Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Gotton Manor Care Home

Gotton, Cheddon Fitzpane, Taunton, TA2 8LL

Tel: 01823413118

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Grandcross Limited
Overview of the service	Gotton Manor provides a care home service for older people who require nursing or personal care. The home can accommodate up to a maximum of 60 people. The home comprises two separate but adjacent buildings. A nursing home service is provided in the main Manor House building and a residential home service is provided in the Coach House building.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Gotton Manor Care Home had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Safety and suitability of premises
- Staffing
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by other authorities. We talked with other authorities.

What people told us and what we found

At our last inspection on 12 October 2012 we issued compliance actions for four essential standards. This inspection was to follow up on areas of non compliance with the health and social care regulations. We spoke with five people who lived in the home and a visiting relative. We also observed the care provided to other people and spoke with 10 members of staff.

People said before they received any care or treatment they were asked if they consented and staff acted in accordance with their wishes. We were told "Staff always ask me what I want to do and respect my decisions".

People told us "I think the girls looking after me are wonderful" and the activity co-ordinator was "Lovely. Since she came there are definitely more things going on". A visiting relative said "I'm pleased with the care. They always phone me at home if anything is wrong".

The provider had now taken steps to provide care in an environment that was suitably designed and adequately maintained. A staff member said "Everyone felt happier because the environment had improved. The refurbishments made them feel like the company cared about them".

One person who lived in the home said "Staff are very good and mostly they come pretty quickly when you need them". Another person said "Staff now spend more time talking with me".

We found that quality monitoring systems were in place. Effective action had now been taken to address identified risks and areas of non compliance.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent the provider acted in accordance with legal requirements.

Reasons for our judgement

This standard was not reviewed at our last inspection. It was included in this follow up inspection because we wanted to ensure at least one standard from each of the five essential standard key areas was inspected.

People who lived in the home had a range of care needs, verbal communication skills and mental capacity. This meant that some people were unable to make certain decisions about their care and treatment. We checked whether the provider acted in accordance with legal requirements, where people did not have the mental capacity to consent.

People who were able to talk with us said before they received any care or treatment they were asked if they consented and staff acted in accordance with their wishes. People said "Staff always ask me what I want to do and respect my decisions" and "They talk to me about things and I can always say yes or no".

All staff spoken with confirmed they had received e-learning training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This meant they were aware of the need to protect people's rights, to use least restrictive practices and to act in people's best interests if they lacked capacity to make certain decisions.

Staff knew that some people's relatives had 'legal powers' to make certain decisions on their behalf. Where people's relatives had lasting power of attorney for certain decisions this was recorded in their care plan.

We looked at four care plans for people who lived in the main building where nursing and personal care was provided. All contained information about their capacity to make decisions under the care plan heading 'rights, consent and capacity needs'. One of the care plans was for a person who was previously subject to a DoLS authorisation. The care plan showed the DoLS authorisation was no longer in place. It stated the person had capacity to make most decisions and should be consulted about any decisions. However,

if they wanted to leave the home, a best interests meeting had to be arranged with the health and social care professionals involved in the person's care.

We spoke with the unit manager in the Coach House building where personal care was provided. We were told that all the people who lived in the Coach House were able to make routine decisions themselves. However, if staff had concerns about an individual's mental capacity to make a major decision they would arrange a mental capacity assessment for that specific decision.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At our last inspection we found the provider was not compliant with this essential standard. We found there were sometimes delays in the delivery of care. Also welfare needs including opportunities for social interaction were not being met adequately.

At this inspection we found these things had improved. We observed call bells were responded to quickly and there was more social interaction between staff and people who lived in the home.

People spoken with told us "I think the girls looking after me are wonderful" and "I'm perfectly alright. I'm looked after fine, absolutely". One person said the activity co-ordinator was "Lovely. Since she came there are definitely more things going on. One to one things like hand massage as well as group activities". A visiting relative said "Staff take my mum outside when the weather is suitable. I'm pleased with the care, it's quite good here. They always phone me at home if anything is wrong".

We observed six people having lunch in the new dining room. The activities co-ordinator and another care staff member assisted two people who were unable to eat their meals independently. The nurse also arrived to assist for part of the mealtime. We observed some people had plate guards to enable them to eat their meals independently. The staff were very jolly and chatted with everyone around the table. The nurse on duty said "All staff are very respectful and go out of their way to support people".

Other people we spoke with said they preferred to have their meals in their rooms. We were told "I've got no complaints about the meals" and "I'm quite happy with the food and drink we get".

Everyone we spoke with commented on the good work the recently appointed activities co-ordinator was doing. People who lived in the home and other staff said the activities co-ordinator had made a real difference. We spoke with the activities co-ordinator and they described the types of activities offered to people in the home. They kept a monthly audit of each resident's participation in activities. This was to ensure everyone had the opportunity for some form of social stimulation. Activities ranged from one to one activities such as hand massage and individual music therapy to group activities including coffee mornings, special events and day trips. They had lots of ideas and plans for the future

subject to funding being available.

We looked at four care plans. These were in the new company wide format and were organised into numerous sections covering different aspects of each individual's personal and health care needs. They described the support and care that people needed and the expected outcomes. The nurse on duty told us that care plans were reviewed on a monthly basis as well as when changes occurred. The provider may find it useful to note that we found some gaps in the daily care records for one individual. We brought this to the attention of the nurse on duty and they said they would remind care staff of the importance of completing the daily records.

We saw staff used a communications book and a diary to record important issues and events, such as changes to people's care, people's birthdays and doctors or hospital appointments. This was always reviewed at shift handovers. Staff spoken with demonstrated a good awareness of people's needs. They told us the care plans helped them to understand and deliver each individual's care and treatment.

We saw examples of advice being requested from external health care professionals to support the care of people who lived in the home. On the day of our inspection a speech and language therapist was discussing the care needs of one person with the nurse on duty. The nurse told us the local pharmacist had recently visited to review the medication and ointments prescribed by a local GP practice to people who lived in the home .

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

At our last inspection we found the provider was not compliant with this essential standard. We found people were not sufficiently protected against the risks of unsafe or unsuitable premises because the environment was not adequately maintained. The provider was required to send us a report on how they would achieve compliance against this essential standard.

At this inspection we found the provider had completed most of the work detailed in their action plan to achieve compliance. This showed the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

In the main building, we observed significant refurbishment had taken place. This included repairs and maintenance to the building itself and new carpets and furnishings. The dining room and lounges had been reconfigured to provide an improved care environment. The changed room layout meant the needs of people in communal areas could be observed more regularly and there was more opportunity for people and staff to interact with each other. A staff member said "Everyone felt happier because the environment had improved. The refurbishments made them feel like the company cared about them".

In the Coach House, both the downstairs wet room and the upstairs bathroom had been refurbished. The wet room was completed and people were able to take showers. Works in the bathroom had been completed but the new bath tub had not been ordered. We discussed this with the visiting regional manager and they immediately contacted the provider's senior management team. We were assured that the bath would be ordered without further delay. In the meantime people could use the wet room shower or, if they wished to have a bath, go over to the main building.

We observed that the damp stained plaster in the Coach House corridor had been removed to enable an investigation into the cause of the damp. We were told there was unlikely to be a quick solution to this problem however it did not appear to directly impact on people who lived in the home.

We spoke with one of the home's maintenance staff. He told us that an external contractor was working their way around the home replacing or maintaining fire doors, fire alarms, smoke detectors and emergency lighting. All fire extinguishers had been tested and

relabelled and portable appliance testing had been done. He said he and his colleague were also making good progress on backlog maintenance work. We saw test certificates to confirm completion of fire prevention works, dated 26 March 2013, and electrical installation tests dated 8 February 2013.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At our last inspection we found the provider was not compliant with this essential standard. We found there were not sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs at all times.

At this inspection we found staff were less pressured and had more time to care for people who lived in the home. Staff morale also appeared much better than previously. One experienced member of care staff said "Currently there are enough staff to carry out all of the daily routines. We are doing quite well at the moment".

The staffing numbers on each shift had not changed since our last inspection but the occupancy level and dependency of people in the home had reduced. A number of new nurses and care staff had joined the team. One of the nurses said "The new team seems to work better. We have better weekend rotas and this ensures a more consistent standard of care similar to weekdays. It can still be difficult to cover unexpected absences like sickness but most of the time it is fine".

On the day of our inspection we observed sufficient staff were available to meet people's needs. Staff had time to socialise with people when providing care or support. When people needed assistance staff arrived promptly and did not hurry them. For example, at lunch time we observed staff supported people with their meals as needed and there were no delays in serving people.

The home cared for people with a wide range of personal and nursing care needs. Staff sometimes needed to double up to support people when they received care and treatment. One person who lived in the home said "Staff are very good and mostly they come pretty quickly when you need them. Obviously you can wait longer at busier times of the day". Another person said "Staff now spend more time talking with me. There is still the occasional problem if someone is off sick but things have improved".

One member of care staff said "We can spend more time with the residents. There is time to chat with them as well as doing our tasks". Another member of staff said "There's more time to concentrate on each resident and the nurses are always available when we need their assistance". We were told there were always at least one and sometimes two trained nurses on every shift.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

At our last inspection we found the provider was not compliant with this essential standard. The provider's quality monitoring systems did not lead to effective and timely action in terms of managing risks and addressing identified concerns.

At this inspection we found that effective action had now been taken to address identified risks and areas of non compliance with the health and social care regulations. Improvements had been made to the fabric of the buildings and to the care environment. Since are last inspection, the pressures on staff had reduced and morale had improved. People who lived in the home told us they were receiving improved care and had more opportunities to take part in social activities.

There was a company wide quality monitoring system to identify, assess and manage shortcomings in the service. This included regular management performance reports and a wide range of care quality audits. The home used an electronic system for recording and monitoring incidents and accidents. Records provided evidence of learning from incidents and that appropriate changes had been implemented. Other departmental audits included catering, cleaning, maintenance, laundry and staff training. We looked at the home's quality audit and risk assessment files. These provided evidence of regular and up to date quality monitoring processes. For example, all generic risk assessments had been completed in the last quarter.

The home held quarterly residents and relatives meetings for people to express their views on the service. We looked at the latest minutes of the residents and relatives meeting. The meeting was attended by four senior members of staff and 10 residents and relatives. Items discussed included recent refurbishments, customer survey results, the activities programme, catering matters, staffing issues and the home manager vacancy. The minutes showed that people who lived in the home and their representatives were asked for their views about their care and treatment and this was being acted on.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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