

# Qualia Care Limited

# Gilwood Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gilwood Lodge is a residential nursing home providing personal and nursing care for up to 47 people. Some of whom may be living with dementia, mental health, physical or sensory impairments. The home has two floors with lift access to the first floor. At the time of our inspection there were 44 people using the service.

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

The registered manager assessed people's individual needs prior to living at the service. Individual risk assessments were in place to highlight areas of risk however we found some gaps in the information. We have made a recommendation about this.

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 and their relatives told us that the service was safe. Comments included, "I think the staff keep [my relative] really safe and secure." And "The staff keep [my relative] safe." Staff interactions with people were positive and staff knew people well. When a safeguarding concern was identified the registered manager took immediate action. Staff, relatives, and residents we spoke with consistently told us there was enough staff. One person told us, "There are always enough staff when we need them." People were given their medicines by staff who were trained to do so. we were assured by the infection prevention and control procedures in place and observed staff following infection prevention practices. We found recruitment was safe and all the staff files we viewed contained the relevant information.

People told us the service was well managed. There were effective systems in place to monitor the quality of the care provided. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection.

The last rating for this service was good (published 21 May 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Gilwood Lodge

## 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 Health and Social Care Act 2008.

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

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gilwood Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gilwood Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 14 February 2023 to help plan the inspection and inform our judgements.

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager and the area manager. We also spoke with a nurse, senior care workers, care workers, housekeeping, and maintenance staff.

We walked around the home to make sure it was homely, suitable, and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We reviewed 6 people's care records and looked at 5 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Written guidance on how to keep people safe was not always robust, we found examples where further mitigating information was missing. However, staff we spoke with demonstrated they were aware of the different risks people were vulnerable to and how to support individuals to remain safe. The registered manager had identified this in a recent audit.
- The registered manager and staff assessed and managed any risks to people's health, safety, and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs.
- Environmental risk was monitored and subject to regular maintenance and checks. Equipment was checked and where shortfalls were identified by staff these were quickly reported.
- Emergency equipment such as fire alarms and firefighting equipment was in place and fire safety risk assessments were in place to guide staff on how to mitigate risk. People had personal emergency evacuation plans to guide staff on people's needs.

We recommend the provider ensures documentation is updated and includes all risk mitigation information.

### Systems and processes to safeguard people from the risk of abuse

- Relatives and people told us they felt safe.
- The registered manager had oversight of safeguarding in the service and worked with the local authority safeguarding team when required. During the inspection the registered manager took immediate action in response to safeguarding concerns.
- Staff had completed safeguarding training and understood their responsibilities in this area. There were policies and procedures in place to guide staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, legal authorisations

were in place to deprive a person of their liberty. We found that some authorisations did not include all the current restrictions. We spoke with the registered manager about this, and they took action to address the issues.

#### Staffing and recruitment

- There was enough staff to meet people's needs. Call bells were responded to swiftly and we observed staff responding quickly to people when they needed support. At times, the service was reliant on agency staff. We were told regular agency staff were provided which provided continuity of care for people.
- Staff, relatives, and residents we spoke with consistently told us there was enough staff. Comments included, "There are loads of staff." And, "They don't need any more staff."
- Safe recruitment practices were followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Staff completed a range of training. Overall training compliance was monitored, and any areas of shortfall were being addressed within an ongoing training programme.

#### Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.
- Medicine records were maintained, and checks indicated people had been given their medicines as prescribed.
- Where people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place, and contained information to guide staff around why people might require additional medicines.
- Some people had their medicines administered covertly and these medicines were managed safely. Documentation was in place to show how the medicine should be administered.
- Temperatures of clinical rooms and medication storage areas including medicine fridges were monitored.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



### Visiting in care homes

There were no restrictions on people receiving visits in place at the time of the inspection. People were enjoying visits from their family and friends during the inspection.

### Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents, and near misses. The registered manager had oversight of accidents and incidents and monitored the information to help identify themes and trends and prevent a recurrence. Where lessons had been learned these were shared throughout the staff team.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service which focused on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support.
- The leadership was visible and inspired the staff team to provide a quality service.

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 duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one-to-one support sessions.

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

- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. There was a clear vision and plan to deliver high quality care and support at the service.
- We observed the staff being supported throughout the day with individual decisions and saw the registered manager and team leaders actively give verbal guidance on tasks and support relatives with concerns or queries.
- Statutory notifications were submitted to CQC in line with regulatory requirements. Statutory notifications are important as they inform us about notifiable events and help us to monitor services we regulate.

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

- Staff and management meetings took place regularly and were open forums for information to be shared.
- The manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. People we spoke with were consistently positive about the registered manager and felt they could approach them with any concerns. Comments included, "You see the manager, she is very good." And, "I can talk to her [the registered manager] whenever I want."
- Equality and diversity training was provided for staff.

Continuous learning and improving care; Working in partnership with others.

- Systems were in place which continuously assessed and monitored the quality of the service. Where shortfalls, errors and omissions were found action plans were devised. We discussed with the registered manager the need for more robust information to be included to show the action taken.
- Staff meetings and handover meetings were used to ensure continuous learning and improvements took place.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed.
- We received positive feedback from professionals we contacted. One professional told us, "The manager is very transparent within the service and updates us regularly with any concerns."