

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 effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 February 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. This was in relation to record keeping and ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gilwood Lodge on our website at www.cqc.org.uk.

Gilwood lodge is registered for the regulated activities accommodation for persons who require nursing or personal care, treatment of disease and disorder or injury. The home is located in the south shore area of Blackpool close to the promenade. The home has two floors with lift access to the first floor. Rooms are en suite and there are bathroom and toilet facilities on both floors. Lounges and dining areas are also located on both floors. Private car parking facilities are available for people visiting. The service can accommodate a maximum of 47 people and specialises in providing care for people who live with dementia.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we undertook this inspection the service had appointed a new manager. The manager had commenced working at the home and was in the process of completing an application to be registered with the Care Quality Commission (CQC).

At our focused inspection on 20 July 2017 we found that the provider had followed their plan and legal requirements had been met.

We found staffing levels the service had in place were sufficient to provide support people required.

Staff had received training to enable them to support people who challenged the service safely.

Care records had been developed, were informative and enabled us to identify how people were supported with their care. People's weight was being monitored and we found action had been taken where weight loss was identified. Information about how the service supported people who presented behaviour which challenged the service had been developed with clear strategies for staff supporting people who became agitated and distressed.

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 ●

We found that action had been taken to improve the safety of the service.

Staffing levels were sufficient to meet the needs of people who lived at the home. People received the support they required when needed.

Is the service effective?

Good ●

We found that action had been taken to improve effectiveness of the service.

Staff had received training to enable them to support people who challenged the service.

Is the service well-led?

Good ●

We found that action had been taken to improve the leadership of the service.

Care plans were consistent, accurate and complete to assist staff in how to support individuals.

Gilwood Lodge

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 is 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.

We undertook an unannounced focused inspection of Gilwood Lodge on 20 July 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 28 February 2017 had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by an adult social care inspector and an adult social care inspection manager. During our inspection we spoke with the operations manager, the homes manager and five staff members. Prior to our inspection visit we spoke with the commissioning department at the local authority, the Clinical Commissioning Group (CCG) and contacted Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of five people, arrangements for staff training on behaviour that challenged the service and staffing levels.

Is the service safe?

Our findings

At the comprehensive inspection on 28 February we identified a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing). This was because we found sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to make sure they could meet people's care needs.

At this focused inspection visit carried out 20 July 2017, we checked what progress had been made in addressing our concerns about staffing levels.

We looked at the services duty rota, observed care practices and spoke with staff to identify if they had enough time to support people safely. The building has two floors which were both staffed by a member of the nursing staff team and five carers. This ensured staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised ensuring people who lived at the home received their care and support when needed. The atmosphere was relaxed and calm and staff were observed undertaking their duties in a timely manner.

Our observations confirmed a member of staff was in attendance in the communal areas to provide supervision and support for people who lived at the home and greet their visitors. This ensured people requesting assistance received this promptly. For example one person who needed to go to the toilet was responded to immediately.

We saw staff were attentive and supportive to the people in their care. One person who needed constant reassurance that a family member was visiting that day was responded to and helped to settle. Staff in attendance offered people drinks and milk shakes and engaged them in conversation throughout the day.

The service had an activities coordinator on duty who organised a range of activities to keep people entertained. We saw people responded to the activities coordinator and participated in and enjoyed the activities organised.

Staff spoken with were complimentary about the homes manager and told us they were satisfied their concerns about staffing levels had been addressed. They told us staffing levels were more consistent with less use of agency staff. One staff member said, "The atmosphere here is much better now. We are not rushed and under pressure like we used to be and this has a much improved impact on the residents."

Is the service effective?

Our findings

When we last inspected the service on 28 February 2017 we found staff did not have training for managing behaviour that challenged. This meant they did not have the right skills, knowledge and experience to work alongside people who may challenge the service.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs.

At this focused inspection visit carried out 20 July 2017, we checked what progress had been made in addressing our concerns about staff training.

We spoke with the homes manager, checked the services training matrix and spoke with staff members. We found training for managing behaviour that challenged the service had commenced in March 2017. Three members of the nursing staff team and 18 carers had completed the training. Additional training courses had been arranged on 7th August and 5th September 2017 to allow staff who had missed their training and for all new starters to attend. Staff who had attended the training told us they felt they had the skills and knowledge to support people safely.

Is the service well-led?

Our findings

When we last inspected the service on 28 February 2017 we found information about how the service supported people who presented behaviour which challenged the service required development. This was because care plans did not provide clear or current strategies for staff supporting people who became agitated and distressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as an accurate record in respect of the care and support agreed and provided was not in place. This placed people at risk of care and support that did not meet their needs.

At this focused inspection visit carried out 20 July 2017, we checked what progress had been made in addressing our concerns about care plan arrangements.

We looked at care plans of five people who lived at the home. We found care plans had been developed and provided staff with clear guidance about how to meet peoples need. Care plans provided clear and current strategies for staff supporting people who became agitated and distressed. For example the care plan of one person had identified they responded well to sensory and tactile moments, liked to chat with carers and responded to hugs which reduced aggressive moments. Entries made on the persons care plan confirmed the distraction technique was working and staff were managing the person's behaviour. This reduced the risk of the person hurting themselves and staff supporting them.