AMS Care Limited

Gifford House Care 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

Gifford House is a care home providing nursing and personal care for up to sixty-one elderly people. The service is divided into three units. Betts unit on the ground floor provides nursing care including palliative care. The Linford and Radcliffe units on the first floor provide care for people living with dementia. There were 58 people using the service at the time of our inspection.

When we last visited the service it was rated good.

At this inspection we found the service remained good.

People were safe at the service. Staff knew what to do to protect people from abuse. Risk was well assessed and managed so that risks to peoples' safety were minimised. There were enough nursing and care staff to meet people's needs. People were supported to take their medicines as prescribed

Staff had been safely recruited and had the necessary skills to meet a wide range of needs. We found however they did not consistently have the skills or guidance necessary to support people with dementia in line with best practice guidance. We have therefore made a recommendation about improved staff training and care planning in the area of dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff supported people to maintain good health and wellbeing and enabled them to access other health and social care professionals when required.

Staff knew people well and treated them with kindness and respect. People's privacy and dignity was maintained.

The care provided was personalised and responsive to individual needs. People had access to variety of activities and pastimes. Detailed care plans were in place. The manager had put plans in place to improve the quality of the care plans. Complaints were responded to well and people felt enabled to share any concerns they had about the service.

There was a strong and effective manager in place who dealt pro-actively with concerns. They supported staff and promoted a positive culture and atmosphere which benefitted people who used the service. Whilst there was a need to improve the checking of care plans, we found all other checks on the quality at the service were robust and led to improvements. The provider and manager worked well together and had a joint vision for the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Gifford House Care 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 checked 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 was a comprehensive inspection.

The inspection took place on 21 March 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One of the inspectors was a qualified nurse.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We also looked at concerns we had received. Before the inspection, the provider completed 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. All of this information helped us to plan what areas to focus our attention on for the inspection.

During the inspection we spoke with 14 people who lived at the service and 10 people's relatives, friends and visitors. People who used the service had a range of different needs and ways of communicating. We therefore used informal observations to evaluate people's experiences and help us assess how their needs were being met. We observed how staff interacted with people and with each other.

We spoke with the provider, the registered manager and the deputy manager. We also met with six care and nursing staff, one activity coordinator and the chef. We had contact with two health and social care professionals to find out their views on the service.

We looked at eight people's care records and examined information relating to the management of the service such as recruitment, staff support and training records and quality monitoring audits.

For a more comprehensive report regarding this service, please refer to the report of our previous visit which was published on 29 January 2015.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I do feel safe – I'd recommend this home to anyone."

Around the time of our inspection we received two notifications of concern that there were not enough staff to meet people's needs. Our inspection found there were sufficient staff at the service and that people's needs were being safely met.

Feedback from people and families was positive about staffing levels. They told us call bells were responded to quickly. Three people commented, "I would say they come within about 2-3 minutes mostly, I've never felt unsafe here", "They always give the bell to me when they leave me. If I need them they come quite quickly, that's the same day or night" and "You never wait long, even at night, they still come quickly." A member of staff described the staffing levels in their unit, "There is always three or four staff and a floater, I think there are enough staff here."

We observed that whilst staff were busy they did not rush when caring for people and they had enough time for positive interaction. We discussed staffing with the manager, focusing on the period of time where there had been concerns. The manager was able to describe clearly how staffing was calculated and showed us how staffing numbers had decreased as the numbers on a particular unit had dipped temporarily. However, due to the effective measures in place for determining each person's level of dependency the manager was able to demonstrate the staffing numbers during that period were of a safe level. They agreed to speak with people and families from that unit to allay any concerns.

Robust processes were in place to enable the recruitment of staff who were of good character and had the necessary skills to support people safely. Records showed a low turnover of staff which meant people benefitted from a stable staff team. Families told us they did not like the use of agency staff. However, the manager described the challenges in recruiting permanent staff. They told us they minimised the use of agency staff where possible and had a scheme in place to encourage recruitment of permanent staff.

There were effective measures in place to manage risk. Risk assessments were detailed and personalised and reviewed regularly. There were regular checks where people were at risk, for example, where they needed support to minimise the risk of pressure sores. Incident reports were detailed and explored the reasons why the incident had occurred and what actions needed to be taken by staff to keep people safe. Each incident report was signed off and analysed across the service by the registered manager to minimise risk of them re-occurring.

Staff knew what to do when people were at risk of harm or abuse. For example, a person had been referred to the Dementia Crisis and Falls Prevention teams after a fall. There was an open culture where staff were able to speak up if they were concerned about a person.

People received their medicines safely from staff who were well trained and had access to good quality

information regarding the how to administer medicines safely and in a personalised manner. Staff were skilled at understanding when to administer medicine which was taken as required. We observed that they knew when a person was able to choose to have medicine for pain relief and what signs to look for where people were not able to communicate this verbally. Medicines were stored and disposed of safely. Thorough checks were done in each unit to ensure the medicines were administered safely.

Good

Is the service effective?

Our findings

People and their families told us the care provided at the service was effective. One relative said, "(Person) is in a happier frame of mind since being here. The staff have done a lot since they arrived."

Staff were well supported and supervised to enable them to provide effective care. They told us they received training to keep their skills up to date. Training was a mixture of practical 'on the job' training and e-learning. Where people had specialist needs, specific training had been arranged, for example a palliative care nurse had carried out training with staff. A member of staff told us, "Training is really good. If I need any support the other experienced nurses will always help." New staff received a comprehensive induction and shadowed more experienced staff before providing support. The manager had measures in place to ensure staff training was kept up to date.

We found that whilst staff knew people well and were skilled at supporting them, we did not consistently observe best practice in the area of dementia. We did not see staff use innovative techniques when offering people with dementia choice, for example at meal times. Care plans did not consistently suggest required actions or alternative approaches when supporting people with dementia, for example, if a person refused to be weighed or did not want to eat.

We recommend that the service seeks improved training and guidance for staffing in relation meeting the specialist needs of people living with dementia, in line with current best practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found people were being supported, in line with the law and guidance. Individual assessments were detailed and personalised.

Where people were restricted, for example if they lacked capacity to decide whether they needed bed rails, a best interest decision was made, involving all interested parties. Care plans showed staff had been required to consider for each person, whether they were being deprived of their liberty, for instance whether they had been prevented from leaving the service.

We observed lunch in all of the units and noted that staff knew people and their preferences well. The atmosphere was relaxed and there were enough staff to support people to eat and drink. People had made a choice of main meal on the previous day; however we observed they were not always asked if they wanted gravy, potatoes or vegetables. We were also told by a family member that the uniformly large helpings sometimes put their relative off of eating.

Food and snacks were plentiful and varied. Where people did not want the set menu they were offered an alternative and we saw one person eating cheese on toast. There were kitchenettes attached to each unit and a member of staff described how this meant people could make a hot drink independently.

Where people were at risk of malnutrition or dehydration they were weighed regularly and food and fluid charts were used to monitor what they ate and drank. Kitchen and care staff had a good understanding of the variety of nutritional needs people had, for example, how best to fortify food and drinks when people were at risk of weight loss. We noted however, where people refused to be weighed we found there were not clear instructions to staff on what measures to take to ensure their weight was monitored.

People were supported to maintain good health and wellbeing and to access health and social care professionals as required. Contact from professionals was logged in care plans so it could be monitored over time. People told us, "the chiropodist came yesterday and I had my feet done – they visit regularly. It does make me feel better" and "Staff understand me and my health problems very well – they would all know if I was not right."

Good

Is the service caring?

Our findings

People were overwhelmingly positive about how caring staff were. They told us, "The girls here are brilliant – they do everything they can to help us " and "Staff here are lovely, they care, very friendly, they would never dream of being unkind to me." A relative said, "I've never seen any unkindness here towards anybody. Staff are 100% genuinely caring here. I can't fault them."

We observed staff interacted warmly with people. They took time to have a laugh or to reassure them if they became distressed. People were treated as individuals and staff thought about what was important for them. For example, at lunch most tables seated four people, but one of the tables seated eight. A staff member told us, "A large group wanted to sit together, and we didn't want anyone to feel left out, so we checked with them first and pushed tables together for them as they all enjoy sitting together."

A person told us, "The carers have taken their time to get to know me." Care plans included personalised information about people's histories, such as the name of their old cats and their proudest achievements which meant social conversations could be meaningful. A relative also told us, "They understand [Person] as well as they can, and seem to really care about them."

Staff checked with people before supporting them. We observed a member of staff asking whether a person wanted them to shut a window as they seemed cold. Another person told us, "I like having a bath, but I have to be in the mood. They will offer me one, and I'll decide. Most days they wash me here in the bed, but that's my choice. They're very respectful."

Staff treated people with dignity. The service cared for people at their end of life and we saw cards which highlighted the support provided by staff. These read, "We all felt [Person] was safe and loved in your care" and "We are truly grateful for the fantastic care and compassion you showed [Person]."

We saw in a person's care plan that privacy was important to them and there was guidance on how best to do this. We then spoke with a member of staff who described how they support the person's dignity during personal care, "We use towels to cover [Person] and make them feel less exposed. We always ask permission and let them know what we are doing."

Good

Is the service responsive?

Our findings

People told us they were well supported. They said, "I thoroughly enjoy living here, its home now" and "I'd recommend this home 100%."

Care plans largely reflected people's likes and dislikes and helped staff to care for people in a way in which met their individual needs. For example, one care plan outlined how a person might refuse to have a shower if they were in pain so staff should investigate pain relief first and then offer a shower later. Our discussions and observations confirmed care plans were followed well.

The care people received was reviewed regularly and any concerns or improvements captured. For instance, we noted staff had monitored a person who was on a pureed diet and noted when their weight had increased. We found the quality of the care plans and reviews was not consistent, and some information was out of date. However, this had been recognised by the manager prior to our visit and plans were in place for these to be audited and improved in the near future.

There was an attention to detail which enhanced people's quality of life. For example, technology was used positively and a computer was available in the lounge which had a keyboard that was adapted for people with dementia and sight loss. A person had used it to join a family party 'on-line'.

The manager had invested in two activity coordinators who promoted a meaningful activities and pastimes. There were numerous organised events and trips. Special events were celebrated. Staff had arranged for a couple to celebrate their wedding anniversary in a small separate dining room. People who did not want to engage in formal activities were also well supported. For instance, a member of staff had found out a person liked a particular board game and now played it with them.

People's families also felt valued. For example, a microwave was provided in case families visited people after work and wanted to have their tea during the visit. A relative described how welcome they felt, "We can come whenever we like, I've been here first thing in the morning, and late at night. That pleases me, as I feel they've got nothing to hide." Staff communicated well with families when people's needs changed. A relative told us, "Every member of staff would notice if mum was unwell. I'd immediately get a phone call."

People told us they felt able to complain. Complaints and concerns were responded to in a detailed and personalised manner, following an thorough investigations. One person told us they had felt guilty when they complained, but that the manager had said such feedback was helpful and welcomed. The person told us, "This has given me great peace of mind for the future."

Good

Is the service well-led?

Our findings

People told us the service was run smoothly. A person said, "Staff seem happy to work here, they have a laugh with each other, they don't moan about it." A visitor told us, "I am always impressed with the way that Gifford House is run; the atmosphere and ethos is always very good".

There was a registered manager in place. 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.

The registered manager was a strong but approachable leader. A member of staff told us, "The manager is really supportive; I can go and talk to them whenever I have a concern." Where there were issues these were dealt with pro-actively by the registered manager. For example, the frequency of team meetings had increased to improve communication within the staff team.

People and families told us they felt supported. A relative described a meeting with the manager, "They spent an hour with us, understood our concerns, didn't rush us and explained everything. We felt listened to, and it was a very good meeting."

The manager promoted an open culture in the service. Relatives and residents meetings were well attended and included a positive discussion about the findings of a survey to ensure any areas for improvement were addressed. There were effective measures for the staff team to communicate information between shifts and during meetings. The manager communicated openly with the Care Quality Commission, for example, when investigating complaints and safeguards.

Regular checks were carried out which across the service and improved the quality of care provided. For example, we saw medication audits were detailed and drove improvements. Whilst care plan audits were not sufficiently robust, this had been recognised by the manager and was being resolved.

The registered manager and provider worked well to ensure people received a good quality service. They communicated a shared vision for continual improvements and developments at the service. The service was planning an expansion which had been discussed with people and their families in order to minimise anxiety. The provider told us they planned to enhance the 'homely' atmosphere of the service and create an innovative dementia friendly area in the garden.