

Century Healthcare Limited

Gillibrand Hall Nursing 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 caring?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gillibrand Hall Nursing Care Home is a residential care home providing personal and nursing care to 47 people at the time of the inspection. The service can support up to 50 people.

Gillibrand Hall Nursing Care Home is a listed building and care is split over 2 floors. There are large, comfortable communal areas and a good amount of outdoor space.

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

People were at risk as systems to manage medicines were not always effective. The fire service identified actions required to make sure people were protected from the risk of fire, and this was ongoing. We have made a recommendation about fire safety. People were cared for by regular staff that knew them well, however the knowledge of agency staff was not as good. People and their relatives said they felt safe and well cared for and staff said they would recommend the home to others. The home was clean and tidy, and staff learned lessons if things went wrong.

People enjoyed living at the home and there were lots of opportunities for social contact. The home had its own transport to support people to go out and take part in local events regularly.

People were supported by staff that were caring and mindful of dignity, and people told us that staff treated them with respect. People were involved in their care and relatives spoke highly about staff.

Not all areas of governance were embedded, such as in relation to regulatory requirements and we have made a recommendation about this. There was a positive culture in the home and people living at the home and their relatives were positive about their care. The registered manager engaged with people and their relatives well and arranged regular team meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 January 2021).

Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns relating to people's dignity and respect. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Although we found no evidence during this inspection that people were at risk of harm from this concern, we have found evidence that the provider needs to make improvements. Please see the safe key question of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gillibrand Hall Nursing Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the safe management of medicines at this inspection. The provider has taken steps to mitigate the risks, which we will review.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Gillibrand Hall Nursing Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 5 residents and 5 relatives. We spoke with 15 members of staff including the registered manager, operations manager, care staff, nursing staff and domestic staff.

We looked at a range of records including 3 care plans, risk assessments and medication records. We looked at policies and procedures, audits of performance, and 3 sets of recruitment records.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were not always protected from risks associated with unsafe medicines management.
- Several people had medicines 'as and when required'. However, not all medicine records had guidance for staff about how these should be administered.
- Staff did not always record the date that some medicines such as eye drops were opened. Therefore, we could not be sure that medicines were discarded after the correct time and still effective.
- Staff did not always sign to say that medicines had been administered. Therefore, we could not be sure that people received their medicines as prescribed.
- Staff did not always record the temperature of medicine fridges and medicine storage rooms, and therefore we could not be sure medicines were stored correctly and that medicines would be effective.
- Staff did not record the amount of thickener they were adding to people's drinks. Thickener is added to the drinks of people who have been assessed as being at risk of choking. We could not be sure that people received this as prescribed.
- We saw an overfull sharps bin in the medicines room. This could cause harm to the person disposing of the waste.

Although we found no evidence of harm, systems for managing medicines were not always safe and effective. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed this back to the registered manager who confirmed that action would be taken to address the issues identified.

- People's medicine records were person centred and they included information about how people preferred to take their medicines to help staff support people effectively.

Assessing risk, safety monitoring and management

- There were systems to manage health and safety; however, work was still required in relation to fire safety risks and updating people's individual risk assessments.
- On 14 April 2022 the fire service issued an enforcement notice meaning actions were required for the home to comply with fire safety regulations. An initial completion date of 13 October 2022 was agreed, with an extension to 13 January 2023 granted. Several actions had already been taken, and due to the complexity of the building the actions required were extensive and taking time to complete. We saw that the provider

had an ongoing action plan to address in a timely way.

We recommend the provider continue to consider the guidance provided by the fire service and work with them to take the necessary action to make sure people are protected from the risk of fire.

- The registered manager completed individual risk assessments and we saw these in people's care plans. However, the reviewing of these was adhoc, for example some people's risk assessments had been reviewed regularly however others had not been reviewed for over 3 months. The provider's policy stated that reviews should occur as a minimum every 3 months or as required. We fed this back during the inspection and the registered manager told us plans were in place for a recently appointed deputy manager to take over the reviewing of risk assessments.
- The necessary checks in relation to emergency lighting, gas safety, electrical safety and water testing were up to date.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs, however some staff lacked the right skills, knowledge and experience.
- There was a high reliance on agency staff. This caused problems as such staff did not always have the required knowledge, experience and skills to undertake tasks, which put extra pressure on existing staff.
- Risks were mitigated as permanent staff did have the necessary skills and knowledge and agency staff usually worked alongside permanent staff. All people and relatives spoke highly of permanent staff and one relative told us, "Permanent staff know (my relative) inside out, they know how best to care for her and know what to do in different situations." However, during the inspection we saw an agency staff member supervising people with dementia in the communal lounge, whilst existing staff took their break. Relatives told us agency staff did not develop the same rapport.
- The registered manager was aware and recruitment practices were ongoing with applications in progress and interviews arranged. New staff including a nurse were due to commence soon to ease pressure.
- People were protected by safe recruitment practices of staff.
- The required safety checks had been made including Disclosure and Barring Service (DBS) checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was supporting visiting in line with current guidance.
- A relative told us, "Staff wear masks and the rooms are nice and tidy."

Systems and processes to safeguard people from the risk of abuse

- People benefitted from effective systems to safeguard them from the risk of abuse.
- The provider took robust action in response to recent concerns raised.
- Staff were trained in safeguarding and this was up to date. Staff could describe the processes they would take if they had concerns.
- There was an up to date safeguarding policy which staff could access.
- People and their relatives told us they felt safe and well cared for.

Learning lessons when things go wrong

- People were protected from the risk of incidents happening again.
- There was an effective incident recording system in place and staff knew how to use it.
- We saw accidents and incidents were recorded and outcomes such as falls were monitored. The registered manager audited incidents to learn lessons and take actions to reduce the risk of these happening again.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- All people and relatives we talked with spoke very highly about the home, staff and the registered manager.
- People said they felt well cared for and relatives said they had confidence in the staff. A relative told us, "Staff are always very helpful and will go the extra mile."
- We saw that staff treated people respectfully and in a caring manner during the inspection. One person told us, "Staff are nice and kind."
- Some rooms were shared by 2 people. Staff used privacy screens to protect people.
- A person told us, "Staff are respectful when they help me with bathing."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views during interactions and people were involved in decisions about their care.
- The home had a 'natural waking policy' which meant there was not a set time that staff woke people.
- Rooms were personalised, and people chose how to decorate their when they moved in. Rooms appeared homely and comfortable.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and staff were clear about their roles and had a good understanding of risk. However, the registered manager was new in post and a deputy manager had been appointed recently. This meant some aspects of quality performance and regulatory requirements were yet to be consistently applied.
- The registered manager made notifications to agencies such as the local authority and CQC, for example regarding serious injuries. However, not all notifications in relation to safeguarding alerts were made. There was no overall log of safeguarding alerts and investigations which meant recommendations made by the local authority could be missed.

We recommend the provider acquaints themselves more fully with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and The Care Quality Commission (Registration) Regulations 2009 in respect of regulatory requirements.

- Medicine audits were being completed, however actions taken to make improvements had not been embedded, meaning we identified similar issues during the inspection. There were plans for the deputy manager to remedy this. The deputy manager was also a registered nurse with clinical experience and knowledge.
- There was a schedule of audits and audits were monitored and scrutinised by the registered manager and operations manager.
- There were systems to monitor ongoing risks which were discussed at regular risk management meetings with the provider, and actions taken to address were monitored.
- The registered manager monitored outcomes such as frequency of falls and infection rates and identified if changes to practice were required.
- The registered manager addressed issues with staff following complaints about staff conduct and manner.

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

- We found there was a culture of good team working within permanent staff, and staff enjoyed their jobs. One staff member said, "I love my job, it is a nice place to work". However, staff experienced extra pressures from supporting a high number of agency staff, and this was affecting morale.

- People enjoyed living at the home and there was a good amount of activities and opportunities to go out socially. There were two full time activities co-ordinators.
- People had good rapports with staff and a person told us, "I can have fun with the staff."
- All relatives spoke highly about staff and managers and would recommend the home to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding the duty of candour.
- People told us the registered manager and staff kept them up to date and informed them of any concerns and changes.
- A relative told us, "They do keep me up to date with any concerns"; another relative said, "They tell me straight away about any issues."

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

- The registered manager engaged with people using the service, their relatives and staff.
- There were regular staff meetings and we saw minutes of these meetings.
- People were encouraged to give feedback via surveys and relatives could give feedback easily.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning and improving care.
- For example, the registered manager organised a mock CQC inspection to identify areas for improvement.
- The nominated individual was signed up to forums and seminars and kept up to date with guidance.
- The registered manager worked in partnership with external agencies such as district nurses, dieticians and podiatry.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There were not effective systems in place to manage medicines safely.