Care Quality Commission

Giltbrook Carehomes Ltd

Giltbrook Care 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 caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 18 and 19 May 2015 and was unannounced.

Accommodation for up to 40 people is provided in the home over two floors. The service is designed to meet the needs of older people and provides nursing care.

There is a registered manager and she was available during the inspection. 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.

The premises were not always well managed to keep people safe. People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond

Summary of findings

to accidents and incidents. Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

People's rights were not fully protected under the Mental Capacity Act 2005. Staff received appropriate induction, training, supervision and appraisal. People received sufficient to eat and drink and external professionals were involved in people's care as appropriate. Adaptations had been made to the design of the home to support people living with dementia; however more improvements could be made.

There was limited evidence of involvement of people in the development or review of their care plans. Staff were caring and treated people with dignity and respect.

People's needs were promptly responded to. Social activities were available in the home though limited documentation was in place to show that people were supported to follow their own interests or hobbies. Care records did not always contain sufficient information to provide personalised care. A complaints process was in place and staff knew how to respond to complaints.

There were systems in place to monitor and improve the quality of the service provided: however, these were not effective. The provider had not identified the concerns that we found during this inspection. People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

We found 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 this report.

Summary of findings

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 consistently safe.

The premises were not always managed to keep people safe. People felt safe in the home and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents.

Sufficient staff were on duty to meet people's needs and they were recruited through safe recruitment practices. Medicines were safely managed.

Requires improvement

Is the service effective?
The service was not consistently effective.

People's rights were not fully protected under the Mental Capacity Act 2005. Staff received appropriate induction, training, supervision and appraisal.

People received sufficient to eat and drink and external professionals were involved in people's care as appropriate. Adaptations had been made to the design of the home to support people living with dementia; however more improvements could be made.

Requires improvement

Is the service caring?
The service was caring.

Staff were caring and treated people with dignity and respect.

There was limited evidence of involvement of people in the development or review of their care plans.

Good

Is the service responsive?
The service was not consistently responsive.

People's needs were promptly responded to. Social activities were available in the home though limited documentation was in place to show that people were supported to follow their own interests or hobbies.

Care records did not always contain sufficient information for staff to provide personalised care. A complaints process was in place and staff knew how to respond to complaints.

Requires improvement

Is the service well-led?
The service was not consistently well-led.

There were systems in place to monitor and improve the quality of the service provided; however, these were not effective. The provider had not identified the concerns that we found during this inspection.

Requires improvement

Summary of findings

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

Giltbrook 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 18 and 19 May 2015 and was unannounced.

The inspection team consisted of two inspectors, one inspection manager and a specialist nursing advisor with experience of dementia care.

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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service to obtain their views about the care provided in the home.

During the inspection we spoke with six people who used the service, six visitors, the maintenance person, a domestic staff member, four care staff, two nurses, the registered manager and the owner. We looked at the relevant parts of the care records of six people, the recruitment records of three care staff and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

Appropriate checks of the equipment and premises were not always taking place and action was not always taken promptly when issues were identified. We saw that water temperatures were being checked but action had not been taken when temperatures were recorded as too high. Temperatures had been recorded as too high for over three years for some bedrooms and communal bathrooms with no action taken. A recent gas safety check had not taken place. This put people at risk of avoidable harm.

These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home and they had no concerns about the staff caring for them. A person said, "I have never heard staff be nasty to anyone. I could talk to the staff if I was bothered about anything." A visitor said, "I have never had a moment's doubt about this place in all the time [my relative] has been here. I know [my relative] is safe and cared for."

Staff were able to describe the signs of potential abuse and they said if they identified a cause for concern they would report it to the nurse or manager. They were confident it would be addressed but they would escalate their concerns to the provider if necessary. A safeguarding policy was in place and staff had attended safeguarding adults training. The registered manager told us that information on safeguarding was displayed on the main noticeboard of the home to give guidance to people and their relatives if they had concerns about their safety. We were told that this noticeboard had been removed over the weekend by a person who used the service and the registered manager was looking for a more secure way of displaying the information.

A person said, "The staff give me choices about how I like things doing. When they come to help me wash they will ask if it is convenient. If I want them to come back a bit later, that's fine. It's my choice." A relative told us that they had concerns about clothes regularly going missing in the laundry in the past, but confirmed this had improved recently. Another relative said, "[My relative] always has [their] own clothes. I have no concerns at all about the laundry or that side of things."

Each person had risk assessments in their care record for risks such as falls, moving and handling, pressure ulcers, nutrition and where necessary the use of bed rails. These had all been updated monthly. When asked how they would balance keeping the person safe whilst restricting them as little as possible, staff talked about distracting people if they became agitated and knew how to calm people with challenging behaviour. They said people did not try to leave the building and staff did not feel they were placing restrictions on people's activities. They talked about people who refused personal care and said they would not restrain them but would leave them a while and return later or ask another member of staff to see if they could gain their cooperation.

Staff used moving and handling equipment where necessary and provided support and encouragement to people. We saw people being safely supported to move. Staff told us they had enough equipment.

Incident and accident forms were completed and accidents and incidents were investigated appropriately. A fire risk assessment was in place and some people had individualised evacuation plans, however they had not been updated for three years. A business continuity plan was in place in the event of an emergency.

One person said, "When I ring the bell the staff come quickly enough. Sometimes it can take a bit longer in the early mornings but it's a busy time, that's fine." A relative said, "Whenever I am here there always seems to be enough staff."

Staff told us they felt they needed more staff to provide the level of care they would like. One staff member said they felt there had been enough staff in the past but more recently the number of people receiving care had increased. They all talked about feeling rushed and struggling at specific times of the day such as meal times, or on the evening shift. One staff member said, "There are a lot of people to assist in a short time at mealtimes." One staff member said sometimes they had to ask people to wait when they wanted to get up as everybody wanted to get up at the same time. One person said, "Sometimes I feel it is on the edge. On a normal day it is ok but if something happens staff really struggle." Another staff member said, "We have enough staff, although one more in the afternoon would be good."

Requires improvement

Is the service safe?

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. We looked at completed timesheets which confirmed that the provider's identified staffing levels were being met. The registered manager told us that they were looking to increase staffing levels in the afternoon.

Safe recruitment and selection processes were followed. We looked at three recruitment files for staff recently employed by the service. The files contained all relevant information and appropriate checks had been carried out before staff members started work.

Medicines were safely managed. One person said, "They deal with my medicines, it all goes smoothly." A relative said, "Medicines are all taken care of well. I don't need to worry about that side of things at all." We observed medicines were given to people safely. Staff were patient and stayed with each person while they took their medicines, to ensure they had been taken. The nurse told us they received medicines training from the local pharmacist on an annual basis and the manager carried out competency assessments.

Medicines were stored in accordance with requirements in locked cupboards or trolleys. However, the medicines refrigerator was not locked and the door to the room was not always locked on the day of the inspection. This meant that medicines were not securely stored at all times.

Temperature checks of the medicines room and refrigerator had been recorded daily and were within acceptable limits. Creams and ointments stored in the fridge were labelled with a date of opening.

We looked at the Medicines Administration Record (MAR) for 10 people using the service and saw they had been completed consistently. There was a picture of the person and key details such as allergies on the front sheet for most people to aid identification, but this was missing for two people we checked. We were told there had been problems with the computer printer at the home for several weeks and this had prevented pictures being printed. PRN protocols were in place in most cases, to give staff information about the purpose of medicines which were prescribed to be given as needed rather than regularly.

Requires improvement

Is the service effective?

Our findings

Mental capacity assessments and best interests' documentation were not in place where appropriate. Assessments were in two of the care records we looked at but we saw that other care records identified people who were not able to make decisions about specific aspects of their care and treatment and it stated decisions were made in their best interests. We did not see formal mental capacity assessments for these people for decisions in relation to the administration of medicines and the use of bed rails. This meant that there was a greater risk that people's rights had not been protected.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

The registered manager told us there were no people with a DoLS in place. A number of people in the home lacked capacity and were not able to freely leave the home as the front door could only be opened by a swipe card. We also observed a person trying to open a door to exit the building but was not able to as it was locked. This meant that there was a greater risk that people's rights had not been protected. The registered manager told us they would start applying for DoLS.

These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt staff understood their needs and provided the help and support they required. One person said, "I trust the staff here to look after me, they know what they are doing." Another person said, "The staff here are very, very good." A relative said, "[My relative] is well looked after by staff." A professional visiting the home told us that staff worked hard to keep standards high. We observed that staff were confident and competently supported people.

Staff told us they completed online training for induction and mandatory training. One staff member told us they did not receive any face to face mandatory training at all for topics such as moving and handling and fire but other staff told us the online training was supplemented by training provided by a senior carer or manager. They told us they had shadowed another carer until they felt comfortable working independently.

Staff said they were given a topic for supervision on a form and they signed the form to say that they had received the supervision. One person said they did not have any discussion about the topic but others said the manager talked with them about it either before or after they signed the form. Staff said they had an annual appraisal. Training records showed that staff were up to date with training. We looked at the records for three staff which showed that supervision and appraisals were taking place.

A person said, "We can go out into the garden whenever we want to." We saw staff asked people's consent before providing care. Staff we talked with said they checked with people before giving care and support. They said that if a person refused care which they considered necessary and the person did not have the capacity to make a decision they would try to encourage and persuade them but if this was unsuccessful they would leave them and return a short while later or ask someone else to approach them. They said they would not use restraint. Staff told us they had received training regarding supporting people with behaviours that may challenge others around them.

We asked people's views of the meals. A person said, "I have never needed to complain about the food – the food is good here. I would complain if I didn't like it." A relative said, "The food is fine. [My relative] has put weight on, which is good. [They] sometimes spill [their] food and we have asked staff for [my relative] to wear an apron to keep her clothes clean. They don't always remember to do this so we keep asking." Another relative said, "The food is very good. [My relative] eats well here, proper meals, and [their] health is better because of that."

We saw that people were supported to eat and drink enough. Staff were also aware of people's food and drink likes and dislikes and provided food and drink in line with those preferences. Staff assisted people to eat appropriately by sitting at the same level and offering encouragement. However, a large proportion of people required support and encouragement to eat their meal and the number of staff available meant some people who may

Requires improvement

Is the service effective?

have benefited from one to one support did not always receive it. This meant that people were not able to eat their food easily which meant that food may be cold by the time they finished it.

A relative said, "They got [my relative's] leg ulcers better, they are fully healed. They have done a good job and I am very grateful to them for that." Another relative said, "They get a doctor immediately if they have any concerns." We talked with a professional who was visiting the home on the day of the inspection and they told us they visited the home regularly at the request of the staff and they were confident staff would contact them when they were concerned about a person's health. They told us staff supported them as necessary during a visit and acted on their advice between visits. There was evidence of the involvement of external professionals in the care and treatment of people using the service.

We saw that some adaptations had been made to the design of the home to support people living with dementia; however more improvements could be made. Bathrooms and toilets were clearly identified; however there was no directional signage in the home to support people to move around the home independently. Lighting in the corridors was dull and there were sections of the flooring which had multi-coloured carpet sections which could cause visual difficulty for people living with dementia. Corridors and communal rooms on the ground floor contained many items of interest; however, the upstairs corridors were sparsely decorated. People's bedrooms were not always clearly identified.

There were three toilets on the ground floor; however two of these were very small and only suitable for a single person with no room for a carer to assist. We saw a person waiting for over five minutes for the larger toilet to become free. Staff confirmed that the other two toilets were too small for them to be able to support people in those rooms and told us that it did cause some occasional delays for people needing the toilet.

Good

Is the service caring?

Our findings

A person said, "I didn't look at a care plan. My social worker sorted all that out." A relative said, "I'm not sure about the care plan but the home are really good at keeping me informed. They ring and tell me about everything, if [my relative] has an injection, if [my relative] isn't well – everything." Another relative told us the registered manager kept them informed.

We saw limited evidence of involvement of people in the development or review of their care plans. One care record showed the involvement of one person in care planning but the other care records did not. We asked a relative of someone with dementia if they had seen their relative's care plan and they said they did not recall having seen it. However, they had been asked to provide information about the person on admission. Another relative told us they had been involved with care planning when their relative first arrived at the home.

Care plans were in place which identified people's ability to communicate and sensory deficits and the action to be taken to reduce the impact of these. However, we saw that no advocacy information was available for people if they required support or advice from an independent person. A guide for people who used the service on the services available to them had been displayed on the main noticeboard but had been removed by a person who used the service. The registered manager and owner agreed to make individual guides available for all people who used the service.

People were not always supported to be as independent as possible at mealtimes. Adapted plates were used to support people's independence at mealtimes, however, jugs of drink and condiments were not on tables to allow people to help themselves if they wanted to.

A person said, "I think it is alright here. The staff are very nice to me." Another person said, "I am happy here. I'm well looked after and the staff are good to me and treat me nicely." A relative said, "The staff are brilliant, so caring."

People clearly felt comfortable with staff and interacted with them in a relaxed manner. Staff greeted people when they walked into a room or passed them in the corridor. They checked they were alright and whether they needed anything. When a person indicated to a housekeeper they needed to go to the toilet the housekeeper quickly found a care staff member to assist the person. Staff clearly knew people and their preferences well.

Staff were very skilled at engaging and involving people in group activity. It was clear that they knew how best to involve and encourage them. We saw one person become distressed during the activity and staff showed they knew how to respond to this effectively. They spoke to the person kindly and carefully and successfully diverted them by one member of staff taking the person to carry out a preferred task in another part of the building. We saw this person later and they were very calm and content.

A relative said, "[Staff] are always respectful to [my relative]." We saw staff knocking on people's doors before entering rooms and taking steps to preserve people's dignity and privacy when providing care. We observed that information was treated confidentially by staff.

Staff were able to explain how they maintained people's privacy and dignity at all times and took particular care when providing personal care. The home had a number of lounges and rooms where people could have privacy if they wanted it. A staff member had been identified as a dignity champion. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

A relative said, "You can turn up to visit out of the blue and it's fine." We observed visitors in the home throughout our inspection. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Requires improvement

Is the service responsive?

Our findings

A person said, "Whatever I ask [staff] to do they do it." A relative said, "The staff are lovely to [my relative]. They are very responsive to [my relative's] needs." However another relative said, "I don't think they change and clean [my relative] properly or often enough. Sometimes [my relative] is sitting in wet pads and smells of urine, even after they have changed [them]." However, we observed staff responded quickly to people's needs during our inspection.

A relative said, "There don't seem to be many organised activities – no crafts. [A staff member] will sit and talk to people and strum [their] guitar, but that seems to be it." Another relative said, "[My relative] does get a bit bored sometimes. There is the opportunity to go out but [my relative] doesn't like to. [They] prefer to sit and watch people go by. [My relative] seems very content." A staff member felt that there were enough activities at the home and said, "The activities coordinator does a really good job."

We saw karaoke taking place in the morning. People who used the service were encouraged to sing and enjoyed the activity. We observed that staff engaged most of the people in the main lounge in a game of ball/skittles. Their manner was kind, encouraging and friendly. The atmosphere was friendly and light-hearted and even those who were at first reluctant to join in became engaged and enjoyed the activity. The registered manager told us that different people attended the home every month to provide reminiscence activities, dancing, chair exercise and a church service.

However, there was very little information in the care records about activities people enjoyed or evidence of participation in activities. There was limited information regarding the hobbies and interests that people liked to follow and whether they were supported to take part in them.

A person with dementia had an Alzheimer's Society "This is me" booklet in their care plan which had been completed on admission. It provided details of the person's background, family, interests and preferences.

Care plans were in place and reviewed regularly. However, information regarding people's life history and preferences were not always well completed and care plans were not always as detailed as they could have been. For example, a care plan for warfarin administration did not mention the need to observe the person for bruising or to avoid certain foods which may have interacted with the medicine. There was evidence within a care record of the use of short term care plans for the management of medical issues such as a urinary tract infection or a wound. In one case it was identified the district nurse was attending to dress a person's wound, however, there was no associated care plan giving information for staff on the action to be taken if the dressing needed changing prior to the next visit or the frequency of visits. The registered manager told us the community nurses kept the person's care plan at the home so staff could refer to it if necessary.

There was mixed feedback on how complaints were responded to. A relative told us that they had raised concerns with the home; however despite this their concerns had not been addressed. Another relative told us they did not recall having been given information on how to make a complaint but if they had any concerns they would talk to the manager or a nurse. They said when their relative had first come to the home they had identified some minor issues and when they had highlighted them they were addressed.

Staff said if a person or their relative raised a concern or a complaint, they would report it to the nurse or manager. A senior carer said they would try to resolve the issue if possible prior to reporting it. They told us they received feedback on complaints at handover and were able to identify action they had taken to resolve complaints or concerns.

Guidance on how to make a complaint was displayed in the main reception and on the back of people's bedroom doors. There was a clear procedure for staff to follow should a concern be raised. No recent complaints had been received by the home.

Requires improvement

Is the service well-led?

Our findings

The provider did not have a fully effective system to regularly assess and monitor the quality of service that people received.

Staff were aware of the results of any quality audits or areas in which improvements were needed. The two staff we talked with said they were aware of the requirement to improve infection control. Another staff member said, "[The registered manager] does audits for medicines, care plans and accidents."

We saw that a range of audits took place monthly which included medication, infection control and health and safety. The registered manager was not able to find completed care plan audits during our inspection but we saw a blank copy of the tool used which contained appropriate information.

The owner visited the home monthly and we saw reports produced following these visits. The owner spoke with people who used the service, relatives and staff and looked at paperwork and the premises. Action plans were in place and reviewed at subsequent visits.

However, we identified shortcomings in the areas of the maintenance of the premises and MCA and DoLS during this inspection which had not been identified or addressed following audits carried out by the provider. These shortcomings constituted breaches of the regulations.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw completed questionnaires from people who used the service and their families. The questionnaires were positive about the quality of the service provided. A relative said, "I'm not aware of any meetings for [people who use the service] or relatives." We saw minutes of the last meeting for people who used the service had taken place in January 2014. This meant that people had not had a recent opportunity to meet together to discuss the quality of the service provided.

A whistleblowing policy was in place and contained appropriate details. Whistleblowing information was displayed in the main reception area. Staff told us they would be comfortable raising issues.

The care home's philosophy of care was in the guide provided for people who used the service, however, this guide was not currently available to people who used the service. Staff found it difficult to identify the values and vision for the home and said "good care" was the priority for the registered manager. The registered manager told us that she wanted the home to be, "Happy and homely."

Staff told us the manager was available weekdays and a nurse was always available at the weekends. Staff said they could speak to the manager if they had a concern. They said that if the manager could deal with it they would but told us that when they said they needed more staff, they were told they already had sufficient to meet the needs of people. A staff member said the registered manager was, "Very approachable, really supportive of [people who use the service], families and staff."

Staff said they received feedback but it was mainly negative when improvements were needed. They did not receive positive feedback or praise. One person said, "What is missing is feedback from management on the good. We don't get a thank you."

Staff told us they had had a staff meeting the previous week with the provider. A senior carer said they conducted meetings with the carers and covered issues such as infection control, communication and choices.

A relative said, "The home is very welcoming and I can visit whenever I like. I am made welcome and everyone is friendly. I often have a chat with the [registered] manager when I am here, just to catch up and see how things have been with [my relative]." Another relative said, "When we speak to [the registered manager] she is quite defensive. She will cover things up with long explanations. We raise things because we wish they would sort them out." However, another relative said, "The [registered] manager is brilliant."

A registered manager was in post and available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that a staff meeting had taken place in May 2015 and the registered manager and the owner had clearly set out their expectations of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment All premises and equipment used by the service provider must be clean, secure, and suitable for the purpose for which they are being used, properly used and properly maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that effective systems and processes were not in place to enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.