

Giltbrook Carehomes Ltd

Giltbrook Care Home

Inspection report

472 Nottingham Road
Giltbrook
Nottingham
Nottinghamshire
NG16 2GE

Tel: 01159383535

Date of inspection visit:
28 March 2018

Date of publication:
01 May 2018

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 31 January and 1 February 2018. After that inspection, we received information of concern in relation to the use of suitable staff and the recruitment practices of the provider. As a result, we undertook this focused inspection on 28 March 2018 to look into these concerns. This report only covers our findings in relation to this topic. We did not inspect other areas in the key questions of 'Is this service safe?' and 'Is this service well led?' as we had only published the last report on 23 March 2018, and we needed to give the provider time to make improvements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Giltbrook Care Home on our website at www.cqc.org.uk.

Giltbrook Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. This focused inspection only looked at the area of recruitment; therefore, we did not consider the premises as this was covered within our recent comprehensive inspection. Giltbrook Care Home is registered to provide accommodation and nursing care for up to 40 people. At the time of this focused inspection, 17 people were using the service.

At this inspection, we have found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations; Good governance, and a new breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed. We have judged that the overall rating for this service continues to be Inadequate. The provider therefore remains in special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so there is still a rating of Inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is

still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months.

There was a registered manager in post; however, they were no longer working at the home. 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. At the time of this inspection, the registered manager had not yet applied to CQC to cancel their registration. They are required to do this.

The provider needed to make improvements to ensure staff were safely recruited, and the recruitment systems, policies and procedures in place were fit for purpose and being followed by staff responsible for recruitment.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe. The provider did not always ensure they followed their recruitment procedures and policies.

Is the service well-led?

Inadequate ●

The service was not well led. The systems in place were not effective at identifying improvements that were needed regarding recruitment. The provider did not ensure that their own recruitment policies were followed.

Giltbrook Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Giltbrook Care Home on 28 March 2018. This inspection was in response to information of concern we received from local authority and health authority commissioners in relation to suitable staffing and recruitment. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. The commissioners told us they had ongoing concerns about this service and were working with the provider and registered manager to bring about improvements.

We inspected the service against two of five questions we ask about services: is the service safe, and is the service well led? Within these key questions, we only inspected the area of suitable staffing and recruitment. We did not identify any further concerns in the remaining key questions that were covered in our last inspection, so we did not inspect them.

The inspection was undertaken by two inspectors. The care home quality lead from the local NHS Clinical Commissioning Group was also present conducting a monitoring visit. During our inspection, we spoke with the provider, the providers' representative, who was part of the new management team for the service, the newly appointed home manager, and the administration officer. Staff from the consultancy firm the provider had recently instructed were also present. We also spoke with a visiting community healthcare professional. We looked at the recruitment records for two permanent and six agency nursing staff members, staff rotas, and policies in relation to recruitment.

As this was a focused inspection, we did not ask the provider to send us 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.



Our findings

The provider used an external company to conduct checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people from working in services. We saw the external company had written to the provider regarding two staff members' DBS checks stating, 'The applicant should now provide you with the original certificate in 28 days.' There was no information in the recruitment files we looked at confirming that these certificates had been seen. This meant there was no record that the information on the DBS application submitted was correct. The provider's representative contacted the registered manager who no longer worked at the service. They sent an e-mail stating that they had seen these original certificates. However, we were not able to corroborate that these checks had been made.

Within the two permanent nursing staff files we looked at, we saw that one nurse had provided details of their registration with the Nursing and Midwifery Council (NMC). However, the provider did not have details to assure themselves that another nurse's registration was up to date. The providers' recruitment policy stated that, 'All applicants for qualified nurse position will be asked to produce their NMC registration PIN letter prior to their start date. The manager will copy this and place the copy on the applicants file and Giltbrook will check with NMC.' This had not happened. The provider's representative did obtain confirmation that the nurse's registration was up to date during our inspection visit. However, they were not able to show that this had been considered prior to our inspection visit. This demonstrated they were not following the policy they had in place to ensure that staff had the qualifications necessary for the work to be performed.

These issues demonstrated a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed.

The provider used some agency nursing staff within the home. We saw they kept a file containing profiles of the staff they used to cover shifts when needed. These contained information about the person including their DBS checks and professional registration details. We checked to see if the profiles were available for the nursing staff who had recently worked in the home. The provider's representative was unable to locate some of these profiles and had to contact the agencies to obtain these. Our guidance to providers states that recruitment and/or checks on candidates may be carried out by a party other than the provider (for example, a recruitment agency). And that in this case, providers must assure themselves that all checks are complete and satisfactory. We saw this had not always happened. We discussed the information that was available within these profiles. The provider's representative and consultant agreed to review these forms so

they included information about agency staff members' experience of working in the care home sector and of leading a shift if this was to be part of their role when working at the home.

The provider used a checklist when agency staff started their shift at the home. This checklist formed the induction that agency staff received. We saw that not all agency nursing staff had a checklist completed. The checklists we saw were in need of review; none had been signed by the member of staff overseeing the induction, and the checklists were not always signed by the member of staff undertaking the induction. The provider's representative told us the checklist was in the process of being replaced with a more comprehensive document.



Our findings

At our previous inspection, we reported that the provider had failed to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance on five consecutive inspections. At this inspection, we specifically looked at the systems the provider had in place to ensure they followed safe recruitment processes. We saw the provider did not follow their own policy. In addition, there was no effective system to identify that improvement was needed, as the issues we found had not been identified by the provider.

At our inspection in August 2017, the provider had agreed to review their recruitment procedure to ensure it was fit for purpose. The policy we looked at had not been reviewed since March 2017. This demonstrated that the policy had not been reviewed as the provider had agreed.

These issues demonstrated a continued breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was no longer working at the home, however they had not yet applied to CQC to cancel their registration. The provider's representative said they would contact the registered manager and ask them to do this. The provider had recently recruited a new home manager who was completing their induction. The provider had also engaged the services of a consultant agency. Their remit was to offer guidance and support to the provider to make the improvements needed to ensure they were meeting Regulations and the standards of care we expect to see within care homes. On the day of our inspection visit they were auditing the service and developing an action plan for improvement. They told us they would also be providing training to the staff and the provider.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We saw the rating was displayed in the home; however no ratings were available on their web site. The provider's representative updated their web site during our inspection visit to meet this requirement.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The provider did not ensure that recruitment procedures were established and operated effectively. Regulation 19 (2)
Treatment of disease, disorder or injury	