

Caring Homes Healthcare Group Limited

Gildawood Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gildawood Court is a care home, providing personal care and accommodation for up to 60 people. It provides care to older people, all of whom are living with dementia. Care is provided across five units. Each unit has their own lounge, dining area with a kitchenette. There is also a larger, communal dining area. At the time of our inspection visit 35 people lived at the home.

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

Risks associated with people's health and care needs were assessed. There had been investment in specialist equipment to mitigate identified risks of falls. However, work to update care plans remained in progress since our last inspection visit. It was not always easy for staff to locate important information in care records and this was acknowledged as 'work in progress' by the management team.

Improvement had been made to governance systems to monitor the quality and safety of the service. The management team continued to implement their service improvement plan. Improvements needed to be embedded and sustained to ensure these had the intended outcomes on the care and support provided. The provider continued to work with the local authority to an agreed restriction of two admissions per month.

An 'infection prevention control' audit was carried out by CQC during the inspection. We found the provider was following government guidelines. Improvements had been made to staffing practices, where needed, related to infection prevention and control practices following support from the local authority (LA) and the local clinical commissioning group (CCG) and the registered manager's direction to staff about expectations.

There were enough staff on shift to meet people's agreed care needs during. However, some staff felt more staff would benefit people's care, especially at night. Staff were recruited in a way that assessed their suitability to work at the home.

Improvements had been made to the management of medicines. Trained staff supported people to receive their medicines as prescribed.

Overall, people's relatives spoke positively about the care staff and gave examples of how they were supported to keep in touch with relations during the pandemic and restrictions related to visiting. However, some relatives gave negative feedback and felt communication needed from staff and managers needed to be improved on.

The staff were positive about management changes at the home and felt the registered manager had a positive impact on the care they provided.

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

Rating at last inspection

The last rating for this service was Requires Improvement. (Report published 30 May 2019).

Why we inspected

Prior to our inspection, we (CQC) and the local authority had been undertaking twice monthly video meetings with the provider to support them to drive forward improvements needed at the service. The provider and home management team fully engaged in these meetings and shared their service improvement plan with us.

Following whistle-blowing concerns about infection prevention control management and the safe handling of medicines, the local authority undertook a visit to the home during November 2020. Whilst there had been some improvements since their last check, they found some concerns and found improvements made had not yet been embedded in staff practices. We (CQC) undertook an infection prevention control inspection during November 2020. Overall, we were assured of the provider's management of infection prevention control. The local Clinical Commissioning Group (CCG) offered support to train staff in infection prevention control. During January 2021, a relative shared their concerns with us about care provided at the home. All these concerns were looked at as part of our inspection.

We undertook a focused inspection to review the key questions of 'Safe' and 'Well-led' only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

At our last inspection we gave a rating of requires improvement and identified breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed numerous action plans after the last inspection to show what they would do and by when to improve.

At this inspection improvements had been made and the provider was no longer in breach of regulations. Further improvements were needed and those made needed to be embedded and sustained. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Details are in our well-led findings below.

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 was 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.

Inspection team

The inspection was carried out by five inspectors. Two inspectors gathered feedback from people's relatives and staff via telephone conversations and email. The other three inspectors undertook an on-site visit to Gildawood Court.

Service and service type

Gildawood Court is a residential care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager 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

Our inspection was announced. We gave short notice of our visit on 3 February 2021 to the registered manager. Notice of our visit was given because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and recurrent themes of any concerns. Feedback was shared with us from the Local Authority (LA) and local Clinical Commissioning Group (CCG). This information helps support our inspections. Information from meetings between us, the local authority and the provider and their service improvement plans were reviewed. We used all this information to plan our inspection.

During the inspection

During our on-site visit to the service, we observed staff interactions with people and spoke with the registered manager, regional manager and operational director. We reviewed six people's care plans in detail and medicine records. We looked at a sample of records relating to the management of the service, policies and procedures and a sample of completed audits and checks.

During our off-site work we spoke with ten people's relatives and received feedback from eight staff. This included housekeeping, kitchen and care staff.

After the inspection

We reviewed additional documentation we had requested from registered manager. We sent a further 11 emails to staff inviting their feedback and asked the registered manager to display a poster to tell people and staff how they could share feedback with us if they wished to.

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 Requires Improvement. At this inspection this key question had improved to Good. This meant the service was safe.

Assessing risk, safety monitoring and management

At our last inspection this key question was rated as requires improvement. The provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment). At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Since our last inspection the provider had taken action to ensure people identified as being at 'very high risk of falls' had their risks of injury effectively mitigated to reduce risks of injury. The provider had invested in electronic sensor equipment which alerted staff when people at high risk of falls moved from their bed or chair.
- The use of electronic sensor equipment had reduced the number of falls within the service without unduly restricting people's freedom or independence.
- Where people had fallen, their risk assessments had been reviewed and updated to ensure they accurately reflected people's needs.
- Improvement had been made to assess specific risks to people's health. For example, there were risk management plans for people with diabetes which contained guidance to alert staff to the signs of any changes in blood sugar levels and what action to take in such circumstances.
- Where people required equipment when moving and transferring there was information in their care plans to guide staff in transferring the person safely. Staff had received training in transferring people safely since our last inspection visit.
- There were systems to ensure equipment in place to reduce risks of damage to people's skin, such as pressure relieving mattresses, were regularly checked by staff.
- The management team had focused on updating people's risk information and acknowledged other information, such as about people's preferences, in care records remained 'work in progress' since our last inspection. This is further reported on in our well led findings.

Preventing and controlling infection

- We were assured the provider was meeting shielding and social distancing rules. People self-isolating had their own en-suite facilities and did not access communal areas.
- We were somewhat assured the provider was using personal protective equipment (PPE) effectively and safely. We observed one staff member whose PPE was not worn following guidance. Following our feedback, the registered manager addressed this and sourced more suitable PPE. Guidance for effective hand-washing techniques and the correct use of PPE were on display.

- We were assured the provider was preventing visitors from catching and spreading infections. Visitors were not allowed during the pandemic, however if a person was very poorly, safe visiting was allowed. Upon our arrival, the registered manager took our temperatures and oxygen levels and asked a series of health-related questions.
- We were assured the provider was accessing testing for people using the service and staff and engaging in the government's vaccination programme.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider had reviewed their infection prevention and control policy to ensure it reflected best practice. People were assessed twice daily to check for the development of symptoms associated with COVID-19.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their obligation to report their concerns to the relevant authorities.
- Prior to our inspection a relative had shared details with us about their complaint related to their safeguarding concerns made to the provider. At the time of our inspection, the concerns were being investigated by the provider.

Staffing and recruitment

- There were enough staff to provide support when it was needed on the day of our visit. Staff maintained a presence in communal areas throughout the day. However, most staff told us they felt more staff were needed on shifts. One staff member told us, "Staffing levels have been reduced as we have less people living here, but at nights this can be challenging as many people require the support of two staff."
- The registered manager regularly assessed people's needs to ensure there were enough staff with the appropriate skills and experience to provide safe and effective care on each shift.
- Since our last inspection the timing of shifts had been changed to ensure people received care from a consistent staff team. The registered manager explained, "Previously there were three different shifts so there were different staff supporting people throughout the day. Now we only have two shifts and staff tend to work three shifts in a row so there is more consistency for people." One staff member told us, "The shift changes have made a positive difference to caring for people more consistently, the new manager made the right decision about this."
- The provider's recruitment process took steps to ensure that employees were suitable for working with vulnerable people. These steps included an enhanced Disclosure and Barring Service (DBS) check. It also required checks on a person's employment history and references from their previous employers.

Using medicines safely:

- Improvements had been made to the management of medicines. This included training and assessment of staff's skills and increased checks to ensure people received their medicines as prescribed.
- People had individual support plans which detailed the medicines they were prescribed and how they preferred to take their medicines.

Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. For example, falls and incidents were analysed for any emerging trends. Analysis showed what action had been taken, for example referral to the falls team or sensor mats put in place.
- The provider displayed a commitment to learning where things had gone wrong. They had implemented improvements to the safety of the service.

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 Requires Improvement. At this inspection this key question had remained the same. Improvements made needed to be embedded and sustained and further planned for improvements implemented to ensure the service was consistently managed and well-led. Leaders and the culture they created were working toward promoting high-quality, person-centred care.

Working in partnership with others, Continuous learning and improving care

At the last inspection this key question was rated as requires improvement. The provider failed to ensure their governance was effective with identifying and driving improvements. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 17.

- The registered manager said the quality of care, the staff team and the overall service was far better than when we (CQC) last visited. The management team acknowledged improvements made so far needed to now be sustained.
- Regular meetings with the local authority and CQC helped support the home through a difficult period throughout 2020. The operations director, regional manager and registered manager agreed that the support received had been helpful to them. Having identified the need for improvements, the new management team had made changes to the staff team structure, brought in needed resources, and felt their 'end goal' of good quality care was being achieved and embedding this within the culture of the home was now insight. The management team explained they now had better oversight of the care given to people and fully believed they could now drive this forward and sustain the improvements made.
- Service improvement plans were shared with the local authority and CQC on a weekly basis to give assurance of continued improvements. The plan formed the basis of meetings to discuss improvements and challenges faced, and how these were being responded to. All managers recognised that work was still needed to further embed good practices already introduced.
- The management team continued to work with the local authority to an agreed restriction of two admissions each month.
- The provider worked with other health and social care professionals. This further supported people to access relevant health and social care services and improved links with commissioners and Infection control teams who provided support throughout the pandemic.
- The registered manager and managers on site during our inspection visit, welcomed the inspection and our feedback, especially around the areas that had improved.

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

- Communication was sought from relatives' and staff. Some relatives felt involved with their family

members' care whilst they had been unable to visit. Relatives continued to be supported to visit those family members at end of life.

- Plans to support families with visiting in line with government guidelines were in place. Some relatives gave positive feedback on how they were supported by staff to keep in touch with loved ones during the pandemic and restrictions. However, other relatives gave us negative feedback and felt communication needed to be improved on. For example, one relative told us, "When visits were allowed, it is very restricted with no clear booking system and staff were not always helpful." Another relative told us, "I have not found staff very supportive in enabling me to keep in touch with my relation." A further relative told us they had not been supported to have window visits (prior current restrictions) because staff "would not open the rear garden gate".
- The registered manager had acknowledged there had been a few incidents with relatives related to visits that staff could have handled more effectively. The registered manager had given further guidance to staff to reduce risks of reoccurrence.
- Following our feedback to the registered manager about negative comments shared with us from relatives, the activities staff member contacted all relatives to ask their preferred way of communication. The registered manager told us they would send out a letter to all relatives to update them about keeping in touch systems and support during the pandemic.
- The provider had commenced a refurbishment plan of the home to ensure decor and facilities enhanced people's lives. The management team had assured us refurbishment was ongoing and would include all areas of the home.
- Staff training continued to be reviewed and refreshed. Further training was planned over the next few weeks to ensure staff had current knowledge of good practices and remained confident to support people. Staff told us they felt the new manager was providing more opportunities to complete training and staff feedback about this was positive. One staff member told us, "This manager is starting to make sure we have the training needed, more is on offer than ever before."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection, the audit systems were not operated effectively, and actions were not always identified and implemented. Specifically, those related to identifying actions to improve medicines management and accidents and incidents.
- At this visit, improved provider oversight through an improved management structure, provided a clear direction and focus to review and implement improvements. For example, a comprehensive review of falls monitoring, and analysis resulted in improved recording and the implementing new assistive technologies to help reduce the numbers of falls. Falls information showed the number of falls had reduced.
- However, the management team acknowledged some improvements had been delayed by further management changes since our last inspection, staff recruitment challenges and the pandemic. This meant progress on improvement to care plan records had not yet been completed since our last inspection. Work was 'ongoing' to ensure information was updated, out of date information removed and the information contained in care records made more easily accessible for staff to find important information.
- The registered manager was in the process of reviewing care records and developing staff training on how to complete care plans.
- Improvement had been made to develop a range of clinical, environmental, fire safety and health and safety checks were completed to ensure people received good care.
- The registered manager completed regular and timely audits. Where audits and checks were delegated to others, the registered manager retained oversight. Regular checks completed by the regional manager and internal quality processes, ensured actions were taken to drive improvements.

- Recently introduced audits such as mealtime experiences and night checks helped provide assurance, people got the quality of care they needed.
- The provider had identified high levels of staff leaving within six months of their employment. They had introduced a 'New Starter Charter' for new staff which provided them with experienced 'buddy support' and this had improved retention of new staff.
- Recognising the governance structure was in place, further plans to improve the quality of care were planned. A member of the management team told us they were looking at better dementia care and the registered manager wanted to drive the team forward.

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

- The registered manager understood their legal responsibility to offer an apology when things went wrong. For example, complaints had been followed up, responded to and closed.
- Statutory notifications had been sent to us for notifiable incidents. These were reviewed to ensure actions were taken to reduce similar incidents from happening again.