

Prime Life Limited

# Gilby House Nursing Home

## Inspection report

9 High Street  
Winterton  
Lincolnshire  
DN15 9PU

Tel: 01724734824  
Website: [www.prime-life.co.uk](http://www.prime-life.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Gilby House provides accommodation for up to 19 adults with care needs relating to their mental health. The home is situated in the centre of town close to local amenities.

This unannounced inspection took place on 3 February 2017. The last comprehensive inspection of the service took place in May 2016. At that time the service was in breach of three regulations pertaining to delivering safe care and treatment, obtaining consent and working in line with the principles of the Mental Capacity Act and the operation of good governance systems. The overall rating was 'Requires Improvement'. We completed a focused inspection in August 2016 to check that improvements had been made and that the service had achieved compliance with the regulations. We found evidence to confirm satisfactory improvements had been made and the service was fully compliant. We did not change the overall rating for the service because to do this required evidence of sustained improvements over time.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Records showed that staff had undertaken a range of training to ensure they could carry out their roles effectively. However, we saw training deemed as service specific by the registered provider had not always been completed. Staff told us they were supported in their roles but we saw that they had not received supervision in line with the registered provider's internal policies. Staff had not received an annual appraisal in 2016. The registered provider was aware of these shortfalls and action had been taken to rectify them. This included, the registered manager and clinical lead being booked onto a 'delivering effective supervision and appraisal' training [which was completed shortly after the inspection concluded], staff being booked onto service specific training and a supervision planner being created to ensure they received supervisions and appraisals in accordance with the registered provider's policies.

We saw that the service had achieved very high rates of compliance through the registered provider's audits completed by the registered manager. The registered manager and regional director informed us that the audits required development to ensure they were fit for purpose and could be used to drive improvements within the service.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs of potential abuse and knew what action to take if they suspected abuse had occurred. People were supported to take positive risks in their lives and action had been taken to promote their safety.

People were supported by suitable numbers of staff to meet their assessed needs. Throughout the inspection we saw people received care and support in a timely way. Staff had been recruited safely. We saw

evidence to confirm before prospective staff were offered a role within the service suitable references and a DBS check were obtained.

People who used the service received their medicines as prescribed. Safe arrangements were in place for the ordering, storing, administering and destruction of medicines.

Staff gained people's consent before care and support was delivered. Staff we spoke with understood the principles of the Mental Capacity Act 2005 which were adhered to. The registered manager had made Deprivation of Liberty Safeguards applications which helped to ensure people were not restricted unlawfully and the support they received was the least restrictive option.

People ate a balanced diet of their choosing. Options were available at each meal and we saw that people could request drinks and snacks and help themselves to cold beverages at any time. People's individual dietary requirements were known and catered for. When concerns with people's dietary intake or general health were identified relevant professionals were contacted without delay.

It was clear staff had developed supporting relationships with the people who used the service and knew their preferences for how care and support was to be delivered. People were treated with dignity and respect by staff and were encouraged to express their views. Staff supported people to enhance their levels of independence.

We saw that people's needs were assessed before they moved into the service. People or their appointed representative was involved in the initial and on-going planning of their care. Care plans had been developed to guide staff how to deliver effective care and support in a consistent and safe way. The care plans we saw re-enforced the need for staff to encourage people to be as independent as possible and to treat them with dignity and respect.

People were encouraged to take part in activities within the service and supported to follow their personal interests outside of the service.

The registered provider had a complaints policy that was available in an easy read format to ensure it was accessible to the people who used the service. People who used the service told us they knew how to make complaints or raise concerns about their care.

The registered manager was aware of their responsibilities to report notifiable incidents to the Care Quality Commission. We checked the records held within the service against the information we held and found the registered manager had fulfilled their obligations and had reported specific events as required. The registered provider was aware of and took responsibility for the day to day management of the service.

## 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 ●

People who used the service were protected from abuse, bullying and avoidable harm by staff who had been trained to recognise signs of potential abuse.

People's needs were met by suitable numbers of adequately trained staff; who had been recruited safely.

People were encouraged to take positive risks in their daily lives and action had been taken to maintain their safety.

People received their medicines as prescribed. Medicines were ordered, stored and administered safely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not completed training identified as service specific by the registered provider. Staff had not had annual appraisals or supervision in line with the registered provider's policy.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were adhered to as required.

People ate a healthy and balanced diet of their choosing. Options were available at each meal and drinks and snacks were offered throughout the inspection.

### Is the service caring?

Good ●

The service was caring.

It was clear staff had built positive and supportive relationships with the people who used the service.

People were treated with dignity and respect by staff who understood their needs and knew their preferences.

People were involved in making decisions about their care and treatment.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the initial assessment of their needs and the on-going planning of their care.

People took part in a range of activities and were supported to follow their hobbies and interests.

The registered provider had a complaints policy in place which was displayed within the service. People were encouraged to express their views about the care and support they received. When suggestions were made they were listened to and implemented when possible.

### Is the service well-led?

Good ●

The service was well led. Staff we spoke with told us the registered manager was approachable and supported them to develop their skills and knowledge.

A quality assurance system was in place that consisted of audits, checks and questionnaires. Some development was required to ensure the audits were robust and could be used to drive improvements within the service.

The registered manager understood and fulfilled their responsibilities to report notifiable incidents as required.

# Gilby House Nursing Home

## Detailed findings

### Background to this inspection

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2017 and was unannounced. The inspection was carried out an adult social care inspector.

Before the inspection we spoke with the local authority safeguarding and commissioning teams as well as a number of professionals who regularly work with the service staff to gain their views. We looked at all of the information we held regarding the service including notifications and enquiries.

At the time of our inspection visit 18 people were living at Gilby House Nursing Home.

During the inspection we used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge and dining areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the registered manager, two regional directors, the clinical lead, a nurse, four care workers and four people who used the service.

We looked at people's care records and their associated medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documents relating to the management and running of the service. Including quality assurance audits, questionnaires, maintenance records, four staff recruitment files, training records, staff rotas and minutes of meetings with staff and people who used the service. We completed a tour of the

premises to assess the cleanliness and infection control practices within the service and the general maintenance.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Gilby House Nursing Home. One person said, "This is the best place I've ever lived and I've lived in a few [other care services], I am safe and happy. This is the place for me." Another person told us, "Yes I feel safe, this is my home."

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise the signs that indicate abuse may have occurred. A member of staff we spoke with told us, "I would recognise a change in any of the residents. I am here five days a week so if someone became withdrawn or their mood changed I would know something was wrong straight away." Another member of staff said, "If I thought anyone was being abused or bullied I would report it straight away."

We saw accidents and incidents were recorded and reviewed on a monthly basis to establish patterns or trends. When reoccurrences were identified action was taken to ensure the safety of the people who used the service. The clinical lead told us, "We review all of the incidents to see if we could have done anything to prevent it? Was it environmental? Is the care plan accurate? Do they [the person who used the service] need a medication review? We want to know we have one everything we can to reduce incidents."

Suitable numbers of staff were deployed to meet people's needs. The 18 people who used the service were supported by six members of care staff including a senior and a registered nurse in the morning. In the afternoon the staffing levels reduced to four members of care staff including a senior and a registered nurse. The registered manager told us, "We have looked at people's needs and planned the staffing levels around that. One person likes to go out every morning and then they are settled for the day, another person needs more help in the morning than at any other time so we have worked it so we have staff here when they [the people who used the service] need them."

Throughout the inspection we observed staff spending time with people and providing support in a relaxed and unhurried manner. A person who used the service told us, "There is always someone [a member of staff] around, sometimes we go out, sometimes we stay here but there is always someone there when I need them."

The registered provider ensured prospective staff did not pose a risk to vulnerable adults by operating safe recruitment practices. We checked five staff files and found application forms, interview questions, references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults.

A business continuity plan had been developed to ensure staff were aware of how to manage foreseeable emergencies safely. The plan covered a number of situations such as fires, loss of essential services, staffing issues and healthcare related pandemics. This helped to ensure people would receive the care and support they required during and after an emergency situation.

Checks of equipment and the environment were conducted periodically to ensure they remained fit for purpose and safe to use. The fire alarm was tested weekly; emergency lighting checks and fire drills were



conducted regularly. We saw electrical and gas certificates as well as maintenance records for, amongst other things lifting equipment and the passenger lift.

The service had a dedicated medication room for the safe storage of medicines and further specific arrangements were in place for controlled drugs and medicines that required storing at cooler temperatures.

We observed medicines being administered and saw people received their medicines as prescribed. People were asked if they required and were offered pain relief. Medicines Administration Records (MARs) were completed accurately without omission. A person who used the service said, "I get mine [medication] every day and the nurse always make sure I'm ok."

Protocols had been developed to ensure PRN [as required] medicines were administered consistently and safely. The registered nurse told us, "The protocols the clinical lead developed are really useful but if I am going to administer something I have to use my clinical judgement." They went on to say, "If we use PRN medicines regularly, we review it and speak to the person's GP."

People who used the service were cared for in a clean and hygienic environment. We completed a tour of the premises and saw it was clean, well maintained and free from unpleasant odours. Staff wore personal protective equipment when required and understood the action they needed to take to reduce the spread of healthcare related infections.

We saw evidence to confirm a representative from the service attended regular meetings lead by an infection prevention control nurse from the local clinical commissioning group. Topics such as norovirus outbreaks, continence, tissue viability and good practice were discussed and then shared amongst the service.

## Is the service effective?

### Our findings

People who used the service told us they were supported by skilled and experienced staff. Their comments included, "All the staff are great, they do a grand job in my eyes", "I get on well with the staff. I am a miserable old 'so and so' and they know when to come and talk to me and when to leave me alone" and "They are a good bunch."

We saw that staff had completed training the registered provider deemed as mandatory including The Mental Capacity Act 2005, safeguarding vulnerable adults, health and safety, fire safety, dignity in care, mental health awareness and equality and diversity.

However, we saw gaps in training the registered provider had deemed to be service specific. For example, sensory impairment, advocacy and end of life awareness. A regional director told us, "The focus was to complete the mandatory training and then move on to the service specific which we have done. The service specific is directed by the commissioners so it is something we know we need to do." They went on to say, "We have the quality matters trainer here today and they are going to create a plan with the registered manager to complete the required training."

Staff did not receive effective levels of support and mentorship. We saw evidence to confirm every member of staff had received a formal supervision in 2016 but that the service had failed to ensure staff were supported in line with the registered provider's policies and procedures. The registered manager explained, "They [the staff] should have six a year but none were done before I started. It is an area we need to improve."

Staff had not received an annual appraisal during 2016. The registered manager told us, "No one has had an appraisal. I have a training course planned to learn how to give effective appraisals next week. Once I have done that I will book everyone in."

We discussed the issues regarding staff training and support with the registered manager and two regional directors. We were told that the registered manager and clinical lead were due to complete training to equip them with the skills to deliver effective supervisions and appraisal. We received confirmation after the inspection that this training had been completed and a planner had been created to ensure staff would receive effective support and mentorship. We also saw evidence that staff had been booked onto service specific training to ensure they had the skills and abilities to meet people's individual needs.

Staff we spoke with told us they felt supported in their roles. Their comments included, "We have more supervisions, more meetings and more training than we ever have, we might not be there yet but things really have improved", "I feel like we get lots of support, the manager and the nursing staff are always there to talk to and will answer any questions I have" and "I haven't had an appraisal but I know the manager is organising them soon."

During the inspection the quality matters advisor [a member of the registered provider's training team] told us, "I am here today to support a new member of staff with the Care certificate and to plan when staff can

complete the service specific training. Lots has been done in the last year and we will keep going until it's all done." After the inspection the registered manager sent us an appraisal and supervision tracker that stated when staff would receive an annual appraisal and the specific dates supervisions would be delivered throughout 2017.

Staff knew how to gain consent from the people who used the service and supported them in line with the principles of The Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the relevant authorities to ensure people were not deprived of their liberty unlawfully and received the least restrictive care and support to meet their needs.

People who used the service were supported by a range of healthcare professionals including GPs, community nurses, social workers, community mental health teams, speech and language therapists and dietitians. This provided assurance that they would receive the most effective care as their needs change and developed.

People were supported to eat a diet of their choosing and their individual nutritional needs were catered for. We observed the lunch time experience and saw people chose to eat their meals in the main dining rooms, their bedrooms or one of the lounges. Pictorial menus were displayed and choices were available at each meal.

Staff understood people's needs in relation to their dietary intake and provided attentive support as required. Some people needed support to eat their meal whilst other people needed encouragement to ensure they remained focused and ate sufficiently. A person who used the service said, "The food is lovely, it's smashing."

# Is the service caring?

## Our findings

People who used the service told us they were supported by caring staff. One person said, "The staff are caring, they have been great to me." A second person said, "The staff do their best, they check to make sure we are ok and I think they genuinely care."

During the inspection we spent time observing staff interacting with the people who used the service. It was clear staff knew people's preferences and had a good understanding of their individual needs. We heard staff offering encouragement, praise and using different tones of voice to accentuate their meanings.

Staff recognised when people's moods were changing and when they were becoming agitated or distressed. They used their knowledge of people's hobbies and interests to engage them in conversations or supported them to quieter areas of the service whilst offering positive reassurance. Staff made time to sit with people and engaged them in meaningful conversations about their lives, past achievements and future plans.

People were provided with information and explanations about their care and treatment in a way that met their individual needs. We heard staff describing things to people in a simplified way and checking their understanding. Information regarding advocacy services was available and the registered manager confirmed people were supported to access this support when required.

Staff responded to people's needs in a caring way. The clinical lead informed us that a person who used the service had expressed their desire to stop smoking. A member of staff had supported the person to attend local smoking cessation clinics and decided to stop as well. They said, "I think it was difficult for both of them but they did it together and supported each other." They went on to say, "The effect it has had on [name of the person who used the service] has been brilliant not only on their physical health but their mental health."

People were treated with dignity and respect by staff who understood the importance of enabling them to maintain their independence. A member of staff told us, "Some people are very independent and can go for days out by themselves; other people need support to do more simple things but we always try and help people to maintain and develop their skills." Another member of staff added, "If [name of a person who used the service] eats a meal without help that is a big achievement, I always encourage people to do things [for themselves] but am there to help them when they need it. If we do everything for them it just de-skills them and makes them more dependent."

People were supported to express their views; their opinions were listened to and used to develop the service when possible. We saw that service user meetings were held regularly and used as a forum for people to discuss seasonal events, future activities and aspects of their daily lives. People were asked to complete questionnaires and their feedback was collated and reviewed to ensure the service was meeting their individual needs.

We saw that private information was treated confidentially and stored appropriately. Care plans and

medication records were stored in locked offices which prevented unauthorised people from gaining access to them. A member of staff told us, "We make sure we respect people's privacy and don't talk about things in public. If I needed to explain something to someone, I would take them to a quite area and discuss it there."

## Is the service responsive?

### Our findings

People who used the service told us they were involved in the initial and on-going planning of their care and we saw records to confirm this. One person said, "I have meetings every now and then to talk about how I'm feeling and if I'm ok." Another person said, "Before I came they asked me loads of questions and I have meetings with social workers and other people."

The records we looked at showed before people were offered a place within the service a pre-admission assessment was completed. The registered manager told us the assessment was used to ensure the service could meet people's needs and went on to say, "It's not just about the person coming in; I have to think about how it will affect the other people who live here. We are a lot more selective about who we bring in to the home now."

We saw that the pre-admission assessment along with information from the placing authority was used to develop a number of personalised care plans. Each care plan contained guidance to enable staff to meet people's needs in line with their preferences as well as information about their skills and levels of independence.

Care plans had been created for all aspects of people's lives including communication, medication, mental health, eating and drinking, mobility and personal care. Each care plan had a corresponding risk assessment which enabled staff to deliver care safely and effectively.

We cross referenced people's care plans with accident and incident records, professional visit records and medical information. We saw that when people's needs had changed or advice and guidance had been provided people's care plans were updated to reflect this. This helped to ensure staff were fully aware of people's changing needs and how to support them.

People were encouraged to take part in activities and follow their interests. We saw an activities board was displayed within the service so people were aware of what activities would take place each day. People were supported to visit local places of interests and spend time in the local community.

A person who used the service told us, "I can go out wherever I want; I like to keep myself busy and learn new things. I have been to Scunthorpe, Grimsby, Hull and Beverley." Another person said, "I don't go out a lot, I like to stay here. I do a bit of shopping but like the activities we do here."

The layout and alterations made to the premises supported people to maintain their independence. For example a passenger lift had been installed to enable people to get to and from their rooms on the first and second floor. The ground floor had no steps so people who used wheelchairs could move around without restriction. One person said, "The sloped floors are great, I can go where I want and don't need help, I like that."

The registered provider had a complaints policy in place that included investigation and response times.

The policy was displayed on the main notice board at the entrance to the service and was provided to people when they moved into the home. The policy was available in an easy read format which ensured it was accessible to the people who used the service.

The registered manager informed us that no complaints had been received since our last inspection. A member of staff said, "People have little issues but we just deal with them and sort them out. I try and be as proactive as I can and I think that's one of the reasons we don't have complaints."

People who used the service confirmed they understood how to raise concerns or make complaints. One person said, "I would speak to [name of the registered manger] or [name of the clinical lead]." Another person told us, "I would say if something was bothering me, I wouldn't ignore it."

## Is the service well-led?

### Our findings

People who used the service told us they thought it was well-led. One person said, "I like it here, it's a nice place to live." Another person said, "I have lived in a few places and this is the best one, I am happy here."

Staff told us the registered manager had improved the service, their comments included, "We do more than we ever have, the service is getting better and better and it's down to them", "The manager works with us to review the decisions that have been made, they are very open and happily share their knowledge. I have definitely grown since I have been working with them" and "They have brought us together so we are one team, which we never used to be."

During the inspection we observed people who used the service approaching and seeking the attention of the registered manager. It was clear people were relaxed in their presence. One person said, "I really like [Name of the registered manager, she is great." The registered manager told us, "I do this job because I enjoy it, I think we have done a lot in the time I have been here and people's lives have changed for the better."

The manager had been in post since May 2016 and became the registered manager in June 2016. They were aware of and fulfilled their responsibilities to report notifiable events to the Care Quality Commission.

People who used the service and staff were actively involved in developing the service. We saw that resident meetings were held periodically which provided people with a forum to share their issues and discuss their concerns. Records showed topics such as future activities, menus, how to raise concerns and seasonal events were regularly discussed.

Satisfaction surveys were completed annually by the people who used the service. We saw that their feedback was collated and displayed within the service. An action plan had been created to ensure suggestions and required improvements were made in a timely way.

A quality assurance system that consisted of audits, surveys, visual checks and assessments was used within the service. We saw accidents and incidents, health and safety, safeguarding, dignity and respect, medication and infection prevention and control were audited on a monthly basis by the registered manager. We saw evidence to confirm that when shortfalls were identified action plans were created to improve the service. For example, staff had not received appropriate levels of supervision or an annual appraisal in 2016 and not all staff had completed service specific training. These shortfalls had been identified and a plan had been developed to address them. After the inspection was completed we received evidence to confirm action had been taken to ensure staff were supported effectively and had completed relevant training.

Improvements were required to a small number of audits to ensure their robustness and ability to drive improvements within the service. The registered manager told us, "We need to work on some of the audits, as you have seen we score really highly. We got 100 percent on the last infection control audit but that's because it doesn't ask the right questions; so we are going to change it." A regional director explained, "We



have recognised that some of the audits need to be altered so they can be used to not just identify problems but really improve the services."

The quality assurance system had highlighted that not all staff had completed 'service specific training', had supervisions and annual appraisals in line with the registered provider's policies. We saw that action had been taken to rectify this shortfall.

Regular checks were completed of the fire alarm, emergency lighting, water temperatures and equipment used within the service, such as moving and lifting hoists and the passenger lift. This provided assurance that they remained fit for purpose and any issues would be identified in a timely way.

The registered manager confirmed they were supported by the registered provider. They told us, "We have manager's meetings and the regional director comes and visits us regularly. Whenever we have an issue they are there." This helped to ensure the registered provider was aware of and took accountability for the day to day management of the service.

The clinical lead told us how they kept up to date with changes to legislation and best practice. They said, "I liaise with the GP and discuss what we are doing, I have a good relationship with them and find their advice to be sound so use them whenever I can" and went on to say, "I review NICE [the National Institute for Health and Care and Excellence] guidance and I discuss things with our new nurse so we can provide peer support and review our judgements with each other."