "I have a care-plan which I was involved in with the staff, we agreed on a lot of things I needed support with".
- The registered manager told us people were involved with decisions about their care as much as they could or wanted to be. The registered manager said, "Everybody is involved in their care plan, even those who struggle. We have the discussions with them. The families come in too".

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity and privacy were respected. For example, one person said, "I have my food in my room as I make a mess and I get embarrassed, the staff know I am happy doing this".
- People told us staff encouraged and supported them to be independent. Comments from people included, "I do what I can, then they [staff] help me a little when I ask" and, "I have a mobile phone, they [staff] encourage independence".

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 remained the same.

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

- People told us they received care personalised to meet their needs and that allowed them to retain choice and control. This included going to bed and getting up and dressed when they chose.
- Staff responded to people's needs. For example, one person said, "I have no complaints. I found when they tidied up I couldn't find a pen to hand so they [staff] make sure I have one now".
- Staff responded to people's needs. For example, one person with dementia believed they were employed at the service. The registered manager said, "[Person's name] think they work here. They sit in on training with us, manual handling and first aid. Does the drying - loves to join in". Before one person moved to the home, they were responsible for doing the washing and drying up at home one day a week. The provider ensured this continued when they moved to the home. The registered manager said, "We are giving him a purpose".
- Staff knew people and their needs. One staff member said, "Each person is completely different. [Person's name] likes a bit of banter. But [person's name] is quiet. You need to get it right".

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.

- The provider ensured people had access to information about them. This included supporting people to access relevant professionals, such as the optician.
- The registered manager was in the process of exploring options for electronic care plans as a way of making information more accessible for people, such as being able to increase the size of text more easily.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to access activities that were important to them. Comments from people included, "I love the garden and they [staff] let me plant my flowers because they [staff] know it's what I like" and, "They [staff] take me out in the wheelchair down to the seafront".
- When people did not wish to participate in activities being offered, this was respected, and alternatives were offered. One person said, "I get asked to join in, but I like to stay in my room, so they [staff] come up and do my nails".
- Loved ones were able to visit people at any time. One relative said, "Staff make me feel very welcome".

Improving care quality in response to complaints or concerns

- People told us they knew how to complain but hadn't need to. One relative said, "I would complain to whoever is in charge, I haven't needed to have any difficult conversations, but I would feel comfortable as I think they (manager) would want to know". One person said if they had concerns they would, "I would speak to the senior or manager I wouldn't feel worried about having a conversation with them".
- Complaints were responded to appropriately and actions were taken when necessary. For example, one person complained there was a build up of rubbish outside. The registered manager acted to get the rubbish removed immediately.

End of life care and support

- No- one in the service was receiving end of life care at the time of our inspection.
- One person who had passed away recently had directed mourners to donate money to the service in their memory.
- There was no evidence that people's end of life preferences had been explored with them.

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 remained the same.

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

- Staff told us they worked as a team to ensure good outcomes for people. Comments from staff included, "It's more of a family than a team. The friendship among the staff is incredible" and, "Everyone who works here is all about the residents. Nothing is ever a problem".
- Staff told us people received 'good care'. Comments from staff included, "I think everybody here works just as hard as each other and everything is high quality" and, "Absolutely good care. Even the residents say it. We do our best".
- People experienced good outcomes. One person said, "I wouldn't want to live anywhere else, this is my home". Comments from relatives included, "This [home] is by far the best around, feel lucky to have dad here".
- There was a person-centred culture that empowered people. For example, the lighting in one person's bedroom had been changed so the person could sit and read or complete puzzles.

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

- Accidents and incidents were reviewed as a way of identifying themes and trends. One of these reviews had identified an increase the number of incidents involving one person, the GP was involved, and the increase had resulted because of an infection.
- There was a programme of quality audits and checks overseen by the registered manager. These were used effectively by the registered manager to identify errors and omissions.
- People spoke positively about the registered manager. Comments from people included, the "[Registered] manager is very good, always around and will stop to catch up" and, the "[Registered] manager is lovely, the best we have had".
- There was a clear staffing structure and staff knew their roles and responsibilities well.

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

- People told us they felt listened to. Comments from people included, "The [registered] manager will always listen to me" and, "I have chats with [registered manager's name] they make time to chat".
- Relatives praised the communication and spoke positively about the registered manager. Comments from

relatives included, "Communication is very good, we email the home and always get a response, I also phone most days and [staff] will find mum so we can chat".

- People told us they had regular meetings to discuss topics relevant in the home.
- A healthcare professional who had visited the home contacted the registered manager and told them they had nominated them in the 'Somerset Outstanding Care Awards 2019' for the 'Care Home Manager of the Year Award'. A further five nominees reached the semi-finals. The registered manager told us, "The morale is great".