

Derbyshire County Council

# Gernon Manor Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Gernon Manor Care Home providing accommodation and personal care for up to 34 people. They are registered to care for older people, people living with dementia, mental health conditions, physical disability, sensory loss and younger adults. At the time of the inspection there were 30 people living there. The majority of people living there were older people living with dementia.

People's experience of using this service:

The provider had failed to act to ensure improvements had been made within the service. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive and we found systems in place to ensure improvements were made and sustained were not effective.

The registered manager did not maintain complete oversight of incidents including behaviour that could be perceived as challenging and unexplained bruising. This was due to a lack of documentation issued by the provider.

The provider did not always adhere to the duty of candour. This meant they were not always open and transparent.

People told us there wasn't enough to do and, at times, they were lacking in stimulating activities.

There were enough staff to keep people safe, but staff were task orientated and did not have time to provide companionship. Staff were kind and caring.

Where things had gone wrong in relation to medicine management and falls, lessons were learned and plans to prevent re-occurrence were put in place. However, this was not the case for all types of incidents.

Some people were seen to wait long periods of time for their food and lack the support they required to eat.

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.

Risk assessments were in place to guide staff how to protect people from avoidable harm. Staff followed the documented guidance.

Medicines were safely managed by staff who had been trained and had their competency assessed.

People had their mental capacity assessed and were supported in the least restrictive way possible.

Healthcare professionals gave positive feedback about the staff and the way people's health needs were managed.

#### Rating at last inspection:

At the last inspection the service was rated Requires Improvement. (Published August 2018) and there were multiple breaches 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 some improvements had been made and the provider had met one breach of regulation, but there were continued breaches of regulation in respect of governance systems and failing to notify CQC of certain incidents. Therefore the service remains rated requires improvement, this is the third consecutive requires improvement rating.

#### Why we inspected:

This was a planned inspection based on the previous rating.

#### Enforcement:

We have identified breaches of regulations in relation to lack of governance systems, failure to report incidents to the local authority safeguarding team and failure to notify CQC of certain incidents. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Gernon Manor 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was conducted by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using this type of service. In this case, older people and people living with dementia.

#### Service and service type:

Gernon Manor 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:

The inspection was unannounced.

#### What we did:

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. The provider had completed a Provider Information Return (PIR), however this had been submitted before the registered manager began her role, so some information was out of date. Therefore, we discussed the changes that had been made since the last inspection with the registered manager.

During the inspection we spoke with nine people who lived there, three of their relatives and seven staff including the registered manager, deputy manager and chef. We reviewed seven care plans and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse were not always robust. We identified times where people had displayed or been victim of verbal and physical aggression from other people living there, these were not investigated or reported to the local safeguarding team. We found records that showed staff had found bruising to people's skin that was not explained, investigated or reported to the local safeguarding team.
- Where people displayed behaviour that was aggressive to other people living there, there were instructions in their care plans to guide staff how to reduce the risk of this and the best way to resolve issues if and when they occurred. We observed staff to follow the guidance. However, where there had been unexplained bruising, there had been no thought to protect people in future and the registered manager was not aware that the bruising had been found.
- Staff we spoke with had received training in safeguarding and demonstrated a good understanding of the types and signs of abuse. However, the systems and processes used by the registered provider did not enable staff and senior staff to manage these as required.

This evidence demonstrates a breach of Regulation 13 of the Health and Social Care Act (2008) Regulated Activities (2014).

- People we spoke with told us they felt safe. Comments we received included, "I feel safe, staff come and check on me." A relative told us, "I feel [relative] is safe."

Staffing and recruitment

- At the last inspection we identified a lack of suitably trained staff. This was a breach of the legal regulations. At this inspection we found the breach had been met. There were enough staff to keep people safe. We reviewed rotas and found staffing levels were consistent. Though we did find staff were task focused and did not have the time to provide as much companionship as people would have liked. This is discussed in more detail in the Caring section of this report.
- The provider was actively trying to recruit new staff. There were staff vacancies, vacant shifts were covered by regular agency staff.
- Staff were recruited safely. They had been subject to criminal records checks and references were sought from previous employers. Agency staff were subject to the same pre-employment checks.

Learning lessons when things go wrong

- Where errors in medicine administration were found, these were investigated, and processes put in place

to mitigate future risk. This had led to a marked reduction in the number of medicine errors. However, where people had experienced other incidents, such as behaviour that may be perceived as challenging and unexplained bruising, there were no processes in place to learn lessons and mitigate risk of re-occurrence.

- The registered manager had devised an action plan which highlighted areas for improvement and discussed time frames for rectifying issues. This included all the issues highlighted in the previous inspection report, for example, staffing levels had increased. However, it had not been identified that the lack incident reporting meant that some incidents were not being investigated.
- Staff we spoke with told us that the registered manager had implemented many improvements and the service was better since she arrived.

#### Assessing risk, safety monitoring and management

- Each person had risk assessments in place which guided staff how to keep people safe. Risk assessments had been recently updated by the registered manager. Risk assessments were reviewed and updated as people's needs changed. Where people's needs changed they were referred to relevant healthcare professionals in a timely manner.
- We observed moving and handling procedures and saw they were done safely. People were supported in the most appropriate way for them and were not rushed.
- People who were at risk of falls were provided with assistive technology, such as falls sensors to alert staff if they had fallen in their room.

#### Using medicines safely

- Medicines were managed safely. We observed staff administer medicines to people and saw they were kind and patient with people who struggled to take these. The provider had recently moved to a new medicine supplier and the process of transferring to a new medicine administration system had been managed safely.
- Staff we spoke with were knowledgeable about current best practice guidelines in relation to medicine management. Medicines were ordered, received, stored, administered and disposed of appropriately.
- People were assessed for their ability to self-medicate. Those who were able to, were encouraged and supported to do so.

#### Preventing and controlling infection

- The home was clean and free from malodours throughout. We observed staff wore personal protective equipment such as gloves and aprons when necessary. Staff we spoke with understood the risks of the spread of infection and how to prevent this. The registered manager completed infection prevention and control audits, areas for improvement were highlighted and actioned. There were domestic staff on duty at all times and we saw that bedrooms and communal areas were cleaned regularly throughout the day.



# 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- We asked people if they enjoyed the food and drink provided. We received mixed responses, one person said, "The food's not good." Another person said, "The food is fine."
- We observed breakfast and lunch being served. Some people were seen to wait 30 minutes for their food after being asked to sit in the dining room. We saw one person who required assistance to eat was supported by three different people over a period of one hour 45 minutes. They were known to require encouragement to eat and not like big portions. There was a point where they had a starter, main course and desert in front of them and they were seen to be confused by this. All three meals were left to go cold. We discussed this with the registered manager who told us they would explore ways to enhance the mealtime experience for everyone.
- People were provided with a variety of foods. Their likes and dislikes were documented, and the chef knew people's allergies and other dietary requirements. We observed that people were offered a choice of meals and were enabled to request anything else they wanted. The chef told us that if they had the ingredients they would prepare anything anyone asked for.

Staff support: induction, training, skills and experience

- The registered manager had scheduled and implemented a training regime. This was to address the lack of staff training that was highlighted at the previous inspection. Staff were now up to date with training that was deemed to be mandatory by the provider. The registered manager explained that training in certain areas, including caring for people who displayed behaviour that may be perceived as challenging was still required. The registered manager was in the process of arranging this for staff.
- New staff were provided with an induction that included shadowing experienced staff and completing the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of for specific roles within health and social care.
- Staff we spoke with told us they received the training they needed to do their jobs properly. One staff member said, "We do loads of training, it's good."

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

- Visiting healthcare professionals spoke highly of the service, comments we received included, "[Staff] know people well, they understand their needs and know when to refer them on. Staff follow the advice we give, and I have seen people improve with their care."
- Referrals to healthcare professionals were made appropriately and in a timely manner. Records of these

were kept.

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

- People told us they liked the décor and design of the premises. One person said, "We have seen a lot of improvements here, it feels nice and homely." Bedrooms were personalised. People had their own furniture, ornaments and photographs in their rooms.
- There was dementia friendly signage around the home to make it easy for people living with dementia to navigate the building. Dementia friendly signage uses pictorial images that are easily recognisable. People had their names and photographs on their bedroom door to enable them to recognise their room easily.
- There was a pleasant and secure garden that people were encouraged to use whenever they wished. People told us they enjoyed looking at the garden ornaments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People had their mental capacity assessed. There were different assessments relating to people's ability to make different decisions. People were supported in the least restrictive way possible. Best interest decisions were made and documented. Staff we spoke with were knowledgeable about the principles of MCA. DOLS applications were made to the appropriate supervisory body. Where people had conditions attached to DOLS these were adhered to appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were documented in care plans, these were reviewed and updated monthly. The provider used assessment tools such as the Malnutrition Universal Screening Tool to assess people and review their health needs. People's weights and skin integrity were monitored, and changes were referred to relevant health care professionals.

## 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff that cared for them. Comments we received included, "I like the staff." A relative said, "We're so happy [relative] is here. [Relative] is so happy, staff are always happy and have a good sense of humour."
- People were treated with kindness, staff were polite and patient. However, we observed staff were task orientated and were often too busy to provide companionship to people. Staff told us that staffing levels had improved but they would like to have more time to spend with people.
- We completed a Short Observational Framework for Inspection (SOFI). SOFI is a tool we use to identify how many times people are engaged with and the quality of any engagements in a specified time. The SOFI showed that people did not receive companionship from staff and there were prolonged periods of time where people were alone in communal rooms. There was a period of 45 minutes where there were no staff in a communal area and no stimulation for the ten people sat there. Some of the people appeared bored and were trying to catch the attention of staff as they were completing tasks in the corridors.
- Staff were aware of people's individual needs and choices, including characteristics protected by the Equality Act (2010). Where people's needs, and preferences changed they were supported to embrace this change and express themselves in whichever way made them feel comfortable.

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

- People and their relatives were consulted about care needs before they moved into Gernon Manor Care Home. While they were living there, their care was reviewed at least monthly. Relatives we spoke with told us that staff contacted them to update if things had happened. One relative said, "Staff always let me know how [relative] is, they phone me if they've had a little fall." Another relative said, "They [staff] get in touch and that is reassuring."
- Satisfaction surveys were completed, and results were analysed and used to form care planning by the registered manager. There were regular meetings for people who lived there and relatives, though some relatives told us they had not been invited to the meetings.
- People who would benefit from an independent advocate were supported to have this available to them. We saw one person who regularly saw their independent advocate and that the provider had documented and followed the advice provided by them.

Respecting and promoting people's privacy, dignity and independence

- People told us they would like to go out more and would like to have more choice about how they spent their days. One person said, "I don't go out with staff or anything like that."

- One person told us they had asked for a mobility scooter but had been denied this as there was nowhere to store it. Staff told us that they would like to take people out but did not have the time.
- People's privacy and dignity were respected by staff. Personal care was done in rooms with doors and curtains closed. Staff did not discuss people's personal care needs in communal areas.
- People were supported to be independent with medicines if they wished. If they were safe to do so, people had keys to lock their bedroom doors. Staff encouraged people to be as independent as possible with moving and handling procedures. We observed staff were patient and did not rush people.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were not provided with activities to keep them stimulated. Comments we received included, "I just walk around here, there's nothing to do here, there's nothing going on." A person told us, "I just sit and watch the clock go around." Another person said, "There's things I'd like to do, but it's just boredom here." One relative told us, "[Relative] enjoys the church services they put on here, a volunteer does this for them."
- One person told us they would like access to a computer and have asked for things to occupy them but have been told that this is not available to them.
- One staff member we spoke with said, "We try to do activities but there isn't the time." There was an activities calendar for staff to follow, however on the day of the inspection we observed that staff did not know which week of the calendar they should be doing. The activities documented for that day were crafts and a quiz. Five people joined in the crafts in the morning and the afternoon quiz was not done.
- We observed prolonged periods of time where there was no stimulation in communal areas, some people read a newspaper, but other people had nothing to do. We did not see staff ask people if they would like to watch anything on the television or listen to any music.
- Some people were known to display behaviour that could be perceived as challenging. The registered manager had created guides within their care plans to ensure staff knew what could trigger someone to do this and how best to prevent this escalating. We observed staff follow the guidance and provide reassurance to a person who became upset. The registered manager explained that they had plans to improve this further by creating dedicated positive behavioural support plans.
- The registered manager did assess people's communication needs and there was information within their care plan to state which was the most appropriate format for them to be provided with information. This met the Accessible Information Standard (AIS). AIS is a law that states that people who use health and social care services should be provided with information in a format that they can understand.

Improving care quality in response to complaints or concerns

- One person told us they had raised complaints verbally with the registered manager but had not received a response. They said, "I've complained to [name] about not going out but nothing changes." Other people we spoke with told us they had never complained but would feel confident to approach the registered manager if they felt this was necessary.
- There were no documented complaints since the last inspection. There was a complaints policy in place and this was displayed in a prominent position in the entrance hall.

End of life care and support

- At the time of the inspection there were no people using the service who were known to be approaching the end of their life. We spoke with visiting healthcare professionals who told us that when end of life care had been provided, staff were responsive to people's needs and followed the guidance set by health care professionals.
- There was a policy for caring for people who were approaching the end of their life. People's wishes for the end of their lives had been explored. There was clear documentation within people's care plans stating how and where they would like to be if they were to become very ill. Relatives had also been consulted.
- Where people had Do Not Attempt Cardiopulmonary Resuscitation Orders (DNACPR), these were stored prominently in their care plans. Staff knew who had DNACPR and who did not.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the last inspection, there was no registered manager, staff did not receive supervisions and there was a lack of quality assurance. This was a breach in the legal regulations. At this inspection we found there was a registered manager in post, staff did receive supervisions but there was still a lack of quality assurance systems and processes. Therefore, the breach had not been met.
- The provider did not provide documentation to allow the registered manager to retain oversight of unexplained bruising, accidents and incidents other than falls, people's daily notes, people's food and fluid monitoring or behaviour that may be perceived as challenging.
- We found four occasions where people were noted to have unexplained bruising, four occasions where people had displayed verbal or physical aggression to other people who lived there. These were documented by staff in the daily notes but had not been investigated or reported to external stakeholders such as the GP or local safeguarding team. The registered manager did not audit daily notes, body maps or antecedent behavioural charts (ABC), this meant that they were not aware that these incidents had occurred so were not prompted to follow these up. This in turn meant they were not exploring ways to keep people safe and protected from incidents re-occurring.
- People who were at risk of losing weight had their food and fluid monitored but the documentation used by the provider did not prompt them to record total quantities of food or fluid, or to know what their target daily intake should be.

This evidence demonstrated a continued breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities (2014).

- The registered manager did complete quality audits relating to falls, infection prevention and control and medicines. These were completed regularly and where issues were identified there was a documented investigation and outcome to prevent re-occurrence. For example, several medicines recording errors had been found. Staff were provided with further training and supervised practice to ensure safe practices were adhered to before they could independently administer medicines.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At the last inspection we found the provider did not always submit notifications to CQC as required. This

was a breach of the legal regulations. At this inspection we found the breach had not been met. We found two occasions where they had not notified CQC of episodes of verbal and physical abuse between people living there. We discussed this with the registered manager who agreed this had been an oversight on their behalf. Notifications were submitted retrospectively during the inspection.

This evidence demonstrates a continued breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

- Registered providers are required by law to display the ratings they have been awarded. We checked and saw this had been done. There was a copy of their latest CQC ratings displayed in a prominent position within the service.

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

- Staff spoke highly of the registered manager, comments we received included, "The manager is doing a really good job." Another staff member said, "The manager is very approachable, and she is getting things back up to where they should be."
- Regular staff meetings were held, and staff told us they felt involved in the running of the service and delivery of care.
- People living there, and their relatives were invited to give feedback on the running of the service in the form of surveys. Their comments were collated, and the registered manager used these to see where people felt improvements were required. One person we spoke with said, "They come around regularly and ask us what we think of the place and if we want anything to change."

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified areas that needed improving and implemented an action plan which was shared with us during the inspection. This included a new training plan for all staff. The registered manager was in the process of researching the implementation of positive behavioural support plans for people who displayed behaviours that may be perceived as challenging. They had sought advice from the local authority learning disability team for this.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered person did not notify the commission of abuse or an allegation of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes were not operated effectively to prevent abuse of service users.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which had arisen from the carrying on of the regulated activity.</p>

**The enforcement action we took:**

warning notice