

The Mayfield Trust

Gibraltar Road Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Gibraltar Road Nursing Home is a care home providing personal and nursing care to ten people living with a learning disability at the time of the inspection. The service was fully occupied.

Gibraltar Road accommodates up to eight people in one adapted building. Another two people are accommodated in an attached but self-contained annex. At the time of our inspection there were eight people living in the main house and two in the annex.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People said they were happy living at Gibraltar Road. Staff were able to recognise and knew how to report safeguarding concerns. Risks were managed based on people's specific needs and staffing levels ensured people were safe.

The service had achieved the platinum award for the Gold Standards Framework which ensures end of life care is the best it possibly can be for people.

Medication and infection control practices were safe and followed necessary guidelines. People accessed external health and social care services when needed. Best practice guidance was followed and adhered to by the service. Staff had sufficient supervision and regular training to ensure their knowledge was current.

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.

People received appropriate support with eating and drinking, and the registered manager and staff ensured communication flowed well. The home was in the midst of planning an extensive refurbishment programme.

Care documentation reflected people's needs and was pictorial and easy read when referring to people's outcomes. Many people had enjoyed recent holidays.

Staff interacted with people well and were kind and sensitive in their approach. The atmosphere was calm and relaxed, and there was a good deal of laughter and enjoyment. The registered manager understood the

needs of people well and encouraged the staff team to develop.

Robust quality assurance systems ensured quality was constantly being reviewed and any improvements were actioned promptly.

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

Rating at last inspection – Requires improvement (9 August 2018)

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant inspector and one Specialist Advisor who was a nurse.

Service and service type

Gibraltar Road Nursing 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and observed others discreetly during interactions with staff. Due to the small communal areas in the home it was difficult to observe for long periods of time. We spoke with four members of staff including three staff members and the registered manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff were able to recognise possible signs of abuse or neglect and knew how to report such concerns. We saw all such events had been reported to the appropriate bodies.

Assessing risk, safety monitoring and management

- Where people had fallen, accident forms provided detail of the circumstances and which staff were supporting the people at the time of the accident. Appropriate checks were made post incident to ensure people had not hurt themselves. Where a specific cause had been identified we saw action had been taken in conjunction with the person to reduce the risk, including amending how support was given.
- People had personalised moving and handling plans in place to provide staff with guidance on how best to support them. We observed safe moving and handling practice. Risk assessments were in place such as for falls and choking risk and people had personal emergency evacuation plans. All were reviewed at least annually or when a person's needs changed.
- We saw staff used de-escalation techniques to reduce the likelihood of incidents and these were effective, such as changing a staff member to provide distraction. People had positive behaviour support plans in place where required. Staff were able to describe to us how they understood and used the plans to support people effectively.

Staffing and recruitment

- Staffing levels were consistent and appropriate to meet people's needs. People who lived in the annexe at the back of the building had specifically assigned staff to offer support. Photographs of staff on duty assisted people to see who was working.
- Staffing levels were assessed according to people's needs, including 1-to-1 allocated time. Levels were reviewed in any 24-hour period to ensure they were sufficient to enable people to undertake any planned activities in conjunction with their usual routines. This included flexibility around people taking their holidays with staff support. We saw over half of people in the home had been away and others were due to go.
- Recruitment processes were robust and ensured all checks took place as required.

Using medicines safely

- People had regular medication reviews and any topical medication had clear directions for staff to follow including body maps which indicated where creams should be applied. Medicines were stored in a locked cupboard with restricted key access and temperatures monitored regularly to ensure safe storage.
- The service had actively sought to reduce unnecessary medication for people in line with the STOMP initiative. This is a NHS driven initiative to reduce over medication for people with learning disabilities or

autism. People had positive behaviour risk plans in place rather than being reliant on medication.

Preventing and controlling infection

- Infection control practice was observed by staff who had access to personal protective equipment. The premises were clean, although the building was in need of significant refurbishment. There was an extensive refurbishment programme under development.

Learning lessons when things go wrong

- The registered manager had completed a yearly overview of all accidents, incidents and falls. This considered each person's pattern, reviewing any possible trends and identifying likely causes such as change in medication. The overall trend was a reduction in all such events for everyone.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At 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's outcomes were consistently good, and people's feedback confirmed this.

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

- People had detailed pre-admission assessments which reflected their individuality and preferences.
- The registered manager had a sound understanding of best practice based on current guidance and directives. They gave different examples of professional bodies which they consulted to ensure their knowledge was accurate.

Staff support: induction, training, skills and experience

- Staff received a thorough induction which included shadowing more experienced colleagues. This enabled staff to become familiar with people and learn their specific routines where this was crucial for their wellbeing. All staff had to pass a probationary period and were set objectives to achieve.
- Staff received twice-yearly supervision. Training records showed all training deemed as mandatory by the provider was in date. Additional good practice training was offered to staff such as dementia care and communication and some was due for renewal. This had been planned.

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

- People were supported throughout the day with the offer of drinks. People were given choices and encouraged to drink plenty. A pictorial menu showed the food on offer that day and who had chosen the main meals.
- Meals were pre-plated and we spoke with the registered manager about offering people options at the time of service. People were asked if they would like condiments and staff supported with these. Staff described the food on people's plates to ensure they were happy with it and sat with them eating their meal which promoted an inclusive atmosphere.
- People with specific dietary requirements received appropriate food consistency and support from staff to minimise the risk of choking. Adaptive equipment was also used to ensure people were independent with eating wherever possible.

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

- Staff worked well together and the nurse in charge of the shift allocated roles for each staff member. Any issues from the previous shift were identified and discussed at a detailed handover.
- The registered manager spoke of positive relationships between external agencies and their service. District nurses were involved with some people and the service had good relationships with the Macmillan service to support with end of life care.

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

- People's rooms were highly personalised with their own possessions. People chose their own furniture and decoration. Communal areas were decorated with people's artwork and there was a plentiful stock of games and CDs.
- A full programme of refurbishment was underway balancing the needs of renovation against people living in the service. The registered manager explained the provider had plans in place which needed further detail to minimise disruption to people during the decoration. This included structural improvements such as wider lifts and tracking hoists.

Supporting people to live healthier lives, access healthcare services and support

- People had detailed health action plans in place outlining all possible health needs, including gender specific health checks. We saw people accessed this support as needed with regular check ups in place. People also had fully completed hospital passports to enable a smooth hospital admission if this was required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had ensured people had mental capacity assessments in place for specific decisions around medication and the use of lap belts in wheelchairs for example. These were completed in conjunction with all relevant people and evidenced significant attempts at ensuring people had appropriate communication options, such as the use of picture cards to help them make their decision.
- People had authorised DoLS in place and conditions were monitored and followed as required.

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.

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 supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people being supported by kind and patient staff. One person came into the lounge after breakfast and requested to listen to some music. They were asked if they wished to move into a more comfortable chair but they refused, and staff respected this decision. The person's choice of CD was offered to them to decide which one they wanted to listen to.
- Staff spoke courteously to people, listened to what they had to say and responded appropriately. The atmosphere was calm and relaxed and people had a good rapport with staff.
- The registered manager understood the requirements of the Equality Act to ensure all people had access to activities and support as they wished.

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

- People were supported in meeting their cultural and spiritual needs. One person had close links with a nearby church and we saw they were supported to attend Sunday services and also other events. There were many photographs showing their enjoyment at the different activities.
- People had an annual review meeting where key people were invited to review how they were getting on. People contributed to this meeting by talking with friends and relatives about how they were progressing. Everyone's views were recorded and these helped form the person's next set of aims.

Respecting and promoting people's privacy, dignity and independence

- People's preferences around gender of care staff were recorded and respected.
- We observed staff deal quickly and sensitively with one person who needed access to personal care support.
- People had access to advocates who took an active role in ensuring people's voices were heard. They were included in all meetings relevant to the individual they were supporting.

Is the service responsive?

Our findings

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

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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care documentation was well organised, accessible, and person-centred, focusing on people's abilities and aims. An overview of people's key needs provided a good outline of the main areas of support needed. These were complimented by more detailed care plans for each aspect of required support including nutrition, skin integrity and mobility.
- Daily notes were completed in depth and provided much information about people's health needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand.

- People had personalised communication plans in place which staff followed to ensure they could gain people's views and wishes. Pictorial records of people achieving their goals also ensured people designed and celebrated their successes.
- Pictorial menus were on display in the dining room indicating choices for specific meals.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People enjoyed an action-packed afternoon of fun with people visiting from the provider's other services. People had baked some buns especially and enjoyed a time of friendship and activities. This had been arranged to honour world friendship day.
- People had individualised goals which were celebrated on a display board outside the dining room. It was decorated with many photographs and stars where people had achieved their aim. Some people attended college to develop their skills such as baking, and others aimed to go and see musical shows. There was a log for each goal with steps as to what actions had been taken by the person so far.
- People had activity planners showing a weekly schedule. These balanced a number of specific events with free time such as attending college or going shopping. Details of the activities undertaken were recorded but the frequency of this was sometimes low. However, people also had scrapbooks of their recent activities which showed photographs and other memorabilia from recent trips and holidays such as train tickets. Each one we looked at showed people derived great enjoyment from their experience.
- Where people's family or friends had died they were supported by staff to discuss their feelings and attend commemoration services if they wished to.

Improving care quality in response to complaints or concerns

- The service had not received any complaints but there was an easy read complaints policy available.
- The service had received many compliments especially around staff interaction with people. Comments included, "You have a lovely home, I knew as soon as I walked in" which was by a visiting ambulance driver picking up a person, "[Name] is happy and leads a great life with the support of staff" and "[Relative's name] is more than happy with the level and quality of care provided at Gibraltar Road." We saw evidence of a compliment by a visiting therapist which read, "[Name] is very happy with all aspects of the home. They would recommend Gibraltar Road to others."

End of life care and support

- The service had achieved the platinum award for the Gold Standards Framework in April 2019. This award showed the service had very high, embedded standards for end of life practice and care documentation in place.
- Documentation outlined people's advanced care plans to follow in the event of a significant deterioration in their health, any spiritual needs they wished to be respected and information about their funeral arrangements. People's views were obtained around what was important to them and how they wished people to celebrate their lives.

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 requires improvement. At this inspection this key question has now improved to good. 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

- People told us they liked living at Gibraltar Road. People attended regular resident meetings where their views and opinions were sought. We saw easy read formats of minutes which reflected what people had said or indicated. These ideas were then actioned where needed, such as different activities on offer and plans put in place to ensure people achieved what they wished.
- The provider had implemented monthly meetings between their other services to promote companionship and interaction. The record of these meetings was displayed pictorially and in easy read format.

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

- All notifications and other information was shared as required under statutory legislation, and the registered manager showed learning took place following incidents. The service had not had any major incidents since the last inspection.

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

- There were robust quality assurance systems which reviewed all key information on at least a monthly basis. This included care documentation, any accidents, any staff changes or issues and training. This quality system was in the process of being further developed at the time of inspection.
- We asked the registered manager what they felt the service did well and they felt their staff retention was a strong indicator of how comfortable and supported staff felt. Their achievement with the platinum award for end of life care also indicated their commitment to delivering high, quality care particularly so at such an important time.
- The registered manager felt supported in their role and had the resources they needed whenever they requested them.
- The ratings from the previous inspection were displayed as required under legislation.

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

- Staff morale was high and the commitment to supporting people was evidenced in their many interactions and links with other services. Staff meetings reviewed people's outcomes and any changes, and

also discussed new guidance.

- People's outcomes were regularly reviewed in conjunction with external professionals and feedback was positive about the progress made.

Continuous learning and improving care

- Regular management meetings ensured any new guidance, good practice, reflections and learning were shared in a timely manner and allowed for development of the service.

Working in partnership with others

- The service worked alongside other support agencies and we found positive relationships with people. One person's behaviour was being closely monitored and supported by other health professionals in regard to forming alternative management support plans.