

Derbyshire County Council

Gernon Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gernon Manor Care Home providing accommodation and personal care for up to 34 people. They are registered to care for older people, people living with dementia, mental health conditions, physical disability, sensory loss and younger adults. At the time of the inspection there were 28 people living there. Most people living there were older people living with dementia.

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

The provider and the registered manager had taken steps to improve the service and ensured people received safer care. An action plan to address the warning notice carried out by CQC had been implemented. All the requirements of the warning notice had been met.

The systems and processes to identify, record and investigate incidents had been improved. The registered manager reviewed all incidents and implemented preventative measures to keep people safe from recurrence.

Rating at last inspection

The last rating for this service was requires improvement (published July 2019) when there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Following our last inspection, we served a warning notice on the provider and the registered manager. We required them to be compliant with Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 06 September 2019.

Why we inspected

This was a targeted inspection based on the warning notice we served on the provider and the registered manager following our last inspection. CQC are conducting trials of targeted inspections to measure their effectiveness in services where we served a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

We undertook this targeted inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the governance of the service. The overall rating for the service has not changed following this targeted inspection and remains requires improvement. This is because we have not assessed all areas of the key questions.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not always well-led.
Details are in our Well-led findings below.

Requires Improvement 

Gernon Manor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

Gernon Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two members of staff; the registered manager was not present on the day, so we contacted her after the inspection. We reviewed records relating to the identification, recording, investigation and managerial oversight of accidents, incidents, sore skin and behaviour that may be perceived as challenging.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice. Enough timely action had been taken and the provider was no longer in breach of Regulation 17 (Good Governance) in this key question.

The remaining breaches found at our last inspection in this key question will be reviewed at our next scheduled inspection. This is to allow the provider time to embed their improvements.

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

- At the last inspection, we found the provider did not provide documentation to allow the registered manager to retain oversight of unexplained bruising, accidents and incidents, people's daily notes or behaviour that may be perceived as challenging.
- At this inspection we found the breach had been met. New documentation had been implemented for recording accidents, incidents, sore and bruised skin and behaviour that may be perceived as challenging. There were clear records to show each instance had been reported, investigated and preventative measures put in place to keep people safe from recurrence.

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

- At the last inspection we found the provider did not always act on the duty of candour. At this inspection we found improvements had been made. Notifications had been submitted to us and the increased managerial oversight meant that all relevant people and organisations were informed as and when an incident was identified. This meant that professionals independent from the care home had oversight and could investigate if necessary.