

The Mayfield Trust

Gibraltar Road Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Gibraltar Road Nursing Home is a nursing care home providing personal and nursing care to 8 people at the time of the inspection. The service can support up to 10 people.

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

Right Support: 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. The provider acknowledged they were undertaking a thorough review of the service. The provider had a plan to improve the service's systems and processes. The provider was working closely with local authority partners in the development of their service improvement plan.

Right Care: People received person-centred care. Staff respected people's rights and treated them with privacy and dignity. People had care plans and risk assessments in place, however, these were not always up to date. This meant people were at increased risk of not always receiving safe care and treatment. The registered manager was open and transparent about work being done to update care plans and risk assessments. The registered manager had a plan to ensure care plans and risk assessments were routinely reviewed and kept up to date.

Right Culture: The culture of the service supported people and staff in an inclusive way; enabling people to live their day-to-day lives as they chose to. Staff told us that the culture of the service had greatly improved as a new team had been formed. However, quality assurance systems to assess and monitor the service were not always being routinely used and CQC was not always being sent notifications as required. Notifications are communications informing CQC about events the provider needs to tell us about. This meant the provider did not have enough of an oversight of the service to ensure it was being managed safely and quality maintained. Therefore, we could not be assured people always receive high quality care. The registered manager had a plan to ensure the necessary quality assurance systems were in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 September 2019).

Why we inspected

We received concerns in relation to governance, care planning, risk management, health action plans, mental capacity assessments and best interest decisions, staffing and medicines management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gibraltar Road Nursing Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe 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 ●

Gibraltar Road 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

This inspection was carried out by 1 inspector 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

Gibraltar Road 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. Gibraltar Road 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 spent time in shared spaces with 4 people, we chatted to some people and observed the quality of care and the support they received. This helped us to understand the experiences of people who we were unable to communicate with effectively. We were asked to ensure staff were present when we entered shared spaces as some people may have become unsettled with new people being present. We spoke to 4 staff members in detail during the inspection, including the registered manager. We had conversations with 3 other staff on site at the time of inspection.

We reviewed a range of care records. This included care plans and daily records and medication administration records for 2 people. We spot check care records for other people. We also reviewed a variety of records relating to the management of the service, including risk assessment, quality assurance records, training data, policies and procedures. We received feedback from 3 relatives and spoke to 1 relative who was on site at the time of inspection.



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. At this inspection the rating has changed to requires improvement.

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

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

- The registered manager told us they had recently reviewed and updated care plans and risk assessments for all people using the service. However, we saw that for one person, information about a health condition was not up to date and their care plan required that their blood pressure was being taken and recorded twice a week. We found no records of blood pressure monitoring. This meant we were not assured that risks to people were always being managed safely.
- Managing risk and safety was done through review of daily records, monthly audits and management review. This had not been consistently undertaken since our last inspection. However, the registered manager had a plan to ensure this was addressed.
- There were some examples of learning lessons when things go wrong. However, this was not always done in a robust and routine way. The registered manager was responsive to feedback and addressed this as part of their improvement plan.
- The registered manager had a plan to ensure other health checks would be added to people's care plans by a newly appointed clinical lead.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from the risk of abuse. The provider had made notifications of allegations of abuse to the local authority safeguarding team. However, they had failed to consistently notify CQC about some of these allegations. The registered manager had a plan to address this.
- Staff were able to recognise possible signs of abuse or neglect and knew how to report such concerns.
- Relatives told us they felt their relative was being cared for safely. One relative told us, "Absolutely, no qualms."

Using medicines safely

- Records showed people received their medicines safely. However, for one person, body map records related to the administration of eye gel were absent. A staff member took immediate action to rectify this.
- Medicines audits were completed monthly and any issues were dealt with in a timely manner.
- Medicines were stored safely and securely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager had updated a clear plan and had oversight about DoLS for all people subject to such orders.

Staffing and recruitment

- Staff recruitment processes were in place, this included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed people being supported during our inspection. Staff responded promptly and, in a person-centered way when people required assistance.
- We saw evidence that staffing levels were monitored to meet the needs of people to ensure safe care and the registered manager told us recent recruitment meant there had been less use of agency staff. This meant staff could develop better person-centered working relationships with people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

- The provider facilitated visits for people with their relatives and friends in accordance with government guidance. Relatives confirmed they were able to see their relative when they wanted to and people were supported to contact them when they wanted to. One relative told us, they were very happy with visiting arrangements and they could (post COVID-19 visiting restrictions) come to the home at any time.

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-centered 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-centered care.

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

- Systems and processes to monitor the service were not robust and we were not assured the provider's oversight and governance of the service was effective in identifying concerns in relation to safety and quality. The provider was undertaking a significant review of the quality of the service, this review failed to identify and address concerns found during this inspection.
- The provider failed to ensure records were accurate and up to date. For example, we saw care planning documentation contained out of date information or missing information which meant staff did not have easily accessible current information about people.
- The provider had some audits and checklists in place. However, these were not always completed consistently or effectively since we last inspected. However, the registered manager had a plan to ensure the process was more robust.
- There was some evidence of continuous learning and improving care. However, this was not consistent.

The failure to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff told us there had been staffing changes which had impacted on the delivery of the service in the past. However, recruitment of new staff and use of less agency staff had led to a better functioning team. This meant consistency of staffing and in turn staff being more able to develop person-centered relationships with people using the service.
- There was an action plan to ensure new staff had a refreshed induction programme, to address past shortfalls and were receiving regular supervision.
- We observed person-centered interactions between people and staff. For example, when one person had become distressed due to the behaviours of another person, staff quickly deescalated the situation and took time to find out the root cause of the distress. Staff spoke to both people in a person-centered and respectful way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood the duty of candour, to act in an open and transparent way when accidents and incidents occurred. Relatives confirmed they were kept informed and updated. One relative told us, "We hear everything we need to hear."

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

- There was some evidence the provider took action to ensure the needs of the person were considered. However, people's involvement or those of their relative/legal representative was not always recorded.
- Relatives told us communication was mostly on a one to one basis. One relative told us, "I have a direct number to contact the manager. I think in the fullness of time this will be an improvement." Another relative told us, "I get a weekly report on what [relative] has been up to."
- Staff told us they were able to approach the registered manager and nursing staff to raise concerns and that they felt listened to. They told us this was a good improvement since new staff came into post.

Working in partnership with others

- We saw evidence the provider worked in partnership with health and social professional to ensure people's health needs were being met.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to operate effective systems to assess, monitor and improve the service, monitor and mitigate risks and maintain accurate and complete records.