

Prime Life Limited

# Gilby House Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gilby House Nursing Home is a care home registered to provide accommodation, personal and nursing care for up to 22 people with mental health needs in one adapted building. At the time of our inspection, 21 people lived at the service.

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

A system was in place to monitor the quality and safety of the service, however these were not always effective in identifying and addressing issues.

We have made a recommendation in relation to capturing information to support service delivery.

Analysis of incidents were not always completed to identify any lessons learnt.

We have made a recommendation in relation to evidencing lessons learnt as a result of falls and incidents.

People were happy with the care they received, they felt safe and well looked after. Staff had been recruited safely. There were enough staff on duty who were provided with the appropriate training to enable them to carry out their roles effectively.

People were supported to take their medicines safely as prescribed.

Staff received training in safeguarding and followed clear guidance which helped to protect people from abuse.

Care plans included risk assessments for known risks and staff followed support plans to help keep people safe. Care plans were up to date, risk assessments were in place and regularly reviewed.

The home was clean and tidy and additional cleaning ensured people were safe from the risk of infection.

People were regularly asked their views on the service provided and action had been taken when suggestions were made.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 7 July 2021).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gilby House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Gilby House Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gilby House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gilby House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with 11 members of staff including the registered manager, regional manager, team leader, two nurses, five support workers and a cook.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

#### After the inspection

Following our visit, we spoke by telephone with the relatives of seven people who used the service about their experience of the care provided. We also spoke with one health professional. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.

We recommend the providers systems and processes are reviewed to ensure information is captured, shared and evidenced to support lessons learnt.

- Risk assessments were in place and reviewed regularly to minimise risks. These provided staff with a clear description of any risks and guidance on the support people needed.
- The service was well maintained. Regular checks of the environment were undertaken to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said, "I do feel safe, I've always felt safe." A relative said, "[Relative] has been there for about 7 years, they are absolutely safe, I am so grateful for the care they receive at the service."
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. Information was available in the office, which supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Staffing and recruitment

- Staff had been safely recruited.
- The provider carried out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People we spoke with were happy with the staffing levels. On the day of our inspection, there were enough staff on duty to care for and support people.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed if they were no longer required.
- Staff received medicine management training and checks on their competency to administer people's medicines were completed.
- Where people were prescribed pain relieving medicines, on an 'as required' basis, clear guidance was in place to ensure staff had information about when these medicines should be given.
- Where people were unable to communicate, staff used comprehensive information to assess and manage signs of pain.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

The provider supported visits to the home in accordance with government guidance. The provider had a visiting policy to support people to receive visits safely.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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, preferences and wishes were effectively assessed, and care and support regularly reviewed.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs.
- Staff received specific training to meet people's individual assessed needs. For example, staff were trained in Epilepsy and Diabetes where people had assessed needs in these areas.
- Staff were positive about the support they received. A staff member said, "I get supervisions regularly, I have time to talk about my work and development."

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

- Arrangements were in place to support people to receive a healthy and balanced diet. People received the individual support and encouragement they required to meet their nutritional and hydration needs.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

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

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People accessed communal

rooms where they could socialise.

- Staff involved people with decision making. For example, easy read surveys supported people to make suggestions about menu choices and activities.
- People's rooms were personalised with their own belongings and family photographs.
- Staff sought support from health care services were needed in line with people's care needs.

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 MCA 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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The MCA and DoLS procedures followed best practice guidance and legislative requirements. Mental capacity assessments had been completed where people lacked mental capacity to make certain decisions.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems and processes that monitored quality and safety. This included regular internal checks and audits and covered a variety of areas such as health and safety and medicines management. However, these were inconsistent and did not always capture the required information.
- Records did not always evidence important information about people using the service. For example, handover records did not always capture actions needed and completed to ensure staff understood people's most current needs.

We recommend the provider develops a system to ensure records are reflective of the service's needs.

- There was a clear staff structure and staff were aware of their roles and responsibilities and accountability. The registered manager was supported by a regional manager who had regular contact with the service.
- An improvement plan captured ongoing improvements. For example, further improvements to the environment.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.
- Staff described the objectives of the service and understood the changes that had been made and what this meant in their day to day work. They embraced the change that was occurring.
- The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice.
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "The home is responsive and quickly adapt to any recommendations."

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 provider was committed to providing good quality care to people.

- Staff told us they felt listened to and the registered manager was approachable. A staff member said, "There is an open door approach and [registered manager's name] is always there to speak to."
- The provider and registered manager were clear of their role and responsibilities to be open, honest and apologise if things went wrong.

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

- The provider worked closely with relatives and staff to make sure people received consistent support. One relative told us, "In previous places I spent my life worrying but now I do not have to worry as I am well informed and consulted."
- People were consulted and involved in day to day decisions about the running of the home through regular meetings. For example, people developed their own menu's and activity choices.
- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.

Working in partnership with others

- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.
- The registered manager kept up to date with best practice developments. They encouraged staff to take on more responsibility through introducing lead roles to champion dignity, nutrition and hydration, as well as medicines management.