

Giltbrook Carehomes Ltd

Giltbrook Care Home

Inspection report

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21 April 2016

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 20 and 21 April 2016 and was unannounced.

Accommodation for up to 40 people is provided in the home over two floors in each building. The service is designed to meet the needs of older people and provides nursing care. There were 32 people using the service at the time of our inspection.

At the previous inspection on 18 and 19 May 2015, we asked the provider to take action to make improvements to the areas of consent, premises and equipment and good governance. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that some improvements had been made, however, more work was required in all areas.

The registered manager was no longer working at the service. A new manager had been in post for six weeks 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.

Appropriate actions were not always taken to respond to potential safeguarding issues and risks to people were not always managed safely. Staff were not always recruited through safe recruitment practices and safe medicines practices were not always followed. Sufficient numbers of staff were on duty to meet people's needs and safe infection practices were followed.

Not all staff received sufficient training. People's rights were not fully protected under the Mental Capacity Act 2005 and people's needs were not fully met by the adaptation, design and decoration of the service. However, people received sufficient to eat and drink and external professionals were involved in people's care as appropriate.

People were not fully involved in decisions about their care and advocacy information was not made available to people. Staff were caring and treated people with dignity and respect.

Activities required improvement. A fully comprehensive complaints process was not in place and the process was not easily available to people. Care records contained information to support staff to meet people's individual needs.

The provider was not fully meeting their regulatory responsibilities. There were systems in place to monitor and improve the quality of the service provided, however, they were not effective. People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the manager and that they 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.

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.

Appropriate actions were not always taken to respond to potential safeguarding issues. Risks to people were not always managed safely.

Staff were not always recruited through safe recruitment practices. Safe medicines practices were not always followed.

Sufficient numbers of staff were on duty to meet people's needs. Safe infection practices were followed.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Not all staff received sufficient training. People's rights were not fully protected under the Mental Capacity Act 2005.

People's needs were not fully met by the adaptation, design and decoration of the service.

People received sufficient to eat and drink. External professionals were involved in people's care as appropriate.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

People were not fully involved in decisions about their care. Advocacy information was not made available to people.

Staff were caring and treated people with dignity and respect.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Activities required improvement. A fully comprehensive complaints process was not in place and the process was not easily available to people.

Requires Improvement ●

Care records contained information to support staff to meet people's individual needs.

Is the service well-led?

The service was not consistently well-led.

The provider was not fully meeting their regulatory responsibilities. There were systems in place to monitor and improve the quality of the service provided, however, they were not effective.

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

Requires Improvement 

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 20 and 21 April 2016 and was unannounced. The inspection team consisted of an inspector, a specialist nursing advisor with experience of dementia care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 visiting health and social care professionals, the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the care provided in the home.

During the inspection we spoke with four people who used the service, five visitors, two visiting professionals, a domestic staff member, the head cook, the maintenance person, four care staff, one nurse, the deputy manager, the manager and a representative of the registered provider. We looked at the relevant parts of the care records of 10 people, four staff files 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.

Is the service safe?

Our findings

During our previous inspection on 18 and 19 May 2015 we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate checks of the equipment and premises were not always taking place and action was not always taken promptly when issues were identified. 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, legionella testing and portable appliance testing had not taken place. At this inspection on 20 and 21 April 2016 we found that improvements had been made in this area and the regulation had been complied with, however, more work was required.

We saw that the premises were well maintained and checks of the equipment and premises were taking place. However, the premises were not always safe. We found that water temperatures were still too high in one bedroom and one communal bathroom. Prompt action had not been taken to address these risks. The surface temperature of some storage heaters was also high and could place people at risk of avoidable harm.

A signing in book for visitors was not easily accessible and was not being used. This meant that it would be more difficult to know whether all people had been evacuated in the event of a fire. Personal emergency evacuation plans (PEEP) were not in place for any of the people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service; however, it required further detail.

Risks were not always managed so that people were protected and their freedom supported. Pressure relieving equipment was in place for people at high risk of developing pressure ulcers and records of assisting people with re-positioning were completed. However, we saw that pressure relieving mattresses were not always at the correct setting for the person who used them. This is important as the pressure relieving mattresses have to be set at the correct setting for the person using the bed in order to work properly to minimise the risk of a person obtaining skin damage.

We saw documentation relating to accidents and incidents but the actions taken were not always clear. There was limited analysis of falls to identify patterns and any actions that could be taken to prevent them happening.

Care records showed that individual risk assessments had been completed for risks such as the development of pressure ulcers, falls, and nutrition and had been updated monthly. We saw a person who was at high risk of falls had a care plan to reduce the risk. This was basic but indicated a sensor mat should be used when the person was in bed to alert staff if the person tried to get out of bed unaided. We saw this was in place in the person's room. A risk assessment was in place for a person who was unable to use their call bell and this stated the person should be checked two hourly during the night and we found records

indicated that checks were made.

People told us they felt safe. A person said, "Everyone here is very kind, there is no nastiness." A visitor said, "I think my [family member] is very, very safe here."

Staff were aware of the signs of abuse and said they would report it to the manager. They were aware they could refer to external agencies if necessary but told us they felt the manager would take their concerns seriously and act on them. An agency member of staff said they would take instructions from the manager but they were able to refer to the social services safeguarding team if necessary.

Staff we talked with said they had no concerns about other members of staff and they felt they were all kind and respectful to people. One staff said that they had had to point out issues about safe moving and handling practice but this was listened to and they had had no other concerns about staff attitude and behaviour.

A safeguarding policy was in place; however, it did not include contact details for the local authority safeguarding team. Information on safeguarding was not displayed in the home to give guidance to people and their relatives if they had concerns about their safety.

We saw three incident forms which described allegations that a person who used the service had been hit or pushed by another person who used the service. These had not been reported as safeguarding concerns. We raised this with the manager who told us they would take action. We also observed one person who used the service verbally abusing another person. Two staff saw this taking place, but did not intervene. We informed the manager who immediately intervened and the situation resolved.

These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person said, "You can get something for a headache if you have one, just ask the nurse." A visitor said, "The staff make sure [my family member] takes their tablets."

Processes were in place for the regular ordering and supply of medicines but we found there was no process for identifying when medicines needed re-ordering if they fell outside the regular cycle such as when people were newly admitted to the service. We saw a person had been without some of their medicines for over 48 hours due to non-availability of the medicines.

We observed the administration of some people's medicines and saw they were administered safely in line with requirements. Medicines administration records contained a picture of the person to aid identification, a record of any allergies and details of their preferences for taking their medicines. However, when medicines had had to be handwritten on the MAR, they had not always been signed by two people to indicate they had been checked for accuracy of transcription. PRN protocols were not always in place to provide information on the reasons for administration of medicines which had been prescribed to be given only as required.

A person was receiving some of their medicines covertly and we found there was a best interests care plan for the administration stating the person did not have the capacity to make the decision themselves. However, we did not see evidence that the provider had gained the agreement of the person's family doctor and the pharmacist to covert administration. Medicine is provided covertly when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of

the person receiving them.

Medicines were stored in locked cupboards and trolleys within a locked room although the fridge was unlocked on the day of the inspection. Daily temperature checks of the refrigerator used to store medicines were documented and were within acceptable limits, although no temperature checks were carried out of the room where the medicines trolleys were stored.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A visitor said, "There are enough [staff] here." Another visitor said, "There always seems to be someone bobbing about the place and I have never been unable to find a member of staff if I want one."

Staff told us there were sufficient staff on duty to meet people's needs and keep them safe. We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Buzzers were also responded to promptly.

Robust systems were not in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. Staffing levels were calculated according to the amount of people who used the service and whether they were defined as requiring residential or nursing care. However, no documentation was in place to show that people's differing dependency levels had been considered when calculating staffing levels.

Safe recruitment and selection processes were not always followed. We looked at recruitment files for staff employed by the service. The files were not well organised and only one reference had been obtained for all the staff files we checked. We also saw that one staff member's professional registration had not been checked to ensure they were still registered to practice. We also saw that a Disclosure and Barring Service criminal records check had not been carried out for another staff member. These were carried out shortly after our visit.

People did not raise any concerns regarding the cleanliness of the home. A visitor said, "[My family member]'s room is always immaculate." Another visitor said, "My [family member]'s room is very clean and the home itself is also clean." Staff were able to clearly explain their responsibilities to keep the home clean and minimise the risk of infection.

During our inspection we looked at all bedrooms, all toilets and shower rooms and communal areas. All areas were clean and we observed that staff followed safe infection control practices.

Is the service effective?

Our findings

During our previous inspection on 18 and 19 May 2015 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Mental capacity assessments and best interests' documentation were not in place where appropriate. No Deprivation of Liberty Safeguards (DoLS) applications had been made for people that may have been deprived of their liberty. At this inspection on 20 and 21 April 2016 we found that improvements had been made in this area and the regulation had been complied with, however, more work was required.

We saw staff checked with people before assisting them and staff gave people choices. Where people expressed a preference staff respected them.

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 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.

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 MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA.

When people were unable to make some decisions for themselves, mental capacity assessments had been completed and in some cases best interest decisions had been documented. However, the assessments were not always decision specific and the best interest decision was not always clear. For example a sensor mat was in use to alert staff to when the person tried to get out of bed unaided. There was a mental capacity assessment which covered several decisions including, 'significant risks including DoLS', but there was no mention of the use of a sensor mat in the capacity assessment and the best interest care plan which was entitled "To keep [name] safe in the least restrictive manner" did not mention a sensor mat.

DoLS applications had been made for a number of people who used the service and the manager told us they would be making further applications. However, not all staff we spoke with were very knowledgeable about MCA and DoLS.

Care records did not always provide sufficient detailed guidance for staff on how to support people with behaviours that may challenge others. We observed a person display behaviours that might challenge others and staff did not respond appropriately to support the person.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place but they had not always been completed appropriately to demonstrate that the person had been involved in the decision or fully completed to show they lacked capacity.

A person said, "If you ask the staff anything they can help you." A visitor said, "The majority of the staff seem to know what they are doing, sometimes new people or agency people aren't quite sure." They also said, "[The nurse on duty] is fantastic, he knows what he is on with and he will always help you if he can." We observed that staff competently supported people and interacted appropriately with them.

Staff felt supported. They told us they had received an induction. Staff felt that they had received sufficient training, however, training records showed that staff had not all attended all relevant training including safeguarding adults, MCA and DoLS. Staff told us they received regular supervision. Recent supervision and appraisal records contained appropriate detail.

People spoke positively about the food choices available and told us that they received meals that met their needs. A person said, "The food is really good and I enjoy it." A visitor said, "The food is well-presented and nutritious."

We observed the lunchtime meal. Where people needed assistance staff sat with them and helped them without hurrying the person. We saw that people were offered drinks throughout the inspection.

People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. Nutritional risk assessments had been completed and nutritional care plans were in place with actions to reduce the risks to people for example, choking. The food and fluid charts we examined indicated people had a good fluid intake and satisfactory food intake. People were weighed weekly and monthly as required and appropriate action was generally taken if people lost weight.

People told us they were supported with their health care needs. A person said, "A doctor comes and visits the home and you can ask to see him." Staff told us they were able to access people's GPs when they were needed. We talked with two professionals who visited the service regularly to provide care for people using the service. They told us staff worked well with them and supported them with people's care when they visited. They said staff followed their advice and took action when it was required.

Care records provided evidence of the involvement of other professionals in the care of people using the service including, the dementia outreach team, speech and language therapist, continence services, optician and community nurses. We saw staff had identified a person had difficulties in swallowing and referred the person to a speech and language therapist who had reviewed the person and made recommendations that the person required a pureed diet and thickened fluids. These requirements were - recorded in the person's care plan and staff were aware of the person's requirements.

Adaptations had not been made to the design of the home to support people living with dementia. People's bedrooms were not clearly identified and some bedroom numbers were duplicated. Toilets and bathrooms were not all clearly identified. There was no directional signage to support people to move independently around the home.

Is the service caring?

Our findings

People told us they had not been regularly involved in making decisions about their care plans. A visitor said, "I only get involved in the care planning by having informal discussions with the staff." We did not find any evidence of people's involvement in the development and review of their care plans in their care records. The manager told us that no care reviews had taken place where staff would meet with people who used the service and their relatives, where appropriate, to obtain their views on the care they were receiving. Advocacy information was not available for people if they required support or advice from an independent person.

People told us that staff were kind, caring and considerate. A person said, "I really like it here. They are very kind to me." Another person said, "Everybody is alright towards me here." Another person said, "They have been lovely to me here."

A visitor said, "The staff are kind and considerate and I have no problems with them at all." Another visitor said, "I think the staff are very caring and that they treat [my family member] as the family would wish [them] to be treated."

Staff were friendly and caring in their approach. They knew people well and spoke with them about things which had been happening recently. A visitor said, "The staff will put their arms around [my family member] if [they are] upset and give [them] a cuddle – that's what is often missing in a person's life when they come into care."

We saw staff take people to private areas to support them with their personal care and saw staff knocked on people's doors before entering. We observed staff enquiring discreetly whether people would like to go to the toilet before lunch. They offered people choices of where to sit and ensured their dignity was protected when they were moved using moving equipment such as hoists.

The home had a number of areas where people could have privacy if they wanted it. However, not all toilets and bathrooms had locks or signs to show whether they were engaged or not. This meant that there was a greater risk that people's privacy would not be respected when using the toilet or bathroom.

Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. We saw that staff treated information confidentially and care records were stored securely.

People were supported to eat their meals independently; adapted crockery and cutlery was used by some people. Staff told us they encouraged people to do as much as possible for themselves to maintain their independence.

Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. A visitor said, "We can come and go as we wish."

Is the service responsive?

Our findings

People did not always receive care that was responsive and personalised to their individual needs, preferences and what was important to them.

Activities required improvement. No outside entertainers visited the home and there were no activities taking place at the weekend. No activities timetable was in place. The manager told us that they were aware that activities had been poor in the past and that work needed to be done in this area. Staff told us that a better range of activities needed to be made available and more people should be supported to go outside, especially in good weather.

A person said, "The days are full for me – they are very busy – and sometimes we get together to play games such as scrabble or general knowledge quizzes." However, visiting professionals felt people living with dementia did not always receive enough stimulation. We checked activity records and the entries were limited.

We observed the activities coordinator started an inflatable ball game in one of the lounges and returned intermittently to encourage people to participate. People were not able to pick up the ball when it landed on the floor so the game stopped when the activities coordinator was not in the room. We saw several people playing dominoes in the dining room later in the morning; however, most people were not being effectively supported to take part in activities of interest to them.

Care records of people living with dementia contained an Alzheimer's Society's 'This is me' document providing details of their life history, interests and family relationships. Other care records contained similar information in different formats.

Care plans were in place to provide guidance for staff on people's care and support needs. These were detailed, were written from the person's perspective and contained personalised information about their preferences. Care plans for people's health conditions such as diabetes were detailed and informative. Care plans had been reviewed monthly.

We reviewed the records of two people with wounds and saw both records had a clear plan, initial and on-going wound assessments had been completed and progress documented. A person had a catheter in place and the responsibilities of the community nurses and the staff at the service had been clearly documented.

One person had a speech valve to enable them to communicate verbally. A care plan was in place for communication providing full details of this and their communication needs and there was also a care plan for the daily care of the valve.

Visitors told us that if they had a concern or complaint they would raise it with the manager. A visitor said that they had raised a concern, "Yes, I have and it was sorted out to my satisfaction." Another visitor said, "I would take [any concerns] up with the manager and she would do something about it." Staff were able to

explain how they would respond to complaints.

There had been no recent complaints; however, information on how to make a complaint was not accessible. Guidance on how to make a complaint was displayed in the main reception, however, it was not in the guide for people who used the service. A complaints policy was in place but did not contain contact details for the Local Government Ombudsman or the local authority's complaints process.

Is the service well-led?

Our findings

During our previous inspection on 18 and 19 May 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits had not identified or addressed shortcomings that we found during the inspection. At this inspection on 20 and 21 April 2016 we found that some improvements had been made in this area but the regulation had not been complied with and more work was required.

The provider had a system to regularly assess and monitor the quality of service that people received, however it was not effective as it had not identified and addressed the issues we identified at this inspection.

We saw that some audits had been completed by staff and also by representatives of the provider. Medicines and infection control audits had been carried out but had not identified the issues we found at this inspection.

A health and safety audit had been completed but prompt action had not been taken to address identified risks. Actions identified in a fire risk assessment and also by the fire service had not been address promptly. No audit of care records had taken place.

Not all concerns identified at our previous inspection had been addressed by the time of this inspection.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A visitor said, "They have some meetings and open days, but I haven't been to any myself." Meetings for people who used the service and their relatives took place. We saw the most recent minutes and feedback from people and their relatives was positive.

We saw that surveys had been completed by people but they were undated so it was not clear when they were completed. It was not clear whether actions had been taken in response to comments.

A whistleblowing policy was in place. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception. We saw that staff acted in line with those values.

Staff we talked with were committed to their job and demonstrated their care for people. A staff member said, "There is good team working, everybody chips in when they can." Another staff member said, "It's a loving home, very friendly. Staff do their best to make the home a welcoming place."

A person said, "I think the home is well-managed." A visitor said, "The manager's door is always open to us and I get the impression that if there is anything to address, she will do it."

Staff told us they had confidence in the new manager and they could speak to her if they had an issue. A member of staff said, "She knows what she is doing." Another staff member said, "If I had any concerns, I could pop in and have a word with the manager." They told us they had done it once and it had been dealt with. They said, "[The manager] takes things seriously. The residents come first." Staff also told us they would be able to contact the provider and talk to them if they had any concerns.

Staff told us they were starting to have regular staff meetings. They said they had had a meeting approximately a month ago and another was planned. We saw that the manager had clearly set out her expectations of staff in the most recent staff meeting. Staff told us that they received feedback on their performance in a constructive way.

The registered manager was no longer working at the service. A new manager had been in post for six weeks and she was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. She told us that sufficient resources were available to her to provide a good quality of care at the home. We saw that all conditions of registration with the CQC were being met, however a statutory notification had not been sent to the CQC when required. The current CQC rating was clearly displayed.

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 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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	1.Care and treatment must be provided in a safe way for service users.
Treatment of disease, disorder or injury	2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— g.the proper and safe management of medicines; Regulation 12 (1) and (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	2.Systems and processes must be established and operated effectively to prevent abuse of service users.
Treatment of disease, disorder or injury	3.Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. Regulation 13 (2) and (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	1.Systems or processes must be established and operated effectively to ensure compliance

Treatment of disease, disorder or injury

with the requirements in this Part.

Regulation 17 (1).