

Prime Life Limited

Gilby House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gilby House Nursing Home is a care home registered to provide accommodation and personal and nursing care to 22 people with mental health needs. At the time of our inspection, 21 people lived at the service.

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

Areas of the service had not been properly maintained which meant people were not living in a well-cared for environment. Maintenance issues made it difficult to effectively clean the service. We found areas of the premises were dirty which placed people at risk of developing infections.

Not all risks to people's safety and wellbeing had been identified and mitigated. Governance systems had failed to identify the shortfalls we found, which placed people at risk of harm and of receiving a poor-quality service.

People's medicines were administered safely, and care plans contained appropriate guidance. Systems were in place to protect people from the risk of abuse. Safe recruitment checks were completed, and staff were allocated to people when they needed more support.

People's needs were met by skilled and appropriately trained staff who worked closely with relevant professionals. People were supported with their own routines and care plans and their dietary needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by caring staff who helped people to take part in activities they enjoyed. The management team supported and made time for people using the service and staff. People and staff were included in developing the service and were kept informed of changes to the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement and has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 and 6 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused 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 key questions Safe, Effective and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to ensuring the safety of the premises, infection control and quality assurance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Gilby House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by three inspectors.

Service and service type

Gilby House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 announced on the day of the visit from the car park of the service. We did this to discuss the safety of people, staff and inspectors with reference to Covid-19.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. 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. We contacted the local authority and we used all of this information to plan our inspection.

During the inspection

We observed staff interactions with people using the service and spoke with four people who used the service, two domestic staff and the cook. We also spoke with two staff from the management team, the registered manager and two senior managers.

We completed a tour of the environment to look at the cleanliness of the service and the facilities available for people. We also looked at a range of documentation including six people's care files and three people's medication records. We looked at a selection of documentation for the management and running of the service and two staff files.

After the inspection

We telephoned two relatives and two care workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider had not sufficiently maintained the environment which meant areas of the service could not be effectively cleaned. For example, multiple areas of flooring were damaged or lifting away.
- Urgent maintenance jobs were completed, though people waited for long periods of time for regular maintenance jobs to be completed. For example, several sinks and units needed replacing in people's bedrooms. These had been on the maintenance list for over two months and one person's bedroom had been decorated but holes in the walls had not been fixed.
- Not all areas of the service were clean. For example, flooring was dirty, toilets were stained and limescale had built up on taps.
- Comprehensive cleaning schedules were not in place and those in place were not always completed.

We have also signposted the provider to resources to develop their approach.

The provider failed to ensure the safety of the premises and assess, prevent and control the risk of infections. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had not always been assessed or suitably mitigated. For example, risk assessments were not always in place for people who smoked. Where they were completed, they did not contain enough information about required actions to manage the risks. We raised this with the registered manager to review the risk assessments.
- The provider had worked to address areas of risk in the environment, though during the inspection a ligature risk was found. The management team addressed the issue whilst we were on site.
- Risks to people's physical and mental health had been assessed and care plans included management strategies for staff to follow. Though Covid-19 risk assessments and care plans were not in place for most people. The senior management team were aware of this and were in the process of addressing the issue.
- Positive Behavioural Support plans were in place for people who needed them, and staff understood people's behaviours and how to appropriately support them.
- Accidents and incidents were monitored. Systems were in place to investigate and learn from accidents and incidents.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals. Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- The provider had taken appropriate action in relation to relevant safeguarding concerns.

Staffing and recruitment

- The provider's recruitment processes helped ensure only suitable staff were employed as relevant checks were completed.
- Staffing levels met people's needs and were monitored and adjusted when needed.
- Processes were in place to ensure staff allocated to support people on a one to one basis were changed at regular intervals throughout the day and night to help maintain people's safety and wellbeing.

Using medicines safely

- People's medicines were administered as prescribed.
- People received their medicines in a person-centred manner. Staff followed clear guidance in individual medicine profiles which informed staff how people liked to take their medicines.
- Protocols were in place to guide staff when to administer 'as and when required' medicines and these were in the process of being reviewed and updated.
- Staff understood possible side effects of medicines and monitored people's wellbeing.
- Staff sought people's consent to administer their medicines. Where people were unable to consent, appropriate professionals were involved in the decision to give medicines covertly.
- Medicines were stored securely, and effective temperature monitoring systems were in place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed and reviewed, and their preferences were considered when arranging their care.
- Assessments were used to develop detailed care plans and one-page profiles, which supported staff to provide care in line with people's needs and personal routines.
- People were able to personalise their room to their tastes. Some people's rooms were painted a colour of their choice and some people had decorated their rooms with their personal photos, furnishings and furniture was arranged to their preference.
- Plans were in place to adapt the environment to provide a safe visiting place in response to Covid-19.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people. New staff completed an induction programme which included shadowing more experienced staff and mandatory training. All staff completed regular training to ensure they were able to meet people's needs.
- Staff were supported in their roles. The management team provided staff with regular informal support, supervision sessions and annual appraisals.

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

- People enjoyed the food. A relative said, "Before the lockdown, I used to go every other week and I used to go for my dinner with [Person's name], it was good food."
- People had choice and control over their meals. People were included in discussions around menu changes and could request other options on the day.
- People's dietary needs were met. Staff understood people's needs, were informed of any changes and provided appropriate support, including regular drinks.
- Staff contacted relevant healthcare professionals when they had concerns regarding people's weight and swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way and their relatives were kept informed.
- Staff worked closely with other agencies and regularly sought their advice, guidance and support on how best to meet people's needs.
- Staff were kept informed of any changes to people's needs through handover meetings and updated care

plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff offered people support and sought their consent before supporting people. Staff respected people's right to refuse and offered support again at other times of the day.
- Where people lacked capacity to make specific decisions, assessments were in place and decision were made in people's best interests and followed the principles of the MCA.
- Staff were trained in the MCA and recognised restrictions on people's liberty. Applications to deprive people of their liberty had been made and these were monitored. However, one person's DoLS had lapsed before a new application was submitted. We raised this with the registered manager for them to review their monitoring system.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to assess, monitor and manage risks within the service which placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's governance system was not robust as it had failed to pick up the issues we found during our inspection. These related to maintenance, cleanliness and completion of risk assessments. As a result, the provider was unable to effectively identify and address quality shortfalls.
- Urgent maintenance work was completed. However, the decision to prioritise general maintenance tasks was made by the estates team and this did not always meet the needs of the service.
- Infection control audits were completed. However, they had failed to identify concerns we found relating to the environment which impacted on the effectiveness of infection control processes.
- Audits did not always contain evidence of how outcomes had been determined. For example, dignity audits were completed but did not detail any examples they had observed, or evidence reviewed.

The provider had failed to effectively operate systems to ensure compliance with the requirements and to monitor and mitigate risks. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive, caring culture. Staff developed positive rapports with people and spent time with people doing their preferred activities. One person was supported to write a letter to their favourite celebrity.
- Staff enjoyed their roles and felt they were rewarding. A staff member told us, "I am proud that I work at Gilby House. It is a really tough job, but it's an amazing job to do. You leave knowing you've done something good that day and you've made a difference. I am proud that I've been able to have that impact on

someone."

- People using the service and staff were supported by the management team. The management team made time for people using the service and staff when they needed it.

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; Continuous learning and improving care

- The registered manager notified agencies such as the local safeguarding team and CQC when incidents occurred which affected the safety and wellbeing of people who used the service.
- Systems were in place for monitoring and analysing accidents and incidents. Information was regularly analysed to look for patterns and trends to support learning from accidents and incidents.

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

- People were included in the development of the service. Questionnaires were sent out and responses analysed to help identify how the service could be improved. A staff member commented, "During lockdown staff have pulled together and supported one another. Management have shown appreciation towards all staff and made us feel comfortable and relaxed during this difficult time."
- Meetings were held to ensure people and staff were kept informed and included in changes to the service and current guidance.

Working in partnership with others

- The management team and staff had developed effective working relationships with relevant professionals to meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure the safety of the premises and assess, prevent and control the risk of infections. Regulation 12 (2)(d)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to effectively operate systems to ensure compliance with the requirements and to monitor and mitigate risks. Regulation 17 (1)(2)(b)