

Giltbrook Carehomes Ltd

Giltbrook Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Giltbrook Care Home is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The service can support up to 40 people in one adapted building over two floors.

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

People felt safe living at the service, their risks had been identified and managed. We did find that not all risk assessments had been updated, however this was rectified straight away. Overall people felt there were enough staff to meet their needs. People were supported to take their medicines in a safe way. The service was kept clean and appropriate infection control protocols were followed.

People were supported to eat and drink in order to maintain a healthy weight and keep hydrated. People had access to healthcare and were supported by appropriately trained staff. 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.

People were supported by caring staff who respected their privacy and dignity. People were encouraged to live as independently as possible and were able to express their views.

People were supported to take part in some activities, however at the time of the inspection these were minimal. The service did not receive many complaints but ensured that concerns received were looked into and actioned. People's care plans were individualised, although people did not always feel directly involved in the planning or reviewing their care.

People and their relatives spoke positively about the management now in place. The registered manager had comprehensive monitoring and auditing systems in place. They were aware of their duties and worked together with other agencies to ensure people received quality care and support.

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 11 December 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Giltbrook Care 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.

Inspection team

The inspection was carried out by an inspector, an assistant inspector, an Expert by Experience and a specialist professional advisor. Their area of specialism was as a registered nurse; with particular experience in dementia care. 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

Giltbrook Care Home 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 six people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the clinical lead, the administrator, the cook, a domestic, the maintenance person and two care workers. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

The provider sent us additional information that we requested to show how they met regulations. This included training data and policies.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks had mostly been identified, assessed and managed well. Risk assessment were linked to care plans and they were personalised with clear guidance for staff to follow.
- We did find a couple of risks that, although identified and managed, had not had written assessments in place. We also found inconsistencies between a risk assessment and the associated care plan following a change in someone's needs. We spoke with the registered manager about both of these matters and they immediately made the necessary amendments.
- The registered manager closely monitored and analysed specific risks, such as falls, to be able to identify changes that could be made to reduce the risk to people.
- The service assessed environmental risks and fire checks were completed regularly, to ensure people's ongoing safety. We did find some personal emergency evacuation plans which had not been updated with people's current mobility needs. We brought this to the attention of the registered manager who updated these straight away.

Using medicines safely

At our last inspection the provider did not have an effective system in place for the supply and ordering of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager showed us the changes that had been implemented since the last inspection to improve the system of ordering medicines. They were also in the process of changing to a larger supplier to further ensure that there would be no future issues in the supply of people's medicines.
- We observed a medicines round. Staff were very patient and took the time to explain to people what they were taking.
- People spoke positively about the support they received with their medicines. One said, "I get my medication very regularly." Another said, "I get my pills regularly and I don't remember ever having to go without."
- The service followed safe protocols for the receipt, administration, storage and disposal of medicines.

Staffing and recruitment

- The service completed the appropriate pre-employment checks to ensure potential staff member's suitability to the role.
- People had mixed opinions about the amount of staff available to assist them with their needs. People said, "There is always someone around to help me", "They don't take too long to come if you ask for help in here [communal lounge] but it can take a bit longer in your room", and "I have found that sometimes it takes a while for them to come, but they always come in the end. There are a lot of corridors here and I am not sure whether there are enough staff at times."
- The registered manager calculated the amount of staff they required and had a flexible approach. They increased staff when people's needs changed to ensure they could continue to support people in a safe way.
- Although there were enough staff per shift to keep people safe, due to the size and layout of the home people told us they sometimes experienced delays in their call bells being answered. The registered manager undertook a monthly sample audit to check how quickly staff responded to call bells. Following the inspection, access was gained to the system to allow the registered manager to monitor all call bell response times and therefore make improvements as required.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse by the systems and processes the service had in place.
- Staff had all completed safeguarding training. Staff we spoke with had a good understanding of how to protect people from the risk of abuse and what to do if they were concerned about people's safety.
- People felt safe at the service and with the support they received. One person said, "I feel perfectly safe living here."

Preventing and controlling infection

- The service was clean and tidy. The service had a housekeeper who understood how to protect people from the risk of infection. Staff wore aprons and gloves to help prevent the spread of infection.
- People were happy with how the home was kept. One person said, "Everything is kept clean and well maintained." Another said, "My room is kept spotless."
- The service had a food hygiene rating of five stars which is the highest rating. Food safety training for staff and correct procedures were in place and followed.

Learning lessons when things go wrong

- The registered manager understood the importance to investigate accidents and incidents. Following this they ensured that appropriate actions were taken, and learning was shared with the team.

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 fully assessed prior to admission. Relatives we spoke with confirmed this. Relatives described a positive experience when they visited for the first time, "We appreciated being able to speak with various staff before we decided to bring [family member] here as after all, they are the ones looking after them, so you are not getting "sold" the room. We could see they were caring, and kind and the Manager is very approachable and open."
- The registered manager and clinical lead kept up to date with current guidance and legislation, for example NICE guidelines. They shared this information with the staff team, so people continued to receive quality care and support.
- Care plans took into consideration people's preferences and ensured their diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction with the registered manager and were given time to get to know people.
- Staff who were new to care were enrolled on the care certificate, those that were more experienced were encouraged to develop professionally through training qualifications. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- Training included courses in areas specific to people's needs, such as dementia awareness and falls awareness. This meant that staff had the skills to support people appropriately.

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

- People were supported to eat and drink well; associated risks had been identified and managed well. The service made appropriate referrals to healthcare professionals for concerns relating to eating and drinking.
- People had mixed opinions on the food itself but were mostly positive. One person said, "The food here is ok and it's still hot when it gets to me (in room). I get enough to eat although I am a very fussy eater. The kitchen do their best to try and tempt me bless them."
- Relatives were happy with the way the service supported their loved one's dietary needs. One said, "[Family member] has put on the weight she lost at the other home and seems much brighter in herself."
- The dining environment was pleasant, with brightly coloured tablecloths and matching napkins. Music played in the background to create a nice ambience. People chose where they sat. Food was presented in an appetising way.

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

- People had access to outside space and a choice of places to sit indoors. There was a communal lounge as well as quieter spots for people to meet with visitors.
- The home had been redecorated since the last inspection with a variety of murals and paintings. These did brighten up communal areas, however for people living with dementia it could potentially, in some places, be disorientating. For example, whilst there was a dementia friendly sign pointing towards the toilet, the toilet door itself was painted like a bakery, with the actual word "bakery" written on it.
- People were happy with the equipment provided and maintenance of the home. One person explained, "I have my pressure mattress which makes life more comfortable and we have worked out the lighting in my room so that the bright overhead light doesn't have to be on when it gets dark."
- There were a number of issues around the home that we raised with the registered manager. The registered manager either rectified them on the day of inspection or showed us they had already identified these on the maintenance improvement plan and were working their way through resolving them. For example, not all the communal bathrooms had grab rails, however it was on the improvement plan to install these in all bathrooms. We were reassured that all ensembles did have grab rails and people were assisted when using the communal bathrooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service supported people to access appropriate healthcare in a timely manner. One person explained, "We have a chiropodist that visits; my eyes were tested recently, and they weigh me regularly to make sure I don't get fat." Another said, "You can easily see a professional if you want one here. They organise all that for me and keep in touch with my son. I don't really have to worry. All my needs are met."
- People's oral health needs were assessed. The service had an oral health champion to ensure staff were following NICE guidelines. All staff were due to complete oral hygiene training in January 2020. This will ensure people's oral health needs continued to be met.
- The service was part of the NHS's red bag scheme, which allows for easier transition from the care home to a hospital. The red bag is packed by staff, in the event of an admission, and contains vital information about the person as well as their medication, clothing and personal items.

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.

- The registered manager had a good understanding of the MCA and DoLS and ensured that service worked within the principles and conditions.

- MCA assessments had been completed where appropriate and included input from relevant people, such as family and professionals.
- Staff had completed training on MCA and DoLs, although not all staff fully understood how these applied on a day to day basis.

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 felt staff treated them in a caring and kind way. We observed friendly and caring interactions between staff and people.
- People said, "The staff bend over backwards for you. We've got some great carers here," "They are very gentle," "They go the extra mile for you here," and "I think the staff do a wonderful job."
- Staff were trained in equality and diversity. Staff understood the importance of being respectful, one said, "We respect people as individuals and respect their views." People's individual beliefs were respected and supported. For example, people had the choice to attend a Sunday service for those of a Christian faith.
- A relative said, "We have never seen anything other than kindness shown to residents and we are here most days."

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

- People felt like they were involved and could make decisions about the way they were supported. One person said, "I only do what I want to do. Nobody makes me do anything. They (staff) know me well." Another said, "I like to get up at 7am although I could lie in if I wanted to."
- Staff had the time to speak with people to enable them to express their views. A relative explained, "You never see people being rushed or ignored."
- For people who could not make their own day to day decisions, either by themselves or with support from family or friends, there were advocacy services available. Information was on display in the reception area and the registered manager explained how they had arranged for an advocate to visit a person. This meant people had access to someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People felt staff respected them and supported them in a dignified way. One person explained, "Staff are very respectful of my space here (bedroom) and they knock before they come in." A relative was in agreement, "Staff are always very kind and respectful towards residents and indeed, towards the visitors too."
- Staff promoted people's independence by encouraging people to do things they are able to do for themselves.
- We observed staff discreetly speaking with people about personal matters so as to preserve their privacy. People's confidential records were kept securely to ensure only those that needed to see them had access to them.

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 had care plans which were written in a way an individualised way and included their needs, likes and preferences. For example, they contained a 'This is Me' section detailing their life history, things they enjoy and any routines they may have.
- People felt that staff got to know them as an individual. One person explained, "The normal staff know me really well." Another said, "The staff are getting to know me, and most are very kind."
- However, people and their relatives said they weren't actually involved in care planning or reviews. One person said, "I don't have conversations about my care, they just get on with what needs to be done." The clinical lead explained they spoke with people on a more informal basis and then included any information gained in reviews and plans.

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.

- People's care plans contained information on their communication needs. They provided detailed information for staff on how best to communicate with people. For example, one read, "Staff need to use short concise sentences and offer her time to respond."
- At the time of the inspection no one using the service had any sensory impairments that meant they required specialist equipment or aids. The registered manager advised that there were picture cards available for people who were living with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of the inspection the service did not have an activities coordinator in post, however one had been recruited and was due to start imminently. A relative said, "There is a new activities person who we have met. She seems very keen and will hopefully bring up the level of activities again."
- Staff were doing some activities with people. Although one person said, "There isn't much in the way of activities." We were told that staff celebrated people's birthdays and dogs had visited as part of pet therapy.
- The service had recently celebrated bonfire night, which was spoken about positively by people and their relatives. A person said, "The fireworks event was a great success, and everybody enjoyed it. You know when off duty staff turn up with their own children, that they are doing something right."
- People's friends and family were able to visit to encourage people to continue to socialise with people

important to them. One relative said, "I visit when I can and that can be any time of day. I am always made welcome."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure that was being followed. There had only been one complaint since the last inspection and we saw that this had been investigated and responded to appropriately. Learning from this led to an addition to the induction about allergy information.
- The registered manager described how through open communication most concerns were resolved promptly and effectively.
- People were aware of how to raise any concerns. One person said, "I don't remember ever having to complain about something, but I would speak up if I was unhappy." Another said, "I have complained about a couple of things since the manager changed and he has gone out of his way to sort it out."

End of life care and support

- People's end of life wishes were recorded in their care plans. These were very person centred and detailed. For example, it was recorded the music a person would like to listen to and how they would like their room lighted.

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.

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

- The service had a registered in manager in place who people knew and spoke positively about. One person said, "[Registered manager] walks around and speaks with us. He doesn't just sit in his office."
- There was a clear structure in place and staff understood their responsibilities. Staff received regular supervision and competency checks to ensure quality care was being delivered.
- The registered manager and clinical lead completed a range of weekly and monthly audits to monitor the service and risks associated with service delivery. We saw actions from these were identified and taken promptly.
- A new comprehensive medicines audit had been implemented since the last inspection. It was clear this had improved service delivery. A relative observed, "It is very efficient on the nursing side, medication has improved and hydration has improved enormously!"
- The registered manager understood their legal obligations and regulatory requirements related to the conditions of the their CQC registration. For example, submitting notifications regarding certain events and incidents.

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

- The registered manager explained that his vision for the service was for people to be fulfilled and receive the highest quality of care. It was evident that the service was making strides towards this vision. A relative said, "I am thrilled with the changes that have been made since [registered manager] began managing the home."
- Staff were working towards having a person-centred approach. A relative observed, "I really think they do a superb job and you never see staff sitting round now, that is a thing of the past. They are much more focused on the residents."
- Staff told us they got to know people's needs by talking with them. The registered manager was able to monitor when staff had read people's care plans and assessments on the electronic system. They were also able prompt them to read information. This ensured that staff were providing personalised care.

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 understood their responsibility and reported incidents to the relevant authorities where appropriate. They explained, "If I found something we have done wrong and or something has gone

wrong, I have a duty to apologise".

- The service took appropriate actions following accidents and incidents. A relative explained, "They are very good at communicating if anything goes on that I need to know about."
- The service worked in an open and transparent way in line with the duty of candour.

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

- People and their relatives now felt involved in the service. A relative explained, "This registered manager is very approachable and open to ideas, which is definitely an improvement over what it used to be like." Another said, "I know I could speak to the nurse or the manager if I needed to, but they keep me informed of anything that I need to know about in between visits. I would recommend the place certainly."
- People felt able to speak to management and were confident that their views were taken into consideration. A person explained, "I have spoken with the manager and the nurse. They are both very nice and will do what they can to help make me comfortable." Another said, "I think they do their best to keep everyone happy here and they have asked me if I am ok with everything. I just speak up if I'm not."
- The service held regular relative and residents' meetings, which were spoken about positively. A relative said, "There are a few relatives showing interest now, which is good as things are getting done and they are listening." We noted that registered manager put the minutes from the meetings on the noticeboard, however relatives told us they would prefer them to be emailed.
- Regular staff meetings were held and staff we spoke with explained that their feedback was sought.
- The service worked with a local community memory café and provided respite care for people's loved ones whilst they attended learning sessions.

Continuous learning and improving care; Working in partnership with others

- The registered manager described their plans to continually improve the care provided. Which included improvements to the environment as well as initiatives to improve people's wellbeing.
- Continuous learning, both from past incidents and additional training, was a strong focus for the registered manager. They understood the need to learn to improve the lived experience for people in the service.
- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.