Gloucestershire County Council

Great Western Court

Inspection report

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Ratings

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present during our inspection.

Great Western Court provides a re-enablement, rehabilitation, interim placement and community respite service to help people to return to their own homes where possible following a hospital admission. Re-enablement provides people with the opportunity to relearn or regain some of the skills for daily living which may have been lost as a result of illness, accident or disability. It is registered to provide accommodation with nursing or personal care for up to 30 people. During our

Summary of findings

inspection there were 20 older people using the service. The home is purpose built on the ground floor which consists of five separate units; each had six individual bedrooms (some with adjoining bathrooms) and a shared lounge and dining room.

People generally moved to Great Western Court from hospital for a period of rehabilitation to develop their activities of daily living skills to enable them to return to their own home. People were fully assessed within 48 hours of their arrival which gave staff an understanding of a person's level of independence.

Throughout the day people were encouraged to do as much for themselves as possible however there were limited opportunities for people to engage in social and meaningful activities other than those which involved their rehabilitation programme.

People's physical needs were assessed and risk assessments were managed well and recorded. However people's care records did not always reflect their personal goals and levels of mobility. This did not give staff the information they required to monitor the progression of people's mobility or if people had aspirations or goals that they would like to achieve during their time at the home. People and their relatives were not always fully communicated with regarding the purpose or the progress of their stay at Great Western Court.

People told us they enjoyed their stay at the home and that they felt safe. Staff were knowledgeable in their role and were able to recognise the signs of abuse and knew how to report any concerns. Staff were trained to carry out their role however they did not received regular formal support meetings with their line manager to reflect on their care practices and knowledge although they said they could always approach them informally.

Staff were recruited to ensure that people were supported by suitable numbers of qualified staff. People were supported to stay healthy and were referred to the appropriate health and social professionals as required. People's support needs were continually reviewed and anyone who needed additional support in their own home was referred to the relevant community services before they went home.

People told us staff were caring and kind. Complaints and concerns were dealt with immediately to ensure people's experience of the home was comfortable and met their needs at all times. The registered manager understood her role and responsibilities to manage a rehabilitation service to ensure that people made the most of their time at the home.

Summary of findings

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. People told us they felt safe. Staff knew people well and how to support them to prevent the risk of harm or injury. Risks were well managed. People were able to make choices for themselves and make decisions about their care.

The home had effective recruitment procedures. Staff told us they felt trained to carry out their role. A suitable mix of qualified and rehabilitation staff were available to meet the needs of people.

Is the service effective?

Requires Improvement

The service was not effective. Staff could raise concerns and ask for support however they had not received regular formal meetings to develop and check their care skills and practices with a senior member of staff in line with their contracts. This meant the skills and knowledge of staff were not always being reviewed.

Staff were knowledgeable about the people they cared for. However the care records did not provide staff with guidance about people's mobility levels or their personal goals. People were referred to the appropriate health and social care professional for further specialist assessments and support as required.

People were offered of a choice or food and drinks and their dietary needs were catered for.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively about the home. Staff were knowledge about the people that they supported. People looked contented and relaxed around staff. Relatives gave positive feedback about the caring and friendly manner of all the staff.

We saw that people were treated with respect and dignity. Staff respected people's choices and preferences and listened to their concerns about returning home.

Is the service responsive?

Requires Improvement

This service was not responsive. People had no meaningful purpose to their day other than rehabilitation activities.

The purpose of the service provided by the home was not always clear to people and their relatives when they first arrived at the home.

Summary of findings

Some assessments had not always been completed to monitor people's levels of mobility. However, staff understood the needs of people and was sensitive to their concerns. Good links were maintained with community services to ensure that people received the correct care and support once they went home.

Is the service well-led?

Good

The service was well- led. The registered manager developed a positive and supportive culture in the home. The registered manager understood the complexities of managing a home that provided rehabilitation and short stay breaks for people.

Systems were in place to monitor the quality of the service. People's feedback was valued. Accidents and incidents were being monitored and reviewed to identify any themes, trends or lessons could be learnt.

Great Western Court

Detailed findings

Background to this inspection

This unannounced inspection took place on 29 July 2014. The last inspection took place on 21 November 2013 when the provider met all the legal requirements and regulations associated under the Health and Social Care Act 2008.

The inspection was carried out by a single adult social care inspector. We spoke to eight people who were staying in the home. We also spoke with four members of staff and attended a staff meeting. We reviewed the care records of five people, looked at two staff files and the policies and procedures that assisted the staff and registered manager in running the home. We also spoke to three relatives of people who use the service and observed staff interacting with people.

Before the inspection we reviewed the Provider Information Record (PIR) and the previous inspection report. The PIR was the information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We contacted the commissioners of the service and two healthcare professionals including the local General Practitioners (GP) surgery.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective? The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe and enjoyed their stay at Great Western Court. One person said, "I like it here, I wish I could stay longer". Another person said, "Staff are very kind, I try and help myself but they are always around to help if I want them".

People's personal care needs and risks had been identified within the first 48 hours of people arriving at Great Western Court to provide staff with a clear understanding of the support they required. The rehabilitation team including therapists and rehabilitation officers had carried out additional assessment of people's re-enablement needs. People's risks and safety had been assessed which included an assessment of their mobility and nutrition levels; dependency and activities of daily living skills and possible risks when they returned home. With this information, staff were able to work with people to help to reduce these risks before they returned home. For example one person had been identified as at risk of falling due to their limited mobility. Staff carried out regular mobility exercises to build up their strength and reduce the risk of falling.

On arrival to the home people were given information on understanding abuse and safeguarding themselves. Staff told us their actions if a person arrived at the home with a bruise or told them if they were being abused. One staff member said "I never had to raise any concerns but if I did I would report it to my manager or someone else in the team". Their answers and comments were in line with the provider's policy in safeguarding vulnerable people. Although all staff were knowledgeable in the area of safeguarding of people within the service, two of the three staff who we spoke with were unclear of where to report concerns outside the organisation although they told us they would look at the relevant policies. The registered manager was able to tell us about her knowledgeable in safeguarding people and had informed the relevant authorities if there had been any concerns of abuse.

Care homes, in order to ensure people's rights are protected, must make a formal application and have authorisation to impose restrictions on people. This is called a Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Care homes have to apply for authorisation when restrictions are imposed on people to keep them safe when they do not have the capacity to consent to these restrictions. We were told and we observed that during the time of our inspection there was no one being restricted who would require a DoLS authorisation. who was being restricted of their freedom. During our inspection we found that all the people who were staying Great Western Court had the mental capacity to make day to day and significant decisions for them. We were shown the care records and mental capacity assessments of one person who had recently stayed at the home who had limited capacity. Staff were able to tell us how they would support someone to make decisions and choices if they had limited mental capacity. Their answers showed staff would support people within the legal framework of the Mental Capacity Act 2005 (MCA). MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager was aware of her role to assess if anybody had their freedom restricted during their stay at the home and report this to the necessary authorities.

The registered manager told us the staffing levels were determined by the support and rehabilitation needs of the people who stayed in the home. Appropriate numbers of qualified staff were available to meet the personal care and rehabilitation needs of the people who used the service. Each unit had sufficient staff to cover the needs of the people they were supporting. An extra team leader was on duty to help and work between all the units. Health and social care professionals such as Occupational therapist, Physiotherapist and Social Workers assessed and supported people's specific needs of rehabilitation and enablement. People told us that they received extra support from these specialist staff. One person said, "I have exercise sessions with one staff member and I also practice things in the kitchen with another one". To protect people at Great Western Court, one of the five units had been closed due to limited staffing levels. We were told by the registered manager that the staffing levels were monitored and increased if the was a rise in the dependency levels of the people who were staying at the home.

In the Provider Information Return (PIR) we were told about the recruitment procedure in place to ensure new staff

Good

Is the service safe?

were safe to work with people at the home. Checking for the criminal history of new staff via the Disclosure Barring Scheme (DBS) and obtaining their references, including one in relation to the applicant's previous employment was carried out by the head office. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. The registered manager told us that she interviewed the candidates and overviewed the process as part of their recruitment procedure to ensure people were cared for by suitable staff.

Requires Improvement

Is the service effective?

Our findings

People were not always cared for by staff who had received formal individual support meetings with a senior member of staff. Individual staff support meetings allow staff and managers to discuss and review their individual development, care practices and skills. Staff contracts stated that they would receive formal supervision once every four weeks which was not being adhered to. However, staff told us they received on going informal support from their colleagues or manager. One staff member said, "We can always approach our manager or other staff if we need advice".

During our inspection, we observed part of a team meeting which included rehabilitation staff, a pharmacist, therapists and a social worker. The aim of this meeting was to discuss the progress of people staying at Great Western Court; agree any action and where applicable discuss the support that a person may need when they left the home. The actions from these meetings were recorded and shared amongst all the staff. Although staff were knowledgeable in the progression of people's rehabilitation and how to keep them safe, people's own concerns/worries or personal goals had not always been recorded.

The registered manager had identified training which were mandatory for all staff such as first aid, moving and handling of people and safeguarding people. Staff told us they felt the training they had received was good and appropriate for their role. Staff had also been given opportunities to carry out training to support their role to meet the diverse needs of the people who used the service. Records showed new staff carried out an induction training programme including safeguarding people and had received regular meetings with a senior member of staff within their probation period to ensure they were skilled and competent to carry out their role. They worked alongside the team leaders for two weeks and their progress was monitored and checked by the deputy manager. People and their relatives told us that they were confident in the knowledge and skills of the staff that were caring for them. One person said "I am in good hands here; staff are good and know what they are doing". A relative said, "Staff are very good here, we have contact with all the different professionals here".

Staff understood the need to support people so they had sufficient to eat and drink. People were asked to choose from a lunch and evening menu the day before. Drinks and snacks were readily available in each unit. Where necessary, people had been assessed to use adaptive cutlery and crockery to help them eat independently. People had the choice to eat in the dining room or their own bedrooms. We received a variety of comments from the people about the food. These comments ranged from "Yes, the food is very good" to "Its Ok but there is not much choice".

We were told that if people did not want the food which they had chosen then an alternative meal would be offered. During lunchtime staff had noticed a person was not eating and responded to this. This person was offered a different main course which they then enjoyed. Kitchen staff regularly consulted with people either individually or as a group to ensure that they were enjoying the food which was being provided. The kitchen staff said they would research and provide meals that met people's cultural preferences if required.

People were supported to stay healthy and to maintain their independence. Although the staff team was made up of various health and social care professionals, we saw evidence that where relevant people had been referred to other professionals when specialist advice was needed such as the community rehabilitation team. The staff had referred people to this team to ensure that they had the right support for when they returned back to their home. People had been referred to the falls clinic which helped to identify why people were experiencing frequent falls and plans had been put in place to manage people's risk of falling.

Good

Is the service caring?

Our findings

People spoke about the kindness of the staff that cared for them. People's comments included "The staff are so kind to me"; "I didn't really want to come here, I wanted to go straight home from the hospital but I am enjoying my stay here"; "Staff are extremely kind, especially to those people who cannot do everything for themselves yet". A relative also said "They are very caring; I don't have a bad word to say about them". We heard other comments about the staff, such as "They will always help you if you want something" and "They have got to know me very well."

Staff were aware that people's stay at the home was important to ensure they were supported to achieve a level of independence that would enable them to return home. One member of staff said "It is important that we get to know people quickly so we can have a good idea of people's abilities and their potential to rehabilitate and know what they are going to need to manage when they go home". Staff were sensitive to people emotional needs and gave them a lot of verbal encouragement and reassurance. One person said, "Staff here are extremely helpful". Staff took people back to their homes for a short trial period to assess if they would be safe when they returned home. One person said "I went home yesterday, it was nice to see it again but I now need to make sure I am strong so I can home by myself". This person went on to say "The staff here help me to do things for myself at my own pace".

We saw staff were respectful and spoke to people in a kind and considerate manner. Staff were unrushed and caring in their attitude towards people. Where people became upset staff responded to them by offering reassurance. People's privacy and dignity were being respected by staff. People told us that when staff helped them with their personal care they ensured the doors and curtains were closed. One person had asked not to have a male carer to support them in their personal hygiene. This had been documented and respected by the staff team.

Staff ensured people were appropriately dressed when they walked the short distance from their bedroom to the bathroom. Staff supported people's wishes and personal preferences, for example one person said "I like to eat in my room because I don't like to eat in front of people due to my teeth". People were spoken to privately and respectfully. One health care professional said, "Staff are always respectful to me and the residents. They always introduce me and knock on people's bedroom doors and ask permission to enter before we go in". However we found that one element of the environment did not reflect the culture of respecting people's dignity. This included the contents of the notice board which disclosed the mobility needs of people. This was raised with the registered manager who dealt with this immediately and removed this information off the notice board.

Relatives and families told us they were always welcomed. One relative said "Staff here are very approachable, we can always speak to them about how my mother is getting on here". Relatives were encouraged to visit people in the home. Visiting times were in place to fit around rehabilitation sessions such as an exercise group so people did not miss a part of their rehabilitation programme.

The people who we spoke with were mainly happy about their stay at the home. For example we spoke with two people in the lounge of one of the units. One person said "The staff are very nice here, I was nervous at first as I didn't want to be in a home but I was told it was only temporary until I got my strength back to go home". The other person said "it's alright here but it's not like my home".

Requires Improvement

Is the service responsive?

Our findings

People's care and rehabilitations needs were being assessed and met. People told us they were well cared for however some people told us they were bored and had no meaningful purpose to the day other than exercise classes and individual rehabilitation sessions. People's care records detailed their needs and risks but did not provide information about people's interests, social needs, likes and dislikes. One person said "I can't complain, I am well cared for but I am bored. It would be nice to have a game of cards or something". One relative said, "They are meeting his care needs but he is getting bored and I am worried he is becoming institutionalised and not ready for home". Books and games were available in the lounges of the units but we saw no activities other than the TV on during our inspection. The registered manager told us they held coffee mornings and had links with the local schools who visited the home. One person said "I would like to go outside for a walk and be in the garden as I would do this at home bit I am not confident to do it by myself yet".

Most of the people who stayed at Great Western Court transferred from a hospital for a period of rehabilitation. Everyone told us the service was good and they were enjoying their stay. Two out of five people said they were initially unclear of why they had come to this home and the purpose of their stay. Another person told us they were worried about where they were going after their stay at the home. One relative said "Feedback from staff about the future plan could improve". This had been identified by the registered manager and a leaflet describing the purpose of service was being developed.

People's care and support needs were assessed and recorded which helped staff determine people's level of independence and areas of their care which required more support. However we found moving and handling assessments had not always been completed for some people. Improvement was needed in some of people's care records to give staff clear guidance on the assessment and progression of people's mobility. People had access to a wide range of health and social care staff to ensure their physical well-being was being maintained. The staff team made appropriate referrals health and social care professionals in the community when required. Other staff such as district nurses and GPs regularly visited the home. We spoke with one health care professional who said, "Overall I think care and treatment that people get has improved and more specialists are now involved".

Weekly meetings were held so staff could discuss the progress and the next stage of rehabilitation for each person. People were consulted before and after the meetings so that their views were included in the discussion. When agreed by the person, relatives were involved in these meetings. We were told by the registered manager that they would try to accommodate extra meeting times for relatives if they were unable to make the main weekly meeting.

The registered manager told us the home had an 'open door' policy and encouraged people and their relatives to raise any concerns. The registered manager said "It is important that people get the most from their short stay here so it is important that we hear if they have any concerns and deal with them immediately". Suggestion boxes and comments cards were available to people and their relatives and visitors. These comments helped the registered manager to understand people's experiences of living in the home and act on any concerns. The registered manager told us "We have a number of feedback systems in place to ensure that the service responds to people's needs". Any issues that had been raised by people were dealt with effectively and actions and recommendations were shared with all the staff to prevent the issue from reoccurring. The service user guide had recently been updated provided people with information on how to make a complaint or raise a concern. Staff also had guidance on how to manage a complaint using the service's complaints policy.

The team and registered manager had good links with community services to ensure that people received continuity in their care and that they received the right amount of care and support when they returned home. One staff member said in the team meeting that we observed "This person is struggling, but can now dress themselves but they will need help to buy their shopping and make their main meal each day". Staff told us later in the day that they had contacted the community team and had arranged a meeting to discuss the options of support within their home, with the person and their relatives.

Good

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager and a team of health and social care professionals such as therapists and rehabilitation staff. The registered manager understood the challenges of running a home that provided rehabilitation and short stay breaks. The registered manager said, "People only stay with us for a short amount of time so people need to receive continuity in their care, individual rehabilitation and we need to make sure they leave here with the skills and support to manage their life in their own home". All staff had a clear vision of the purpose of the home which was to help to support and enable people to progress to their maximum level of independence. Staff were clear about their role and responsibilities to support enable this vision. One staff member said "We need to get know people quickly so we can assess them and understand their goals and where they want to go when they leave here".

The registered manager and senior staff had an 'open door' culture which enabled staff and people who used the service to freely raise concerns. Staff told us that the registered manager and all the staff were approachable and they worked as a team. One staff member said "The managers and seniors here are very hands on and will always help if we get busy". This staff member told us of an example when the registered manager had recently helped out. They said "One lady was at first very anxious about being here and kept pressing her call bell especially on the first morning. The manager sat with her and reassured her so we could get on and see to the others". The rehabilitation care staff told us that they were treated equally and their views about people's progress were respected. We observed this during the team meeting where all the staff present had the opportunity to express their views to ensure that people's progress was being reviewed and communicated.

We saw that the registered manager actively sought feedback from people. Each person who used the service was asked to complete a questionnaire after their stay. People had mainly commented highly about the service. The registered manager told us they were reviewing the time frame of capturing people's feedback so they could capture and discuss people's views during their stay. This would help the service to address any concerns during people's stay rather than at the end. Records showed staff regularly met with families' to discuss their views. Two relatives told us that they felt communications from the home could have been better. One relative said "The care is great but communication could be better, there has been some confusion to what is support mum is getting when she leaves the home". This was shared with the registered manager who said "We always try and communicate as much as possible with families but we will look into how this can be improved".

The provider and the registered manager had systems in place to monitor the quality of the service. Most of the audits were carried out by the registered manager and the deputy manager and some audits such as fire safety were carried out externally. These audits included monitoring the infection control arrangements; monitoring staff development; maintenance of the premises; health and safety checks including equipment and environmental checks. However we found that improvements could be made to the audits of staff development and support.

Systems were in place to capture and review accidents and incidents and to improve the safety of people who used the service. The accident and incidents had recently been reviewed which had highlighted a trend of people falling. We were told that the physiotherapist was addressing and monitoring this trend to identify if there were any obvious causes and provide recommendations.

People's risk in the event of a fire were assessed and managed when they arrived at the home. Each person received a fire risk assessment when they arrived at the home. Weekly fire checks were carried out by the maintenance person. Staff understood their role and had been trained in emergency evacuation in the event of a fire.

The registered manager had arrangements in place to ensure people's safety. The registered manager had monitored and identified the need to close one of the five units in the home due to limited staffing levels. The needs of the people who used the home and the staffing levels were continually being monitored by the registered manager and the provider. The registered manager said "The right staffing levels and skills needs to be in place before the closed unit will be reopened. We are working with the council on this".