Caring Homes Healthcare Group Limited

Gildawood Court

Inspection report

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Date of inspection visit:
11 April 2016

Date of publication:
09 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 11 April 2016. The inspection was unannounced.

Gildawood Court is a care home providing personal care and accommodation for a maximum of 60 older people living with dementia. The home is located in Attleborough within a mile of Nuneaton town centre in the county of Warwickshire. There were 59 people who lived at the home at the time of our visit. All the people at Gildawood Court lived with dementia.

The service had a registered manager. This is a requirement of the provider's registration. 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. We refer to the registered manager as the manager in the body of this report. We refer to the registered manager as the manager in the body of this report.

People and their relatives told us they felt safe living at the home and staff treated them well. Staff knew how to safeguard people, and were clear about their responsibilities to report safety concerns to the manager. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible; they were safe to work with the people who lived there.

Risks associated with the delivery of care and support for people who lived at the home had been assessed. However, risk management plans and risk assessments had not always been updated when people's care or support needs changed, and were not always followed by staff. This meant the risks associated with people's care were not always monitored and managed, so that risks to people were minimised. Medicines were managed safely. However systems to ensure medicines were stored correctly were not consistently effective.

New, and existing staff received training which ensured they had the skills and knowledge needed to support people effectively. Staff felt well supported by the management team.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals. The provider had made applications to the local authority in accordance with DoLS and the MCA, and at the time of our inspection was awaiting the outcome of some of those applications.

People were encouraged to eat a varied diet that took account of their preferences and specific dietary requirements. People were supported to attend health care appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing.

Staff treated people with respect and dignity, mostly respected people's privacy. Staff enabled people to maintain their independence. People who lived at the home were encouraged to maintain links with friends and family who could visit the home at any time.

There were enough staff at Gildawood Court to support people safely. Staffing levels enabled some people to have the support they needed to take part in interests and hobbies that met their individual needs and wishes.

People's care records were mostly reflective of their care and support needs. Where up to date information was lacking, staff demonstrated a good understanding of the needs and preferences of the people they supported. People and their relatives thought staff were caring and kind.
People knew how to make a complaint if they needed to. Complaints received were fully investigated and analysed so that the provider could learn from them. People who lived at the home and their relatives were given the opportunity to share their views about how the service was run.

The provider had established procedures to check the quality and safety of care people received, and to identify where areas needed to be improved. Where concerns were identified, action plans were put in place to rectify these.

The design of the home ensured people had space to move between different areas freely and safely. However, the provider had not utilised the available research which helped services plan their environment to make them more dementia friendly.

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 told us they felt safe living at Gildawood Court. Staff knew how to safeguard people from abuse. Risks related to people's health care were not always recorded accurately. There were sufficient numbers of staff to keep people safe. People received their medicine as prescribed from trained and competent staff. Systems to ensure medicines were correctly stored were not consistently followed by staff.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

Staff were caring and considerate and people were comfortable with them. People received care and support from staff who knew their individual needs. People were encouraged to maintain their independence and make everyday choices which were respected by staff. Staff understood how to promote people's rights to dignity. Staff mostly respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities of their choice. People and their relatives were involved in the development and reviewing of care plans so that care was provided in the way they

preferred. Care records provided staff with the information they needed to respond to people's needs. The provider had investigated complaints according to their policy and procedure.

Is the service well-led?

Good

The service was well-led.

The manager was approachable, and people who lived at the home, their relatives and staff felt able to speak to the manager at any time. Staff felt supported by the manager. Systems were in place to monitor and improve the quality and safety of the service.

Gildawood Court

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 11 April 2016 and was unannounced. The inspection team consisted of two inspectors.

During our inspection we spoke with five people who lived at the home, three senior care workers, four care workers, a kitchen assistant, the catering manager, an assistant manager and the manager. We also spoke with five relatives and a district nurse who visited the home on the day of our visit.

Before our visit we asked the provider to complete a Provider Information Return (PIR). 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 information contained in the PIR reflected our inspection findings.

We reviewed the information we held about the service. For example, we looked at information received from relatives, from previous inspection reports and statutory notifications the provider sent to inform us of events which affected the service. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. They had no further information to tell us that we were not already aware of.

People who lived at the home were not able to tell us, in detail, about their experiences of living at Gildawood Court. This was because they lived with dementia. To help us understand people's experiences of the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the provider's quality assurance checks.

Requires Improvement

Is the service safe?

Our findings

People told us one of the reasons they felt safe living at Gildawood Court was because of the staff. One person said, "Staff keep me safe." Relatives told us they thought their family members were safe because of staff practices and the environment. One relative said, "Yes, [Name] is very secure. I think my wife is safe." A second relative told us, "We [Family] feel reassured because we know [Name] is living in a safe environment. Staff are always checking [Name] is safe." We observed people did not hesitate to go to staff when they wanted support and assistance. This indicated they felt safe around staff members. The atmosphere at Gildawood Court was relaxed, with friendly relationships built between people and the staff who supported them.

The manager had identified potential risks related to each person who lived at the home, and where risks were identified, care plans had been written to instruct staff how to manage and reduce them. For example, one person was at risk of falling, and could injure themselves. There were plans for staff to follow in how the person should be assisted to move around, the number of staff required and what equipment should be in place to minimise the risk of them falling. We saw staff used the identified equipment whilst assisting them.

We found although risk assessments and risk management plans were in place, they were not always accurate, updated or followed by staff. For example, one person's risk assessment identified the need to monitor the person's bowel movements to maintain their health and well-being. The assessment directed staff to inform a senior care worker if there had been no bowel movement for four days. We saw no bowel movements had been recorded for the past five days. There was no record to show staff had reported this. Senior care workers confirmed they had not been informed and agreed they would check with staff.

Another person's skin damage had not been documented accurately and their risk assessment and care plan had not been updated to reflect newly identified risk. The records we saw showed the person had three pressure sores. The site of one of the pressure sores had been incorrectly recorded, and staff had also incorrectly recorded one area of skin damage as a pressure sore when a senior care worker told us it was not. Whilst the staff had been following the district nurse's treatment plan, they had not updated the care plan which stated the person 'was not at risk of pressure sores.'

Some people had been assessed as needing assistance from staff to change their sitting, or lying position. This was to reduce the pressure on people's skin and by doing so reduce the risk of skin damage. We saw 'pressure relief' records did not show the position people needed to be move to, or that staff had supported people at the recommended times. For example, records showed one person, had been assessed as needing support to change position every two to four hours. On 10 April 2016, the records indicated the person did not have their position changed for 10.5 hours Another person required assistance with repositioning every two hours during the day and four hourly during the night. We saw only one entry had been made on 9 April 2016 at 10.15am. Records for people who received pressure relief in bed did not show the last position the person had been moved to. However, we observed and staff told us they assisted people with repositioning. One staff member said, "I have to be honest we [Staff] don't always fill in the record. I know we should." Whilst staff told us they had repositioned people it was important staff

completed records to give assurance care had been provided as planned.

People were supported by staff to take their prescribed medicines. We observed medicines were given to people safely. Each person at the home had a medicines administration record (MAR) that recorded the medicines they were prescribed and how these should be taken. We looked at seven MARs and found that medicines had been administered and signed for at the specified time.

Medicines were stored securely and disposed of safely when they were no longer required. However, room and fridge temperatures where medicines were stored had not been monitored consistently by staff. For example, temperatures had not been monitored between 21 March 2016 and 10 April 2016. We saw antibiotics; insulin and eye drops were stored in the fridge. Not storing medicines at the correct temperature could affect the efficiency of the medicine. We spoke with the manager who took immediate action.

People received their medicines from experienced staff who had completed medicines training. Staff told us, and records confirmed staff's competencies in administering medicine were regularly assessed by a member of the management team to ensure staff continued to have the knowledge and skills they needed to administer medicines to people safely.

Some people were prescribed "as required" medicine. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. There was a procedure for each person to inform staff about when and why the medicine was needed, and staff knew when the medicine should be given. We saw staff discreetly and sensitively asked people if they needed "as required" medicine. For example, one staff member knelt by the side of a person who was holding their head and was heard to say, "[Name], are you ok. Have you got a headache? Would you like one of your headache tablets? The person nodded and was supported by the staff member to take their medicine.

The design of the home ensured people had space to move between different areas freely and safely. Corridors were bright and well lit. However, we noted there was no directional signage to assist people who lived with dementia to find their way around the home. On six occasions we heard people asking staff for directions to lounges and bedrooms. The manager told us developing the environment to ensure it was more dementia friendly, for example, by utilising available research about the use of signs, feel good colours, images and contrasts was an area they had identified for improvement.

The provider's recruitment procedures minimised the risks of recruiting staff who were of unsuitable character to support people who lived in the home. For example, prior to staff working at the home, the provider checked their character by contacting their previous employers to obtain references, and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at Gildawood Court until the checks had been received.

We saw there were adequate numbers of staff available during the day to care for people safely, including dedicated staff to cover housekeeping roles such as cooking and cleaning. On the day of our visit there were three senior care workers and nine care workers on duty to meet the needs of the 59 people who lived in the home. We observed staff were busy completing tasks and divided their time between supporting people in their bedrooms and in communal areas of the home. Staff told us they thought staffing levels were adequate. One staff member said, "Staffing levels are ok. We all work together." The manager told us they ensured there were sufficient numbers of staff on duty to meet the needs of people living in the home. The manager said, "I formally review staffing levels at least twice a year or sooner if people's needs changed."

People were supported by staff who knew how to keep them safe. Staff told us they had received safeguarding training. When we talked with staff, they explained how people might experience abuse and what they as staff would be alerted to, for example, changes in behaviour or unexplained bruising. Staff told us they would report their concerns to the manager, and that there were policies and procedures in place to help them do so. One staff member said, "People with dementia can be particularly vulnerable because they can't always tell us. That's why it's important for us [Staff] to know what to look for." Another staff member told us, "I would go and see a manager straight away. You get to know people so well you know if something isn't right."

The manager notified us when they made referrals to the local authority safeguarding team where an investigation was required to safeguard people from harm. The manager followed the local authority procedures to ensure people were safe whilst safeguarding concerns were investigated.

The provider had plans to ensure people were kept safe in the event of an emergency or an unforeseen situation. Emergency equipment was checked regularly. Weekly fire tests had been completed and staff knew what action to take in an emergency. We saw each person had a personal emergency evacuation plan which was accessible in the event of an emergency. These plans gave staff and the emergency services information about the level of support and equipment a person may need to evacuate the building safely.

The provider used information from incident and accident reports to protect people These reports were completed by the manager and submitted to the provider each week. They were analysed to identify any patterns or trends so appropriate action could be taken. For example, we saw a sensor mat had been placed in a person's bedroom to alert staff when the person got out of bed following a number of reported falls. We saw the number of falls had reduced.

Good

Is the service effective?

Our findings

People and their relatives expressed confidence in the knowledge and skills of staff who worked at Gildawood Court. One person said, "The staff are very, very good. They always help me." A relative said, "The staff are fantastic. You only have to watch them to know they are well trained and understand what the residents need." A community district nurse told us they felt staff had a good understanding of people's needs and knew how to support people.

We saw staff had completed an induction and received on-going training the provider considered essential to meet the needs of people who lived at the home. This included training on how to effectively support people who required assistance with manual handling, fire safety, infection control and first aid. Staff told us they found training valuable. One staff member said, "I hadn't worked in care before so I learn something new every time I do a course."

New staff received an induction linked to the Care Certificate which assesses staff against a specific set of standards. As a result of this, staff had to demonstrate they had the skills, knowledge, values and behaviours expected from staff within a care environment to ensure they provided high quality care and support. Staff also spent time working alongside experienced staff. One staff member told us, "We support new staff by working with them showing the right way to do things and helping them to get to know the residents."

Staff told us, and records confirmed training was also tailored to enable staff to meet the individual needs of people they supported. For example, all staff had either completed, or were scheduled to complete the 'Living in my World', City and Guilds accredited dementia course which had been developed by the provider. One staff member who had completed the training told us, "It opened my eyes because I had to try to step into the world of a person who has dementia. I learnt that they [People] may not see things in the way I do and it's up to me to try to make sense of their world so I can help them." Another staff member said, "It is sometimes about body language. When I first came here there was someone who could not speak. I found it hard to communicate but I learnt how important body language was for me and for them."

We observed staff putting their training into practice. For example, people were singing along to a song on the radio. A staff member recognised the tune had triggered emotional memories for one person seated in the lounge. The staff member went and sat by the person, held their hand and comforted them. The staff member was heard saying, "I know this song makes you cry, but its ok we all feel sad at times. Would you like to talk about how you feel or shall we just sit together?"

The manager maintained a training record which showed staff received on-going training to refresh their skills and knowledge and supported them to work with people effectively. One staff member said, "All my training is up to date. I really enjoy doing training because it helps you to do your job." The manager and seniors encourage us to do training." The manager told us they encouraged on-going training for staff and the management team. The manager said, "Training provides opportunities to learn new skills and knowledge, including best practice guidance about supporting people living with dementia. I see it as really important."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We saw people were supported by staff to make some decisions about their daily lives. For example, how and where they spent their time and where they preferred their meals to be served. Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care and support. Throughout our visit we observed staff asked people for their consent before they provided care and support. For example, when medicines were administered in the morning, we heard one staff member say, "I've got your tablets here for you. They are for your bones. Will you take them?" Another staff member was heard asking a person if they were ready to be assisted with personal care. The person was heard to say "No". The staff member told us, "its fine I will go back a little later and ask again. If [Name] still refuses then I'll ask one of the others [Staff] to ask. Sometimes they [People] will respond to a different face."

One person was at risk of choking when drinking, and needed their drinks thickened to reduce this risk. On occasions the person refused thickened drinks. Records showed the person had capacity to understand the risk and could retain the information. Plans were in place for staff to follow which included the need for staff to try different approaches to encourage the person to have their drinks thickened to reduce the risk whilst respecting their right to refuse.

We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found where people lacked the capacity to make a decision, the provider recorded information about the support people required to make that decision. Where people were unable to make a decision, decisions were made in people's 'best interests' with the support of those closest to them and health and social care professionals. The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had made a number of DoLS applications to the local authority for people who lived at the home and who were restricted from going out alone. Seven applications had been approved and the manager was awaiting the outcome of the remaining applications.

People and relatives told us the food served at Gildawood Court was good. One person said, ", I like the food and I get plenty." A relative told us, "Look for yourself. The food is very nice." We saw people had access to cold drinks in lounges and saw staff offered people hot drinks and snacks throughout the day.

We observed the support people were offered during a lunchtime meal at the home. We saw people ate their meal where they preferred (in their own rooms, or in the communal dining room). There were jugs of squash on each table which staff kept refilled. On the day of our visit there were two meal choices available. Food appeared and smelt appetising. The meal service was relaxed and unhurried.

Menus were available in picture formats to help people who lived with dementia chose their meal. One staff member told us, "Showing people pictures helps them to choose what they want to eat because they can see the food." However, we did not see staff use the picture menus during our visit. Meals were served by staff who asked some, but not all people which option they would like. This meant staff did not support all people to make choices.

Staff supported people to eat when required, and made sure people had the specialised equipment such as adapted cutlery and crockery, they needed for eating and drinking. This helped people to maintain their independence, and demonstrated staff knew people well.

The cook had a good understanding of people's food preferences and specialised diets. They told us the four weekly menu reflected feedback from people, relatives and staff. All meals were freshly prepared. The cook said," We try and make it like their home. Traditional meals." The cook told us they were informed of any changes to people's dietary needs by a member of the management team so that records could be updated straightaway. This meant people received food and drink which met their dietary needs and preferences.

We saw, and records confirmed the home's staff worked in partnership with other health and social care professionals to support people. One relative said, "I never worry because I know they call the doctor out if [Name] is under the weather." A health professional told us, "The staff are very good. If they want advice or have any concerns about a person they are on the phone straight away or talk to us when we visit." Care records confirmed people had been visited by, or attended visits with healthcare professionals. For example, people saw their chiropodist, dentist, doctor and optician when a need had been identified. We found staff followed instructions given by health professionals.

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff and told us they were friendly and caring. One person said, "The staff are lovely. I don't know what I would do without them." When we asked relatives about the caring nature of staff we received positive comments. One relative said, "The staff are fantastic, caring and kind." Another relative described the staff team as "Exceptionally good." A health care professional told us, "I couldn't wish for a better care home to come into. Staff are welcoming and care about the people who live here."

We observed the interactions between staff and people who lived at the home. Throughout our visit we saw friendly, relaxed interactions between people and staff. Staff frequently made positive comments to people, giving them confidence and a sense of self-worth. Comments included, "Thank you for doing the drying up. You've done a great job. I really appreciate it.", And, "That colour really suites you, you look lovely." We observed staff being sensitive and considerate. For example, one staff member came into the lounge and saw a person was upset. The staff member said, "You look like you need a hug. Can I give you a hug?" The person put their arms around the staff member, who offered words of comfort and gently stroked the persons arm. This showed people were relaxed and comfortable with staff.

We observed good communication between people who lived at the home and the staff team. It was clear staff had built up good relationships with people; and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided. People appeared relaxed with staff who were friendly and patient. For example, one staff member approached a person to offer support with personal care, they explained carefully the care they were offering and gave the person time to respond.

We saw where possible people were supported and encouraged by staff to maintain their independence. For example, one staff member sat by a person to support them with drinking. We heard the staff member ask, "Would you like to hold the cup?" The staff member then guided the person's hand around the cup which they gently supported until the person was drinking independently. The staff member said, "That's great [Name] you're doing really well." The person smiled.

People told us their dignity and privacy was respected by staff. One person said, "Staff help me wash. They [Staff] put that [Towel] over me to keep me private." When we asked staff what they did to ensure people's privacy, one staff member told us, "People sometimes want to talk to you in confidence, so I take them to one side where it is quiet." However, we saw staff did not always ensure people's privacy and dignity were respected. For example whilst sitting in one of the lounge areas, we overheard staff having a conversation of a private nature about a person. At the time, there were also four people in the lounge sat directly behind the two staff members. We shared our observations with the manager who told us they would speak with the staff team.

People were encouraged to make choices about daily living which staff respected. For example when we arrived at the home some people were in the lounges eating breakfast whilst other people were still in bed.

Staff told us people could choose to bring their own furniture when they moved into Gildawood Court. One staff member told us, "Having familiar items helps people to recognise their rooms and can help them feel at home whilst they settle." On the day of our visit we saw the home's maintenance worker helped a relative to assemble a person's own bed which the relative had brought into the home.

People, where possible, were involved in making decisions and planning their care. For example, records showed one person needed support with managing their finances. The person had signed their care plan to show they had been involved in discussing this need and had agreed to be supported by an advocate. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions which could help people maintain their independence.

People who lived at Gildawood Court were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home. One person told us they looked forward to visits from their son which made them feel happy. A relative told us, "I come and visit whenever I want. Knowing I can pop in at any time gives me a kind of reassurance that there is nothing to hide." Another relative confirmed there were no restrictions on when they could visit. The relative said, "There is no problem with me visiting. I can take [Name] out for a coffee or anything like that." There was a choice of sitting areas around the home so that people could meet with their friends and families privately if they wished.

We asked staff whether they thought the home provided a caring environment for people. All the staff told us they thought it was caring. One staff member said, "You can feel it in the atmosphere. You only have to look around and see everyone smiling to know we care. It's like one big family. " Another staff member told us, "I like to be able to make people laugh and see a sparkle in their eyes."

Good

Is the service responsive?

Our findings

People we spoke with told us the care provided at Gildawood Court was responsive to their needs. One person told us, "Staff know I can't get about so they help me." Another person said, "I can go to bed if I want a nap, or I can stay in my chair."

A relative told us, they were "more than happy" with the care and support provided by staff. The relative said, "[Name] has not been here that long, but the staff have taken time to get to know what [Name] likes, or doesn't like. It's been a big change but the way staff are has really helped. We couldn't ask for more." The relative went on to explain how staff had used this knowledge to encourage their relative to join in a recent event. The relative said, "[Name] had a great time you could see [Name] really enjoyed it." This demonstrated staff responded to people's individual needs and preferences.

Staff had good knowledge of people's individual needs, and were able to tell us how people should be supported. Staff told us they sat with people or their relatives to discuss, and review their care and support needs which helped them to respond to any changes. For example, we saw one person had recently fallen. Records had been updated to show they now needed closer monitoring when moving around the home and whilst in their bedroom. We observed staff followed this guidance during our visit. This information meant staff had the necessary knowledge to ensure the person's needs were at the centre of the care and support they received.

Each person had a care and support plan containing information and guidance personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. The plans also identified how staff should support people emotionally, particularly if they became anxious. One staff member told us, "Care plans are where we get our information because some of the people can't tell us."

Relatives told us they were involved in helping to formulate care plans for people so that staff understood how to care for them. One relative told us, "Staff asked me what I thought [Name] needed when [Name] and we agreed the best way to look after [Name]." Another relative said, "Yes, I'm involved." We observed a care supervisor talking with the relative of a person who was admitted to the home during our visit. A relative told us, When [Name] came to live here the staff asked me lots and lots of questions. We talked about what [Name] likes to do, to eat and what they can do themselves."

Another staff member told us, "We always meet with relatives when people move in to make sure we have got all the right information so we can care for the person how they would want us to." The manager told us a care supervisor was always on duty as an extra staff member to greet people being admitted to the home and meet with relatives as part of the admission, care planning and decision making process. Plans provided staff with the information they needed to support people in the way they chose.

People, where able, were involved in reviewing their care. For example, one person's care records read, "[Name] has been confirmed to have full capacity and would like to do her care plan review herself with

staff." Records showed this had happened. Initial preferences for care had been discussed with the person and monthly reviews had taken place.

Staff told us people's care plans were reviewed and updated as part of "The resident of the day" approach, or sooner if a change had occurred. Staff explained on a set day each month care supervisors, care workers, housekeeping and catering staff would spend time with a person to talk about the service, things that had worked well, things they would like to do or any support they needed. One staff member said, "They [People] can't always say how things are, but we can speak for them and we ask relatives." A small number of care plans we looked at had not been updated to ensure they reflected the person's current needs. These plans were updated during our visit.

Staff told us, and records confirmed there was a handover in each unit at the start of each shift. This ensured staff had the opportunity to catch up with any changes to people's health or care needs. Staff confirmed the handover of information between shifts was clear and effective. One staff member said, "Handover is very important. It's where we find about things we need to do on our shift, including any changes since the last shift so we know what people need." Staff explained the handover was recorded, so that staff who missed the meeting could review the records to update themselves.
When we asked people how they spent their time we received mixed responses. One person told us, "I like to be useful so I help with the dishes when I can." Another person said, "I just sit here there is nothing to do." A relative told us staff knew their family member used to work on the canal. The relative said, "Staff arranged for [Name] to spend a day on a canal boat. I was invited too." Another relative said, "[Name] did nothing at home, but now [Name] joins in the singalongs and dances. [Name] seems very happy." Care workers told us they tried to support people with activities but did not always have time. One staff member told us, "If I have spare time, I'll get a puzzle out of paint someone's nails. It is not just down to the activities co-ordinator." Another staff member said, "We always try to do thing but sometimes it's very busy."

We saw some people spent their time doing activities of their choice. For example, people helped with clearing tables, washing and drying dishes. We observed some people were offered support by care workers to take part in activities to help them form social relationships with other people at the home, and to provide them with activities they may find enjoyable and stimulating. For example, we saw one staff member introduce two people who were seated next to each other and suggested sharing a table to place their drinks on. When the staff member left we observed the two people chatting and laughing together. Another staff member was observed encouraging a person to look at gardening books. The staff member told us, "The family told me [Name] likes gardening. [Name] finds it difficult to talk, but give [Name] a gardening book and sentences start to come out. It's an amazing thing to see, and wonderful thing to hear."

The home also provided planned activities which were organised by two dedicated staff members. Staff told us they learnt about people's interests and hobbies by talking to relatives and the information was used to plan activities. We saw quarterly, weekly and daily events calendars displayed in the reception area which covered a range of activities and events available for people to join. For example, pat the dog, visits from religious organisations, gardening, crafts and exercise classes. By the side of each event on the calendar was a set of symbols to explain if the activity provided sensory, social, cognitive, physical or emotional stimulation. Staff told us this was to help people make choices about which activity they would like to join. The advertised activity on the day of our visit was gardening. A small number of people spent their time gardening in the indoor potting shed. In the afternoon, activities staff supported people with individual activities in their bedrooms.

The provider's complaints procedure was on display in the reception area which gave people advice on how

to raise concerns and informed them of what they could expect if they did so. The procedure included details of other relevant organisations, including the local authority and the Care Quality Commission. The manager told us they were planning to develop complaints information in picture format to reflect the communication needs of people living at Gildawood Court.

Relatives told us they knew how to make a complaint and felt able to do so. One relative said, "I have had no reason at all to complain, but I would not hesitate to speak to the manager or the staff if I needed to." Another relative told us, "When [Name] first came to live here I was told if I've got any concerns I should talk to one of the staff or the manager."

Information in the service's complaints folder showed the home had received a small number of complaints in the past year. These had been handled in line with the provider's complaints policy and from the information provided we could see they had been resolved to people's satisfaction.

Good

Is the service well-led?

Our findings

Relatives spoke positively about the way the home was managed and the quality of the service provided. One relative said, "It's reassuring to know the manager is available to talk with." Another relative told us, "I have no concerns. The manager makes sure things are run right and we are kept informed if there are any changes we need to know about."

Gildawood Court had a clear management structure. The home had a registered manager who was supported by three assistant managers and a team of senior support workers. Staff told us the manager and assistant managers were available, approachable and supportive. One staff member said, "[Manager] is very good. We have a good working relationship which is important because it means you feel able to talk about anything. There is an open door policy here, so you can talk to any of the management team if you need to." Another staff member explained staff were supported outside normal office hours or in an emergency because the management team operated a 24 hour on call service. This showed leadership advice was available 24 hours a day to manage and address any concerns raised.

Staff told us they felt supported in their roles through regular team and individual meetings with the management team. One staff member said, "Absolutely superb. Everyone is there for everyone else. I feel able to raise things." Another staff member told us, "We get to say what we want to say. If I have an issue I can raise it. The manager will always have time for us." They added, "[Name] is a good boss. They understand and will always help out." Minutes of meetings showed a range of topics were discussed, for example, individual performance, professional development and training, DoLS and medicines management.

All staff we spoke with told us Gildawood Court was a good place to work. One staff member told us, "It's hard work, but very rewarding working here. I really like that I can approach any of the other staff to ask for help or support. We all work together as one big team. This really makes a difference. I always look forward to coming into work." Another staff member said, "Best job I've ever had."

There were systems in place so people who lived in the home and their relatives could share their views about the quality of service or how the service could be improved. One relative told us, "They [Staff] always ask if I am happy with the way [Name] is being looked after and if there is anything else they could do to make [Name's] life better." Another relative said, "There are relatives' meetings every month or so. I don't go often but I know I could. They always say you don't have to wait for meetings to raise things though." The manager told us people took part in three monthly meetings where they discussed a range of issues, including any concerns and activities of interest that they would like to do and things they enjoyed. However, the manager was not able to find the minutes of these meetings during our visit.

The provider conducted annual satisfaction surveys which asked people to share their opinions about the home. The most recent questionnaire had been sent to people, their relatives and staff in 2015. We saw the results of the surveys had been reviewed and an action plan had been written where the need for improvements had been identified. For example, relatives had commented that people's toiletries were

going missing. In response to this staff had been instructed to mark all toiletries with the name of the person they belonged to. We were told the number of missing items had reduced. This meant the provider acted on the feedback they received about the service to make improvements.

The manager told us the provider was supportive and offered regular feedback and assistance to support them in their role and professional development. For example, the provider made weekly telephone calls to the manager and monthly visits to the home to meet with the manager and discuss issues around quality assurance and areas for improvement. The manager told us they also attended regular meetings with other registered managers from homes within the provider group. The manager said, "It's good to hear what other homes are doing, to share our experiences, talk through the challenges we face, share good practice and ideas about how we can continually improve our service."

We saw the manager completed internal checks within the home to ensure the safety and quality of service was maintained. For example, monthly checks in medicines management and quarterly health and safety checks. We saw the manager generated an action plan where a need for improvement had been identified. Action plans were reviewed and updated to show when actions had been completed and those which still needed to be addressed.

The manager had sent notifications to us about important events and incidents that occurred at the home, in accordance with their legal obligations. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations they completed when issues or concerns were raised.

The provider completed monthly checks which identified what the home did well and where improvement was needed. Records showed during these visits the provider spent time talking to people and staff and walked around the home to identify any improvements that needed to be made to the environment. For example, a new dishwasher had been purchased and flooring in some areas of the home had been replaced. This was because strong smells had been noted in these areas. However, whilst flooring in these areas had been replaced we found unpleasant smells in other areas of the home. We were concerned this could affect the health and wellbeing of people living in the home. We raised our concerns with the manager who told us the provider had agreed to replace flooring, but no date had been provided. Since our visit the manager confirmed the carpet replacement date has been set.

During our inspection we asked the manager what they were most proud of in relation to the service people received, they responded, "Firstly I am proud to be appointed as the registered manager at Gildawood Court. I am proud that the home is very family orientated, that there is a good atmosphere and that my staff are caring, kind, skilled and work well together. We are very open and transparent at Gildawood Court and there is always someone available to talk to or to help."