

Century Healthcare Limited

# Gillibrand Hall Nursing Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gillibrand Hall is a care home providing personal care, nursing care and accommodation for up to 50 people. At the time of this inspection there were 45 people living in the home.

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

People received safe care from suitably trained and qualified staff. People's relatives were confident they were safe in the home and praised the high quality of care staff provided.

People were supported to mobilise safely. Staff understood which equipment people needed to support them and followed the risk assessments in people's care records.

People had enough to eat, relatives praised the quality of the food. Snacks were available at all times. People's weight was closely monitored and referrals had been made to health professionals when required.

People were protected from the risk of infection and contamination. There were effective cleaning schedules in place, the home appeared very clean and hygienic. The provider maintained the building and managed environmental risks which included clinical waste and pest control.

The home was well managed and organised. Relatives praised the management of the home.

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 6 March 2019) The overall rating for the service has remained the same. This is based on the findings at this inspection.

### Why we inspected

We received concerns in relation to safe care and treatment, infection prevention and control and access to food. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Gillibrand Hall Nursing 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

This inspection was completed by one inspector and one 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

Gillibrand Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

We gave a short period notice of the inspection to ensure it was safe for us to visit during the Covid 19 pandemic. We also needed to request documents in advance, to minimise our time in the home.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### What we did before 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the manager, deputy manager and four care staff including both day and night care staff. We toured some parts of the home, including the kitchen, kitchen store, communal areas and bathrooms and some bedrooms.

We reviewed a range of records. This included four people's care records and daily monitoring charts. We looked at two staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including; audits, cleaning schedules, infection prevention and control checklists and policies and procedures.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection we found employment histories had not been fully completed for all staff. At this inspection we found employment histories in records we reviewed had been completed.

- Staff continued to be recruited safely in line with the providers robust recruitment procedures.
- The number of staff needed had been calculated based on people's needs. We reviewed rotas and saw staffing levels reflected what had been assessed as required.
- Staff we spoke with told us they felt staffing levels were safe and they were able to support people at their pace without rushing. Staff said, some days could be busier if there had been staff absence, however, staff told us the management team resolved this in a timely way.

### Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse and avoidable harm. The providers policies and procedures were clear and robust.
- Staff had received training in safeguarding. Staff we spoke with were able to explain what might be a safeguarding concern.
- We reviewed the safeguarding incidents and accidents log in the home and saw the manager had followed the providers policies, all safeguarding incidents had been reported to the local authority and investigated internally.

### Assessing risk, safety monitoring and management

- Relatives we spoke with were confident people living in the home were safe. Comments included, "I have total faith in them and I can sleep at night knowing that she is well cared for." and "[name] has lived there for two years and we certainly feel that she is safe. They are more confident and engaged than they were before admission."
- The management team ensured risks had been assessed and risk management plans put in place which helped ensure people were safe from avoidable harm.
- Records we reviewed had clear risk management plans in place, which included risks relating to; mobility, skin integrity, nutrition, oral health and personal hygiene. Staff we spoke with understood the risk assessments and followed the risk management plans.

### Using medicines safely

- Medicines continued to be managed safely. Medicine policies and procedures were clear, staff responsible for administering medicines understood the policies.

- Nurses and care home assistant practitioners (CHAPS) had received training in safe medicine management and their competencies had been checked regularly by management.

#### Preventing and controlling infection

We had received some concerns about staff access to personal protective equipment (PPE), and pest control in the home.

- Staff we spoke with told us there was always enough PPE available. We looked at the homes supplies and found stocks exceeded current government guidance. We were assured that the provider was using PPE effectively and safely.
- We sought assurance from the provider about pest control in the home and were assured there was a regular service in place.
- Most of the staff we spoke with said they had not been aware of any pests in the home. One staff said they saw a mouse once and reported it and the pest control people came out the next day.
- We were assured the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider had a system in place to analyse incidents and accidents to identify any lessons which could be learned.
- Records we looked at demonstrated the manager was following the process and had applied lessons learned. An example we saw showed how the home had amended their records to ensure family would be informed of any incidents.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was committed to promoting a high-quality and person-centred service. Comments we received from families were extremely positive. "The service is absolutely excellent, the best it could be. They couldn't improve a thing. Everyone is lovely." "It seems well run and nothing needs to be improved upon. The way that they know [name] and preferences is very good. They know her, and they listen to me and my views." "We love it there and really don't want things to have to change. They have managed her care extremely well."
- Staff we spoke with praised the positive support provided by the manager and management team. Comments included "I am so happy, they are really approachable and always happy to support me. They always make sure I am okay with what they ask me to do." "I feel valued and respected, staff are very welcoming. The management are fine."

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 understood their obligations to be open and honest with people when things went wrong. Relatives we spoke with confirmed they had been kept up to date.
- The manager had reported all notifiable incidents to CQC and to the local authority safeguarding team.

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

- Staff told us the management team were very clear with them about the quality of care they expected. Staff told us managers were supportive and took time to ensure they understood what was being asked of them. Comments included, "It is very clear, the standards are good, they have good seniors that organise and ensure everything is done. Constantly maintaining high standards." "They are clear and if you have any questions they will help you."
- Handover records showed clear information about staff on duty and what they were tasked to do. This helped ensure the management had clear oversight of care practice.
- The manager followed the providers governance policy. Audits of care practice, care records and the environment had been completed regularly. The manager ensured any issue identified had been addressed in a timely way.

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



characteristics

- The provider continued to consult with people living in the home to understand their experience and to identify any improvements people wanted. Comments included, "We get regular telephone updates and care reviews." and "When we saw matron and expressed some initial concerns we were actively encouraged to share our views and the concerns that we had were resolved."

- Relatives we spoke with said they had been consulted about their views.

We reviewed the most recent survey and noted the homes responses to individual concerns.

- We reviewed the staff survey and saw the majority of staffs' experiences were positive. Staff we spoke with felt happy to be working in the home.

Continuous learning and improving care, Working in partnership with others

- The provider continued to support staff with additional training to improve the quality of care. Two staff had recently qualified as care home advanced practitioners.

- Management and staff continued to work in partnership with other agencies, new ways of working had been negotiated in response to the Covid19 pandemic. This included consultation with medical staff via video.