

Derbyshire County Council

Gernon Manor Care Home

Inspection report

Haddon Road
Dagnall Gardens
Bakewell
Derbyshire
DE45 1EN

Tel: 01629532378

Website: www.derbyshire.gov.uk

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 23 November 2016 and was unannounced. The service was last inspected on 29 August 2014 and was compliant in all areas.

Gernon Manor is situated in Bakewell and provides accommodation and personal care for up to 33 older people. At the time of our inspection, 32 people were living at the service. The service provides care and support for people, with a range of medical and age related conditions, including mobility issues, diabetes and dementia.

There was a registered manager in post. 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.

Staff supervision and training was not always up-to-date. Equipment used for the safe moving and transferring of people had not been checked or serviced in accordance with current health and safety recommendations.

Medicines were managed safely. There were systems in place to ensure medicines were safely stored, administered and disposed of.

The provider had recruitment procedures in place and employed new staff once appropriate checks had been completed. New staff participated in a thorough induction program which included a period of shadowing an experienced staff member. There were enough staff available to support and respond to people's needs in a timely manner.

Care records were updated and staff were provided with the information needed to meet people's needs. People and their relatives were happy with the care and support provided and everyone felt their individual needs were being met.

Staff and the provider were able to explain to us how they maintained people's safety and protected their rights. Staff had been provided with training such as the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

Staff demonstrated they knew the people well and were aware of the importance of treating them with dignity and respect. Staff were kind, caring and compassionate; people were supported and encouraged to remain as independent as possible.

People's nutritional needs were met and special dietary needs were catered for. Staff understood people's

health needs; people were supported to access relevant health care professionals and any recommendations were followed.

People knew how to raise concerns and complaints; information was available to the relevant agencies should it be necessary to raise a concern or complaint. The provider carried out a number of audits and people had the opportunity to voice their thoughts about the service and held meetings with the people. The registered manager understood their role and responsibilities and was supported by a motivated staff team. Systems were in place to check on the quality and safety of services provided.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Equipment used to assist people with moving and transferring had not been serviced in accordance with guidance. People felt safe living at the service; they felt there was enough staff to meet their needs. The provider had safe recruitment procedures in place. Medicines management was safe.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff training and supervision was not always up-to-date. People were provided with food and drinks which met specific needs and preferences. Staff ensured people had access to healthcare professionals and services. Where people lacked the capacity to make decisions, the key principles of the Mental Capacity Act 2005 (MCA) were followed; applications in relation to the Deprivation of Liberty Safeguards were made.

Is the service caring?

Good 

The service was caring.

Staff were kind, caring and compassionate; staff respected people's dignity and privacy. People were encouraged and supported to remain as independent as possible.

Is the service responsive?

Good 

The service was responsive.

People's care was personalised and responsive to their need, choice and preferences. People were supported to maintain relationships with friends and family. People had opportunities to take part in a variety of activities. People and their relatives understood how to complain should they have the need to.

Is the service well-led?

Good 

The service was safe.

People and staff felt there was a positive and open culture at the service. Staff felt the registered and deputy manager were approachable and supportive. The quality of service provided was checked and monitored by the provider and registered manager. The registered manager and staff were aware of their roles and responsibilities.

Gernon Manor Care 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 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.

This inspection took place on 23 November 2016 and was unannounced. The inspection team comprised of one inspector and an expert by experience who had specific experience of older people and dementia care services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with twelve people who used the service, two relatives, three visitors and three care staff, a senior carer, the chef and the deputy and registered managers. We also spoke with two visiting health professionals at the service. We reviewed a range of records about people's care and how the service was managed. This included nine people's care plans and associated documents; staff training records, four staff recruitment files, health and safety audits and medicines records.

As not all of the people living at the service were able to fully express their views about their care, we carried out a Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Is the service safe?

Our findings

Overall, the service was clean and well maintained; however, equipment used for the safe moving and transferring of people had not been checked or serviced, in accordance with current health and safety recommendations. There is a requirement for equipment used to aid people to move and transfer to be serviced by a specialist contractor to ensure it is safe. We saw the service date for equipment had expired. We saw a specialist bath was also overdue the service date. The registered manager was unaware of the expired service dates of the equipment. We spoke with the registered manager about the risks associated with the equipment not being serviced. During our inspection visit, the registered manager contacted the contractor to arrange for the servicing of the equipment to be carried out by the end of the week. We were concerned that if we had not brought this to the attention of the registered manager, staff would have continued to use the un-serviced equipment.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe staying at Gernon Manor. They told us this was because staff were pleasant and cheerful and they had no worries or concerns about how they were cared for. People knew who to speak with should they have any concerns or worries.

People told us there were enough staff to help them in a timely manner; they thought staff provided support and assistance when required, during the day and at night. Nobody said they had to wait too long for staff to arrive when they required assistance. One person said, "Sometimes I might have to wait, but it is never for long." They went on to say, "Staff can't be everywhere at once." Staff told us and the rota supported there being enough to meet people's needs. The registered manager told us there had been a recent recruitment drive and restructure by the provider, which they felt, had proved to be positive and effective, as staff levels could be maintained. The registered manager told us, this meant, the staffing levels and consistency was maintained.

We reviewed four staff records and found checks were undertaken before prospective staff began working at the service. Records showed pre-employment checks had been carried out. These included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and their relatives could be confident staff had been screened as to their suitability to care for the people who received care and support at the service.

Staff were able to identify their role and responsibilities in keeping people safe and free from harm and abuse. Staff were able to describe actions they needed to take to protect people and were confident to raise any concerns to the registered manager and provider. The provider had a whistle-blowing policy in place for staff, if they felt it was necessary to escalate a concern. There were procedures in place to deal with emergencies. For example, personal evacuation plans were in place and easily accessible, in the event of an emergency, such as a fire.

When asked about their medicines, one person told us, "I'm happy for staff to do my medicines; it is much safer that way." We saw a medicines assessment was included in people's care plans. The assessment contained information as to whether people wanted to manage their own medicines, or whether they wanted the staff to. Staff responsible for the administration of people's medicines had completed training in the safe handling and administration of medicines. A staff member told us they had been observed giving people their medicines and also had competency assessments to ensure they followed best practice guidance.

Medicine was stored safely and records showed staff followed current legislation and guidance. We reviewed medicines administration records (MAR) and observed staff during a medicines round. The staff member ensured people received the correct medicines, at the correct time and completed the MAR chart afterwards, as is expected. The staff member also explained to each person what their medicine was for; we also heard the staff member asked people how they were feeling and asked people who were prescribed pain relief, whether or not they required any. This showed staff who administered medicines ensured people received their medicines safely and at the time when they were required.

Is the service effective?

Our findings

The registered manager and staff confirmed regular supervision and support sessions had not been taking place. Supervision is a process where staff meet with their manager to discuss their work performance and any training and development needs. Records also showed staff training was not always up-to-date. We saw some staff had not received training in key areas such as, moving and handling and safeguarding vulnerable people for many years. For example, one staff members' training record showed they had moving and handling training in 2008. A senior carer records showed they had not had training in safeguarding since 2009. The registered manager recognised there were gaps in staff training, which the provider identified as essential and mandatory. The registered manager had tasked administrative staff to update staff training records in preparation to enrol staff on training courses. However, dates of courses had not been yet been confirmed.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a procedure in place for new staff to participate in a period of induction, training and shadowing to enable them to effectively support people's needs. The provider ensured new staff completed the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. A new staff member told us they were in the process of completing a period of induction and training. They told us as part of their induction, they had completed a period of shadowing more experienced staff. The staff member felt the induction and shadowing gave them the time to learn about people and their needs.

Staff sought people's consent and agreement before they provided any care and support. Staff recognised the need to obtain consent from people before they provided care. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. People can only be deprived of their liberty so that they can 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).

When required, the registered manager had made applications for assessment to the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The registered manager and staff understood the importance of acting in people's best interests and the key principles of the MCA. One member of staff said, "Any decision needs to be assessed and reviewed; it must be in the

person's best interest." They went on to tell us, any decision is decision specific and some people's understanding and capacity to make the decision can change and fluctuate. They gave an example of someone who had confusion due to illness.

A staff member told us, "Some people have a DoLS in place for their safety." They gave an example of one person who was living with dementia and had periods of confusion and wanted to leave the service. The staff member told us, the DoLS was in place because it was not safe for the person to leave, without the care and support of the staff or relative. We saw documentation which supported applications for DoLS being made and reviewed, in a timely manner. We saw a best interest checklist was on display in the office, to prompt and remind staff of their obligations in relation to the MCA and DoLS. This meant the provider was working within the principles and requirements of DoLS and MCA

People were supported to have sufficient to eat and drink. When asked about the choice and quality of the food, one person said, "The food is gorgeous." Another person said, "The food is second to none; it really is very good." A third person said, "I like the food; the chef asks every morning what you want." Relatives we spoke with told us they and their family member generally enjoyed the food and thought it was good. They told us there was always a choice and staff would ensure something else was offered if they did not like what was on the menu.

At mealtimes, people had a choice of where they wanted to eat; some people chose to remain in a lounge or their bedroom, whereas others chose to eat in one of the dining areas. We saw the menu for the day, including the options for people with specialist diets, was displayed in the hall, near the entrance to the dining room. Both dining rooms had tables laid with tablecloths, cutlery, glasses and drinks. People were served their lunchtime meal by the chef, who ensured they had their chosen meal. Specialist diets were catered for; staff and the chef knew which people has special dietary requirements. For example, what texture foods people required and which people required thickened drinks because they were at risk of choking. This meant people received sufficient food and drinks, which met their individual needs and preferences.

People told us they saw a doctor and other health professionals if and when they needed to. One person told us about their hospital appointments. They said, "Sometimes my [relative] takes me but [staff] arrange it at other times and get a car or ambulance." One visiting relative told us, "[Relative] hadn't had a dentist for a good while and I had to arrange that, but they've got one that visits now. The same with a chiropodist and optician."

We saw people were supported to access external health professionals when it was required. On the day of our inspection we saw people at the service were visited by three health care professionals. Records showed health care professionals were involved in people's care where appropriate, for example, opticians, GP's and District Nurses. People told us they were supported with healthcare appointments, when it was necessary. A relative told us their family member was visited by the doctor, district nurses and a regular chiropodist. A health professional told us the staff, "Seem very interested and receptive to suggestions." The professional told us the staff understood people's needs and made appropriate referrals for assessment and support as necessary. This meant people were supported to access healthcare services as required.

Is the service caring?

Our findings

Staff were kind, caring and compassionate. One person told us, "Staff are lovely." Another said, "It's wonderful, very, very good." A relative said, "All the carers are lovely and kind." Another relative described staff as, "Excellent on the whole." Relatives and visitors were complementary about the staff and the care people received. One visitor told us, "This place is brilliant; it really could not be bettered." Staff we spoke with showed they were compassionate and understood people's individual needs. During our inspection, one person became anxious at us being present at the service. Staff quickly responded to the person's increased anxiety and provided lots of support and reassurance. Staff knew details of the past history and were therefore able to provide the appropriate reassurance and in a manner which reflected their need.

During our inspection we saw relationships and engagement between people using the service and staff were warm and familiar. People were listened to and we heard caring and respectful responses from staff. One person said, "Staff are very good; they look after me and help me." Another person said, "Staff are kind; we have a bit of fun." And a third person said, "It's nice; different from being at home. Everybody's nice; they help you."

People and relatives told us they thought the staff were kind and helpful; they all found them to be caring. Visitors told us, "This care home is the best one," they had been in and they would not want to go elsewhere. People described the staff as, "Good," and, "Caring." People told us they were happy to say how they wanted to be helped and would ask for what they wanted, such as specifying when they wanted to get up or go to bed. Some told us they appreciated they could spend time on their own in their own room, or somewhere in the home which was quieter.

People told us the staff respected and promoted their privacy and dignity. They told us and we saw the staff always knocked and called out to people as they entered their room. One person said, "They do knock on the door." Staff described to us how they respected people's right to dignity, privacy and family time. Staff also told us how they ensured people were supported with personal care in a manner which promoted their dignity. When people requested assistance with personal care, staff responded sensitively and discreetly. The service had previously been awarded the Derbyshire County Council Bronze Award for Dignity and Respect. The registered manager told us they were gathering evidence for renewal of the award.

We saw and people told us the staff supported them to remain as independent as possible. One person said, "I do as much as I can myself, I use my frame to get back to my room; they bring me in a chair down to breakfast." Another person said, "I try to do as much as I can; I know the staff are there and they help me when I need help." We saw staff encouraged people to remain as independent as possible.

Is the service responsive?

Our findings

People who used the service were supported to follow their hobbies and activities. People told us there were a variety of activities they were able to take part in if they wished. Some told us they enjoyed the activities and were happy to take part. Others said they did not want to join in and preferred to sit elsewhere or, as one person told us, they liked to go out with a relative. One person told us they did not want to join in and preferred to sit in an area, "To watch the world go by." Other people were more enthusiastic about the activities and told us about visiting singers and entertainment, which they enjoyed. Relatives told us their family members took part and enjoyed the entertainment and activity. One relative told us, the range of activities available contributed to the positive atmosphere at the service. Another relative said, "There's enough for [family member] to do; [family member] likes the singers." The registered manager told us, a group of people preferred to sit in a lounge, where they would enjoy television or a DVD of their choice. The staff supported people's personal preferences and choices in relation to activities.

During our inspection, we saw a group of people took part in a quiz which was arranged and facilitated by the activities coordinator. People were able to join in if they wished. The service had enough space to enable people to sit elsewhere and avoid the activity in the lounge if they wished. During our inspection, we heard one person ask if a staff member could take them into the town after lunch. After lunch a small group of people were accompanied by the activity coordinator to visit the local town. One person said, "We get on alright; I can do what I want, go where I want." Another person said, "I'm off out to buy a few bits in Bakewell; I'm going for a look around." Staff had a good understanding of people's preferences with regard to activity. This demonstrated people were offered personalised interests and activities to meet their needs.

People who used the service told us the staff always made their relatives welcome when they visited. Relatives said they were encouraged and supported to visit and always made to feel welcome. We spoke with a visiting professional who told us the staff responded well to people's needs.

Although most people were unsure if they were involved in contributing to their care plans, a relative told us their family member had. The relative went on to tell us they and their family member had talked with the staff about their care plan and were asked for their views and preferences in relation to their care needs. The relative said, "[Family member] expresses views about what they want. Another relative said, "They're good staff, they know what [relative] likes and wants to do." We saw people's care plans were reflective of their need and preferences. Where able to, people had contributed and signed their care plans. We saw comments which supported people being involved in contributing to their care plans. For example, we saw it was documented, one person liked to be part of the local community and go out every day and this was supported.

People knew who to speak with, should they have a complaint. One person told us they had no complaints, they said, "Nothing is too much trouble." Another person said, "I have nothing at all to complain about." A relative told us they had not had any cause for complaint regarding their family member's care. They told us they knew how to complain and who to complain to, but had not had any reason to. All the people we spoke with told us they had no concerns. They told us they were all comfortable talking with staff, including

the registered manager, about anything that worried them. Relatives were similarly confident about raising concerns. They told us they would always speak with either staff or the registered manager about any concerns.

We saw there was a comments and suggestions book in the reception area; we saw hand written compliments from relatives and visitors about the service. One compliment stated, "There are not enough words to thank staff for all their care and help for all of us, especially this last few weeks when [relative] has been so poorly. Thank you." Another compliment said, "We just want to say thank you for the marvellous care that [relative] has received here." We also saw there was information on display relating to how to make a complaint, as well as information on how to report any concerns to the local authority and the Care Quality Commission. This showed people, relatives and visitors were asked for feedback and suggestions relating to the service. They were also signposted to the relevant agencies should it be necessary to raise a concern or complaint.

Is the service well-led?

Our findings

The registered manager had recently been appointed and registered with us. The registered manager had started to become familiar with the processes and responsibilities required in relation to notifications. They knew written notifications, which they are required law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a person's death or an event which may affect the service.

We saw there were arrangements in place for the effective day-to-day management and running of the service. The registered manager told us they felt supported by the deputy manager and the wider care team. They felt the team worked well together, to ensure people were provided with an effective service.

People told us they liked the service and were happy living there. Some qualified this by telling us they would have preferred to be in their own homes; however, they recognised the service was a good place to be. People felt included in how the service was run; they told us residents' meetings were held, where they were able to ask questions, make any suggestions and raise any issues. One person told us they chose not to attend the meeting, but knew they could, if they wanted to.

Another person recalled being asked to complete a questionnaire about the service and the care they received.

People knew who the manager was and they were complimentary about them and saw them as approachable. One person described the registered manager as having a, "Visible management in the home." They went on to describe the staff as, "Very nice people." Another person said, "[Registered manager] is very nice." They went on to say, "Any worries, I'd tell the manager; I could tell a carer but better to talk to the manager." Relatives told us they were confident the manager was approachable and would, "Sort out problems," if any arose. Another relative said, "The manager is visible and approachable," and a third relative said, "I like the manager, she's always around to help if you need it."

Staff told us they felt supported by the registered and deputy manager. One staff member told us, "Managers are approachable and friendly and work as part of the team." Another staff member described the registered manager as, "Approachable and supportive." A third staff member said, "The manager is easy to talk to; she is visible and knows the residents." They went on to say, "Managers are understanding and approachable; they are not frightened to help out." The registered and deputy manager were positive and motivated. They recognised the strength and value of the staff team. The registered manager told us, "We have a good team; there's good team working." They went on to say, "The residents are at the heart of everything we do." This showed there was an open and person focused culture at the service.

The provider and registered manager sought the views of people and relatives' views about the service. The registered manager assured us they listened to and acted on any concerns. People, relatives and staff were encouraged to voice any concerns in relation to the care and running of the service.

We were aware there had been a period of change and re-structure across all of the provider's services. The registered manager told us as part of the re-structure, the role of senior carer had been implemented and

this was now complete at Gernon Manor. Staff were supportive of the re-structure.

There were systems in place to identify, minimise and manage risks to people's safety and welfare at the service. We reviewed a sample of records relating to the quality and safety of the service and found them to be up to date. Quality assurance and internal monitoring systems were in place to review and evaluate the quality of the service. For example, a recent health and safety audit had been conducted by the provider. Any recommendations from the audit were being actioned by the management team. For example, we saw staff had been reminded of the providers policy around wearing jewellery. This showed the registered manager was aware of the need to promote health and safety.

We reviewed the provider had a process of reporting, recording and reviewing accident and incidents. This information was then used to analyse incidents and ensure improvements were made to reduce potential reoccurrence and risks to people. For example, we saw audits of medicine administration records were carried out. We also saw there was a systems in place should someone fall and require assistance and treatment following a fall. The registered manager had taken advantage of a local charity that provides a falls prevention service as well as a response service should someone fall. This demonstrated the registered manager was aware of the need to implement proactive systems and had taken the initiative to aid and benefit the health and safety of people at the service.

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 15 HSCA RA Regulations 2014 Premises and equipment Equipment used to assist people with moving and transferring had not been serviced in a timely manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received regular supervision and their training was not up-to-date.