

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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Gilby House Nursing Home provides accommodation for up to 19 adults with care needs relating to their mental health. The home is situated in the centre of Winterton, close to local amenities and bus routes.

We carried out this unannounced focused inspection of the service on 22 August 2016. The inspection was carried out to check that the registered provider had made the required improvements and had achieved compliance with the regulations we identified as being in breach at the comprehensive inspection undertaken in May 2016.

At the comprehensive inspection carried out in May 2016 a tour of the service was undertaken and concerns with infection prevention and control practices were identified. A legionella risk assessment had been completed in November 2015 which identified that immediate actions were required; we saw these had not been actioned. Hot water was not available in one of the downstairs toilets and a bedroom.

During this focused inspection we found that a programme of refurbishment had been completed and all permeable surfaces had been replaced or removed. The immediate actions identified in the legionella risk assessment had been appropriately actioned.

At the comprehensive inspection carried out in May 2016 we reviewed the medicines management within the service and found medicines were not always stored safely and PRN (as required) medicine protocols lacked relevant information to ensure they were administered consistently by the nursing staff.

During this focused inspection we found improvements had been made to the medicine storage facilities and that PRN protocols had been updated in line with the National Institute for Health and Care Excellence guidelines.

At the time of our comprehensive inspection carried out in May 2016 a number of people who used the service were subject to a Deprivation of Liberty Safeguards (DoLS) because the care and support they required amounted to 24 hour supervision and control. We found evidence that the service had failed to support the person in line with the requirements and conditions of their authorised DoLS.

During this focused inspection we found improvements had been made to ensure people were supported in accordance with their DoLS authorisation and in their best interests and the least restrictive way to meet their needs.

At the comprehensive inspection carried out in May 2016 the quality assurance systems utilised within the service were not effective. We found shortfalls in care and support that had not been detected by the internal audits and when areas requiring improvement were highlighted action was not taken in a timely way. There was inadequate leadership within the service as there was no registered manager.

During this focused inspection we found improvements had been made to ensure the effectiveness of the quality assurance systems and the manager of the service had successfully registered with the CQC to become the registered manager.

## 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 was not always safe. We saw improvements had been made and in this area, however, we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

People's medicines were ordered, stored and administered safely. Protocols were in place to ensure people received PRN [as required] medicines consistently and appropriately.

People were cared for in a clean and hygienic environment that had recently been refurbished. Cleaning schedules had been changed to maximise their effectiveness.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. We saw improvements had been made and in this area, however, we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

The principles of the Mental Capacity Act were followed and the registered provider ensured people were supported in line with the DoLS authorisation and what was in their best interests.

Throughout the inspection we heard staff gaining people's consent before care and support was provided.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

There was a registered manager in place at the time of this inspection.

Quality assurance systems were used to drive the continual development and improvement of the service. When issues were highlighted action was taken without delay.

# Gilby House Nursing 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 was planned to check whether the registered provider was meeting the legal requirements and regulations that associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to check that action had been taken to achieve compliance with the regulations we found to be in breach at our comprehensive inspection on 6 and 9 May 2016.

This focused inspection took place on 22 August 2016 and was carried out by an adult social care inspector.

Before the inspection we reviewed the action plan sent to us by the registered provider stating how they would achieve compliance with the regulations we found to be in breach at our comprehensive. We also looked at the notifications and reviewed all the intelligence the CQC had received from the service.

During the inspection we spoke with three people who used the service to gain their views and spent time observing interactions with staff and the people who used the service. We spoke with three members of staff, the service's clinical lead and the registered manager.

We looked at four people's care files. We also looked at other important documentation relating to people who used the service such as medicines administration records. We looked at how the service used the Mental Capacity Act to ensure that when people were deprived of their liberty actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included training records, minutes of meetings and quality assurance information such as audits, checks and questionnaires. We completed a tour of the service to check the cleanliness and general maintenance.

# Is the service safe?

## Our findings

At the comprehensive inspection of the service in May 2016 we found that, an upstairs bathroom contained several permeable surfaces. The chipboard bath side had come away from the bath, there was a hole in the wall where the door handle had broken the plaster work, the waste pipe attached to the back of the toilet had a textured tape wrapped around it and the bath hoist had flaking paint and was rusting in areas. None of these surfaces could be cleaned effectively and posed a cross contamination and infection control risk to the people who used the service. The hot tap in a downstairs toilet did not work, which meant people could not wash their hands effectively after using the toilet. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

During this focused inspection we completed a tour of the service and saw that a programme of refurbishment and redecoration had taken place throughout. The upstairs bathroom's permeable surfaces removed or replaced, the toilet waste pipe had an appropriate seal, the plaster work had been repaired and the bath side replaced. The issues with the hot water tap in the downstairs toilet had also been rectified. The improvements helped to ensure people were cared for in a clean and hygienic environment that could be cleaned effectively.

We saw evidence to confirm that staff had completed infection prevention and control refresher training to ensure their knowledge and skills were up to date. The registered manager told us that the cleaning schedules within the service had been reviewed and adapted to ensure they were effective.

The registered manager told us, "I am really happy, the things you highlighted meant the estates team came but they didn't just fix the things you highlighted we got so much done. The estates manager agreed that the home wasn't in the best shape, the whole place is cleaner and looks so much better, we are all quite proud of it now." A member of staff commented, "It's [the programme of redecoration] not quite finished yet but it is so much better, all the residents are happy with the changes."

An external company had been contracted to complete a Legionella risk assessment in November 2015. The report stated several areas required immediate attention. The registered provider's estates management team confirmed several actions had not been completed at the time of our comprehensive inspection in May 2016. During this focused inspection we saw that all applicable actions had been signed off as completed and received confirmation from the registered provider's nominated individual that no actions were outstanding. A legionella action plan had been created, which amongst other things ensured action was taken on a weekly basis to check the system.

People who used the service told us that they were cared for in a clean and hygienic environment. One person said, "They [the registered provider] have been in a decorated everywhere, it's so much nicer, my room is lovely." Another person said, "The bathrooms are clean and fresh, the one upstairs is the best."

At the comprehensive inspection of the service in May 2016 we found that, medicines were not stored safely. Medicines were stored in a dedicated, internal medicines room, the temperature of the room was recorded daily and temperatures exceeding the manufactures storage guidelines had been recorded on numerous occasions. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

During this focused inspection the clinical lead told us, "As you can see we've had an air conditioning unit installed and have not had any issues with temperatures since then, we can set it for any temperature we want." We checked the medicines room temperature records and saw only that at no time since our comprehensive inspection had temperatures exceeded the appropriate temperatures.

At the comprehensive inspection of the service in May 2016 we found that, PRN [as required] medication protocols lacked detail and failed to contain appropriate guidance regarding when medicines should be administered. This led to PRN medicines being administered inappropriately and inconsistently. During this focused inspection we reviewed several PRN protocols and found them to contain detailed information regarding the support techniques staff must have tried before PRN medicines were administered as well as a clear description of when they should be administered.

The clinical lead told us, "I reviewed the NICE (The National Institute for Health and Care Excellence) guidance so I knew what they [the PRN protocols] should look like and think we have the best in the company now" they went on to say, "We have reviewed things and have seen when people have been asking for PRN pain relief on a regular basis and have been able to go to the GP to complete a review so they are now prescribed daily." This helped to ensure people medicines were managed effectively.

People who used the service told us their medicines were managed safely. One person said, "They look after my medicines. They never run out and make sure I take them when I should."

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 12. The service was safe, however, we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.



## Is the service effective?

### Our findings

At the comprehensive inspection of the service in May 2016 we found that, people who were under a Deprivation of Liberty Safeguards (DoLS) did not always receive the care and support as detailed in their DoLS authorisation and therefore were not supported in line with the principles of the Mental Capacity Act 2005 (MCA). The service had failed to take appropriate action after a person had left the service unaccompanied, to ensure that the risk of further reoccurrences was reduced and managed. This meant that the registered provider was not protecting the person in the way the DoLS authorisation described or in their best interests. The service was not working within the principles of the MCA.

The application for the DoLS showed that the service believed the person lacked capacity and required 24 hour supervision and control to keep them safe, but when the person absconded from the service all reasonable practicable action had not been undertaken to prevent any future reoccurrence. A notification submitted to the Care Quality Commission by the service stated, 'The assessment completed by the Best Interests Assessor has evidence that [name of the person] needs a considerable amount of support at all times to meet his social and healthcare needs and to maintain his safety to prevent harm occurring.' This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. We issued a requirement notice for this breach. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this focused inspection we found that appropriate action had been taken to ensure people under a DoLS could not leave the service unaccompanied. Security and environmental checks had been introduced, which were completed on a daily basis to ensure all potential exits were locked and secure. The registered manager told us, "We installed locks and alarms on all of the doors and restricted the windows" and went on to say, "Everyone knows they can go out at pretty much anytime they want, those with capacity have the codes to the doors, if they forget they can ask the staff and anyone who doesn't have capacity, me or the staff will go out with them."

Advocacy services were displayed within the service and we saw evidence that people who had been assessed as lacking the capacity to make specific decisions were supported by appointed people of independent mental capacity advocates. This helped to ensure people received support to make decisions about their care treatment and support.

We saw that mental capacity assessments were completed as required and best interest meetings were held where important decisions needed to be made. Throughout our focused inspection we heard staff gaining people's consent before they supported them.

People we spoke with told us staff gained their consent before care and support was provided. One person said, "They do a good job looking after me, they help me make decisions [about care and support] and respect what I want." Another person commented, "I can't go out by myself but I if want to go anywhere the staff come with me."

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 11. The service was effective, however, we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

## Is the service well-led?

### Our findings

At the comprehensive inspection of the service in May 2016 we found that, the governance systems operated within the service were ineffective. We found that internal infection prevention and control audits completed in February 2016 highlighted some of the concerns found during the inspection, regarding permeable surfaces and required improvements in areas including a first floor bathroom. However, no action had been taken to rectify the issues. A Legionella risk assessment that had been completed by an external company in November 2015, a number of the immediate actions had been stipulated but at the time of the inspection [over five months since the report was created] they remained outstanding and had not been completed. Failing to act on identified areas of concern increased the risk to people who used the service and showed that the quality assurance systems used lack the ability to drive improvement. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. We issued a warning notice for this breach and told the registered provider they had to achieve compliance within a specific timescale.

During this focused inspection we found that appropriate action had been taken to ensure all shortfalls and identified areas of improvement from internal auditing had been actioned. The registered provider's nominated individual confirmed that all of the actions highlighted in the Legionella risk assessment had now been completed. After the comprehensive inspection the service was visited by Anglian Water who had advised of a small number of required actions. We were provided with evidence that all actions had been completed in a timely manner after Anglian Water's follow up visit.

We completed a tour of the premises and noted that the areas that posed an infection control risk had been rectified. We reviewed the infection control audits and saw that further areas of concern had been highlighted and subsequently a new cleaning schedule had been developed to maximise the effectiveness of the domestic team.

The registered manager told us, "I do the audits a lot differently to how I used to them; I read all the questions and really answer them truthfully now. One of the questions on the health and safety audit was, are all radiators and pipes covered and I always just ticked yes because I thought they were but I've started to go round and check and have found some weren't, I always go and make sure of things now."

During the comprehensive inspection it was evident that the registered provider's internal medication audits failed to identify that PRN [as required] medicines were being used consistently and the recorded reason for the administration did not reflect what had been recorded in people's daily notes. Subsequently the service had failed to complete accurate and contemporaneous notes about the care and treatment provided to people who used the service.

During this focused inspection we found that medicine audits had been developed so the use of PRN medicines were checked against the daily records, which helped to ensure they were administered as prescribed. The registered manager confirmed, "I look at the ABC (Antecedent Behaviour Consequence) charts to make people needed the PRN and that they are given consistently."

The clinical lead told us, "We have found quite a lot through the recent audits, a diabetes audit highlighted one person's blood pressure was constantly fluctuating, we referred them back to the dietetic service and have updated their care plan" and "We use the audits as a tool to make sure people are getting the best care we can deliver."

At the time of our comprehensive inspection in May 2016 the service did not have a registered manager, which meant the registered provider was carrying on the regulated activity in breach of the condition imposed upon their registration contrary to section 33 (b) of the Health and Social Care Act 2008. There was a manager in place but they had not registered to manage the service with the Care Quality Commission. Before this focused inspection was conducted the manager had successfully completed the 'fit persons' interview and became the registered manager of the service.

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of regulation 17. The service was not always well-led. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however, we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.