The Mayfield Trust

Gibraltar Road Nursing Home

Inspection report

35 Gibraltar Road
Halifax
West Yorkshire
HX1 4HE

Tel: 01422352418
Website: www.mayfield-trust.org.uk

Date of inspection visit:
28 June 2018
04 July 2018

Date of publication:
09 August 2018

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

This inspection took place on 28 June and 4 July 2018 and was unannounced.

The last inspection of this service took place in May 2016. We did not identify any breaches of regulation at that time and rated the service as Good.

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. Gibraltar Road Nursing Home is run by the Mayfield Trust which is a registered charity.

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.

Gibraltar Road aims to work in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. This person had been registered as the manager for the service since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at Gibraltar Road Nursing Home and staff knew what to do if they though anybody was at risk. People received their medicines appropriately but some improvements were needed in the management of medicines. Risks to people were assessed and managed. Staffing levels met people's needs. Environmental risks were not always recognised or managed well.

Staff received good levels of training and said they were well supported by the registered manager. People received a diet suitable to their needs and preferences although the mealtime experience varied in quality. People's rights were upheld through adherence to the Mental Capacity Act and associated legislation although we noted relevant people were not always involved in best interests meetings.

People told us they felt well cared for and we observed a kind, caring and friendly approach from staff. Staff knew people well. Care records in relation to people's communication needs were variable in quality. Appropriate action had not been taken to support a person in meeting their spiritual needs.

Care was planned with a person centred approach and where possible people were involved in this. People

were supported to engage in activities within and outside of the home including an annual holiday. However individual activity planners lacked detail and evidence of weekly review and people had not always been supported effectively in meeting their goals. The service had not received any complaints but compliments received were shared with staff. The user friendly complaints procedure would have benefitted from additional pictorial information.

People, staff and relatives had confidence in the registered manager and we saw they had systems in place to review the quality and safety of the service. Issues and changes of personnel at a higher management level and the need for the registered manager to support other of the provider's services, had affected the overall governance of the service. We were assured of and saw evidence that these issues were being addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People felt safe at Gibraltar Road Nursing Home and staff knew what to do if they though anybody was at risk. Staffing levels met people's needs.

People received their medicines appropriately but some improvements were needed in the management of medicines.

Risks to people were assessed and managed, but environmental risks were not always recognised or managed well.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff received good levels of training and support.

People received a diet suitable to their needs and preferences although the mealtime experience varied in quality.

People's rights were upheld through adherence to the Mental Capacity Act and associated legislation but relevant people were not always involved in best interests meetings.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People felt well cared for and we saw staff had a caring approach and knew people well.

People's spiritual needs were not always met.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care was planned with a person centred approach and where possible people were involved in this.

People were engaged in activities but individual activity planners lacked detail and evidence of review. People were not always supported in meeting their goals.

Is the service well-led?

Requires Improvement

The service was not consistently well led

People, staff and relatives had confidence in the registered manager.

Overall effective governance of the service had been inconsistent due to changes of management within the charity.

Gibraltar Road Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 June and 4 July 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioners and safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sent the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed and returned the PIR as requested.

We spent time observing the care and support delivered in communal areas. We spent time with five people who were using the service. Due to complex needs people were not always able to give us their views of the service they received. We spoke with the registered manager, three nurses, three support staff, the activities organiser, a visiting relative and the operations manager.

We looked in detail at two people's care records, three staff files, medicine records, the training matrix, and records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

When we asked people if they felt safe living at Gibraltar Road they indicated they did. One person said, "Yes because they (pointing at staff) are here". Another person told us they were "always safe".

Staff understood their responsibilities in relation to keeping people safe and told us they would report any concerns they had.

We saw care plans contained assessments of risks associated with people's care, including those for falls, use of bedrails, choking, nutritional risks and pressure care. These included clear guidance for staff to follow to ensure these risks were minimised safely whilst introducing as few restrictions as possible.

Care plans contained individual evacuation plans (PEEPs). These showed the level of assistance each person would need in the event of an emergency evacuation, for example a fire.

We looked at three staff personnel files and saw safe recruitment procedures were in place. Appropriate Disclosure and Barring Service and other security checks were completed to make sure applicants were appropriate for working with people.

We found staffing levels were appropriate to people's needs. Staffing was arranged with one staff member allocated to meeting the needs of the two people living in the annex. The nurse in charge on the first day of our inspection told us the same staff were allocated to the people living in the annex to maintain consistency for them. In addition to nursing and care staff there was an activities co-ordinator and two outreach workers to support people in activities outside of the home.

We looked at systems for the receipt, storage and administration of medicines. All medicines received at the home were recorded and checked for accuracy. Medication administration records (MARS) had been completed appropriately and we saw people were assisted with their medicines in the way they preferred. For example, one person liked to have yoghurt after they had taken their medicines and we saw they were supported with this.

Checks were made on the temperatures of the room in which medicines were stored. However, we noted these were taken at night which would meant the temperatures recorded may not reflect any issues at the warmest time of the day. We raised this issue during the inspection and were assured by nursing staff that they would change the time for recording temperatures to daytime.

We saw a note had been written on a paper towel and put within the MAR file querying the use of one person's medicine. The note was not signed or dated and we considered this to be an inappropriate method of making a query about a person's medicine. We brought this to the attention of the operations manager who agreed it was inappropriate and assured us they would address the issue.

Some medicines were prescribed to be given as and when needed, for example seasonally for conditions

such as hay fever. Where these medicines were in place we saw clear protocols had been produced to show what these medicines were for and when they should be given. We saw information leaflets which had come with the medicines were also stored with these plans, meaning staff had access to manufacturer's information.

We saw the registered manager had systems in place for reviewing and analysing accidents and incidents that happened within the home. This was to look for any evidence of themes and trends for which action could be taken to mitigate the risk of reoccurrence.

The service was clean and tidy although we found several examples of wear and tear to the décor and furnishings which were in need of attention. Damaged carpets had been repaired with tape in a few areas. We discussed this with the operations manager who told us they would be completing a full audit of the service and would take action to address all issues identified.

On the first day of our inspection we saw a large amount of equipment, including combustible items were stored in the boiler room despite signs on the walls of the room saying this must not be done. The nurse in charge told us they had noticed this and said they had spoken to someone about it. We were unable to establish who they had spoken with and were concerned this had not been managed appropriately as a risk to people's safety. We also saw a lead for charging the hoist was laying across a corridor posing a trip hazard. We spoke with a member of care staff about this but they appeared not to understand our concerns and put the lead back on the floor after we had removed it.

We spoke with the operations manager who took immediate action to clear the boiler room and requested a full health and safety audit of the premises be completed by the health and safety lead for the company. This had been done by our second day of inspection.

The provider ensured essential equipment such as hoists, the electrical and gas installations and electrical appliances were regularly tested and serviced as needed. There was a maintenance plan in place which indicated which tasks had been given priority, any actions taken and when each task had been actioned.

Requires Improvement

Is the service effective?

Our findings

On the first day of our inspection we spoke with a nurse who told us they were relatively new to the service and were within their probationary period. They told us they had completed two weeks of shadowing support staff, one week working as a member of support staff and a further two weeks shadowing a nurse. They told us they continued to be supported on all shifts by another nurse. They told us the induction process was robust.

The registered manager told us that support staff without previous experience or qualification in care would follow the Care Certificate which is a set of standards for equipping people new to care with the knowledge and skills they needed to provide effective care.

We looked at the training matrix which showed staff undertook a range of training including moving and handling, safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control and fire safety. Other training relating to the needs of people living at the service such as autism, communication and epilepsy was also undertaken. We saw training was provided from within the company as well as being accessed through outside agencies such as the local authority. Staff told us the training was good.

We looked at records of staff supervisions. We saw these were planned and held regularly and took the form of meaningful conversations which covered areas such as any agreed actions from the previous meeting, health and wellbeing, job role issues, achievements, challenges and discussions about people who used the service. Staff told us they were well supported by the registered manager and could go to them with any issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

One person's DoLS had been authorised with conditions the provider had been asked to fulfil, including documenting the steps they had taken. The care plan did not evidence sufficiently robust action had been taken. We asked a key worker for the person if they could show us any evidence we had not found in the care plan, however they were unable to do this. We spoke with the registered manager who told us more had been done to try and meet this condition, however it had not been well documented. They told us the person's advocate was happy with what had been done and, following the inspection, provided us with confirmation from the advocate of actions taken by staff at the home. Although actions had been taken to

meet with the condition we concluded these were minimal and demonstrated a lack of consistent effort from staff.

Care plans contained assessments of people's capacity to make specific decisions, such as to make the choice to live at Gibraltar Road. We saw people had been supported to understand the decision they had needed to make, for example by using pictorial prompts to explain any risk and the measures the service wished to put in place to ensure their safety. Although these assessments were supported with best interests decisions where the person lacked capacity, we did not always see evidence the process was robust. For example, one person's capacity assessment for the use of bedrails was dated in April 2017, however the associated best interest decision was dated in January 2018, and had only involved staff from the service despite the person having an advocate.

Care plans were in place in relation to people's nutritional needs and appropriate assessments such as the MUST tool were used to determine if people were at risk nutritionally. People were offered choice of meals prepared by support staff and staff joined people to eat. On the first day of our inspection we observed the dining experience at lunchtime. People were offered a choice of packets of crisps to eat with their sandwiches but when one person went to open their crisps a member of staff called across the room telling them not to open them yet and to put the packet down. When we queried this after the meal, we were told people were not safe to start eating until staff were sitting with them due to a risk of choking. Whilst we understood the risk of choking, we found the approach from the member of staff to be inappropriate. The registered manager and a member of senior management agreed with our conclusion and on the second day of our inspection we found mealtimes to be more relaxed and people were supported appropriately. People told us they enjoyed the food at the home.

We saw records in the care plans which showed people were assisted to see health professionals when needed, including dentists, chiropodists, speech and language therapists (SALT) and GPs. We saw advice from health care professionals was included in care plans. For example, one person had a care plan in place for exercises recommended by the physiotherapist. The care plan included photographs to assist staff in supporting the person to do their exercises. People had hospital passports in accessible formats. These are documents which explain health needs and preferences so that health professionals such as hospital doctors and nurses are easily able to understand the person and their preferences. These documents made clear on the front page if the person had any allergies.

We saw the provider supported people with regular preventative health checks, such as those for respiratory conditions, cardio vascular conditions, epilepsy and sleep disturbances. In addition, we saw records which showed how people were supported with gender specific health needs, for example cervical screening and checks for testicular cancer.

Although registered prior to current best practice guidelines, there was evidence of the service aiming to work in line with the values that underpin the Registering the Right Support. These values include choice, promotion of independence and inclusion so that people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The main house provided accommodation for eight people with each person having a single room decorated and furnished to their choice. People had ease of access around the home and had a choice of communal areas in which to spend their time. The self-contained annex provided accommodation for two people although we saw people who lived in the annex were able to join with those living in the main house if they chose to do so.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us they liked the staff and felt cared for and supported. We spoke with a visiting relative who told us they were very satisfied with the care and support their family member received.

Staff clearly knew people well and had good knowledge of their needs, preferences, interests and behaviours. This was particularly evident on the second day of our inspection when one person was unsettled in their behaviour. Staff told us why the person was unsettled, what the reasons for this were, how their behaviours would present and advised us of the best way to respond. We saw the staff response to this person was consistent, supportive and unrestrictive.

Care plans contained information about people's lives, important relationships and their likes and dislikes. There were also sections to show how the person described themselves and their character, and how they thought other people saw them. These were written in the first person, meaning they reflected what the person had said about themselves and gave staff information which would support them forming caring relationships with people who used the service. Much of this information was also presented in adapted formats which made it accessible to people who used the service.

Care plans included a section on communication which we found varied in quality of detail. For example, one care plan for a person who did communicate verbally said "I am good at talking with my eyebrows: I will raise and lower them when being spoken to" and "At times when (person) is asked a question (they) will either nod (their) head in agreement however if (person) does not agree (they) will put (their) head down or look away from you". However, another person's communication care plan was blank with "no actions required" recorded. Although we observed staff communicated well with this person and understand them well, it was evident that the person had particular ways of communicating which might not always be fully understood by people not familiar with them.

People were supported to maintain contact with the community through attendance at local groups and social activities. One person was also supported to attend college.

We saw from one person's care file that their faith was important to them and wanted to be supported to attend occasional church services. Whilst we saw staff supported them with prayer within the home there was little evidence of staff having been proactive in supporting the person to attend church. For over a year, staff had made occasional record about trying to contact the church but there was no evidence of the person being supported to attend.

Requires Improvement

Is the service responsive?

Our findings

Staff told us about how people living at the service were involved when a vacancy arose and a new person was thinking of moving into the service. They told us people had the opportunity to meet others living at Gibraltar Road as part of the pre-assessment processes.

We saw people's daily routines were detailed within their care records and gave good detail of the support they needed from staff to follow their routines. We saw one person had signed their agreement with their documented preferred routines but this did not appear to be a consistent approach as others did not refer to the person's agreement being sought.

On the first day of our inspection we saw two people were being supported by staff on holiday. Three people had gone out as part of a walking group, and another person was being supported to attend college. However, there was little evidence that activities were planned or delivered in person-centred ways. Weekly activity planners did not include any evidence of weekly updates with the person and did not reflect a varied or meaningful programme in place. For example, the planner for a person who we had seen attended activity outside of the home only gave the name of the staff member who would be supporting them on each weekday session but other than 'relaxing morning' for one day, there was no detail of the activities the person had planned. Every evening for this person read either 'relaxing' or 'relaxing (bath)'. Another person's planner recorded them as having 'free time' on 11 out of 21 weekly sessions.

We spoke with the registered manager about this. They told us they felt the planner did not reflect the variety of activities people took part in.

On the second day of our inspection we saw a film made by the service of people enjoying activities and we saw an activities room was available for people to engage in arts and crafts.

We saw people's personal care plans contained easy to read records of meetings held to review care including favourite activities or goals which the person wanted to achieve. However, there was considerable variety in the evidence to support action being taken when goals were set. In one care plan we saw records showed how they had been involved in planning a holiday, including maps and other plans. In other care plans, however, the actions taken to support people to achieve their goals did not appear robust. For example, one person had a goal to attend church as their faith was important to them, however the records made did not show this had happened, and did not show the provider was being proactive. In April 2017 the record against the goal stated, 'Someone from St Mary's has visited this month, unfortunately (person) was sleeping quite a lot. But (person) was in bed. Maybe next time try in the morning.' In December 2017 the entry was, 'Rang St Mary's to ask about visits. They said they will pass it on.' January 2018, 'Had no response back from when I rang. I will try to get in touch again.' Further entries in February 2018 just said the person had been unwell.

The same person had also expressed a wish to go to the theatre at least three times per year, however the evidence in their care plan did not show the provider was supporting the person well to achieve this. For

several months, the records stated, 'nothing suitable for (person)'. We did see tickets had been booked to attend an event in November 2018.

The monthly objectives for another person showed a similar lack of support to meet objectives. For example, none of the person's objectives were recorded as met in January or June 2018. Some were recorded as met in May and February with only the objectives for March recorded as all met.
We recommend a system of auditing is put in place to make sure people are supported in meeting their individual objectives.

A user friendly complaints procedure was in place although we found it to be written in quite a small print and would have benefitted from further pictorial information.

We asked to see records relating to complaints or compliments the service had received. The registered manager confirmed they had received no complaints since our last inspection. We saw staff had recorded verbal compliments they had received from other health professionals, for example, 'The dentist made a comment about how good [person]'s mouth care looked. She complimented me on my manual handling techniques and the way I spoke to [person].'

Requires Improvement

Is the service well-led?

Our findings

On the first day of our inspection the registered manager was not available as they were supporting people who lived at the home on their holiday. Staff told us the registered manager was approachable, supportive and involved in the provision of care and support.

We met and spoke with the registered manager on the second day of our inspection. We found them to be very knowledgeable of the service and knew all of the people living there well.

Prior to this inspection the Commission had been made aware of personnel changes within the Mayfield Trust Charity which runs Gibraltar Road Nursing Home. The registered manager told us that, due to these changes and needing to support another of the provider's services, they had recently not been as available in the service as they would have liked and was usual. During the inspection we met with the recently appointed operations manager who told us they had not yet had opportunity to complete an audit of the service and was aware that support for the registered manager had been inconsistent over recent months. We were reassured by the immediate actions taken by the operations manager to address issues identified during our inspection.

We saw the registered manager had maintained systems for auditing the safety and quality of the service. This included a monthly report covering areas including care plan reviews, best interest meetings, health reviews and staff training. Monthly reviews of maintenance, accidents and pressure care management were also in place. However, although the auditing system had identified and addressed some areas for improvement, the issues we found during our inspection had not been identified. The registered manager and the operations manager were open and honest with us and agreed the lack of audit by the provider had affected the robustness of quality audit previously in place at the service.

We looked at records of meetings held with people who used the service. These were made in an accessible format and contained a good level of detail which would enable people to recall and review the content of the meeting and any comments or suggestions made. We saw topics covered included what people had enjoyed doing, whether people wanted to undertake any short courses or other learning, where people would like to go on days out and which area of their home people would like to be redecorated. We saw the minutes were used to create an action plan which was clear about what needed to be done, by whom and by when.

There were also regular meetings for staff, including for care staff and nursing staff. These also gave staff a voice in a number of areas of the running of the home, including changes to handovers, monitoring charts and fire safety.

Views of people who used the service, relatives and staff were also sought through six monthly questionnaires. We saw the feedback received was consistently positive.