

Pearlcare (Kendal) Limited

Gilling Reane Care Home

Inspection report

Gilling Reane
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Date of inspection visit:

20 January 2017

24 January 2017

Date of publication:

04 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this comprehensive inspection on 20 and 24 January 2017, the inspection was unannounced.

Our last comprehensive inspection of this home was carried out 30 July and 1 August 2014. At that inspection we found breaches of legal requirements because there were not sufficient staff to assist people, people were not protected against the risk of infection and the processes used to assess the quality of the service were not effective. After the comprehensive inspection we received a concern that people had not been protected against hazards to their safety.

We carried out a focused inspection of the service on the 18 March 2015 to check the actions the provider had taken in response to the concerns we had identified at the comprehensive inspection. At the focused inspection we also looked at how the provider had assessed and managed hazards to people's safety. We found that significant improvements had been made to the service and the breaches to requirements we found at our comprehensive inspection in 2014 had been met. However, we also found that risks to people's safety had not been thoroughly assessed when they moved into the home. This was a new breach of legal requirements because people had not been protected against the risk of harm. During the focused inspection we saw additional risk assessments that the registered manager had completed to ensure hazards were identified and managed in the future.

At the comprehensive inspection in January 2017 we found the provider was meeting legal requirements. Although we found some areas where the service needed to be improved to ensure the consistency of the safety and quality of the service, we found significant improvements from our previous inspections. Everyone we spoke with told us this was a good service and said they would recommend it to other people. One person told us, "The care here is excellent I have no hesitation to recommend this home to others."

Gilling Reane Care Home provides accommodation and personal care for up to 33 people. The home mainly provides support for older people and people who are living with dementia or who have mental health needs. The home is a large, period property which has been converted to be used as a care home. Accommodation is arranged over two floors and there is a passenger lift to assist people to access the accommodation on the upper floor. The home has 29 single bedrooms and two double rooms, which two people can choose to share. There were 31 people living at the home at the time of our inspection.

There was a registered manager employed in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Everyone we spoke with told us that they felt safe in the home. They told us that the staff were "friendly", "caring" and "attentive" to people. The care staff knew people well and knew the things that were important

to them in their lives. They used their knowledge of people to support them to maintain their independence and to comfort people if they felt anxious. One visitor told us, "This is such as caring place". Another person said, "The support and the care of the staff has been very, very good".

People told us they enjoyed the meals and activities provided in the home. Relatives we spoke with told us they could visit the home at any time they chose. People were provided with a range of activities they enjoyed and were able to maintain relationships that were important to them.

The staff working in the home supported people to see their doctors if they needed. People received their medicines safely and as their doctors had prescribed. This helped to ensure people maintained good health.

People who lived in the home were included in planning and agreeing to the care they received. People's rights were protected because the principles of the Mental Capacity Act 2005 were followed where people were not able to make decisions about their care.

People told us they knew the registered manager and how they could speak to her if they needed. They said the home was well managed and that the registered manager and staff were committed to providing a good service to people. One person told us, "They [the registered manager] always sorts out anything and don't make you feel like you are a nuisance". Another person said, "The staff are easy to talk to. They do listen to you and sort things out if you are not happy."

We saw that there were enough staff to provide people's support in a timely way. The staff took time to chat and joke with people and we saw this supported people's wellbeing.

The staff were trained in how to support people and had completed qualifications relevant to their roles.

We found that some aspects of the safety of the service needed to be improved. We discussed these with the registered manager at our visit to the home on 20 January 2017. When we returned to the home on 24 January 2017 we saw that the registered manager had addressed the issues we raised to ensure that people were safe in the home.

Although the registered manager and staff in the home had carried out checks on the service, these had not identified aspects of the service that required improvement. The processes used to monitor the quality and safety of the service needed to be more robust to ensure the consistency of the quality of the service provided.

We have made a recommendation about improving the processes to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the safety of the service required improvement.

Some hazards to people's safety had not been identified promptly, although action was taken to address these once they had been identified.

There had been two occasions where correct procedures had not been followed to ensure the service was safe.

There were enough staff to provide the support people required.

Medicines were handled safely.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who were trained and competent.

The principles of the Mental Capacity Act 2005 were followed and people's rights were respected.

People were supported to eat and drink enough to maintain their health.

Good ●

Is the service caring?

The service was caring.

Staff were kind, patient and caring to people.

People were supported to maintain their independence.

Good ●

Is the service responsive?

The service was responsive.

People made choices about the care they received and their wishes were respected.

Good ●

People were provided with a range of activities that took account of their interests.

Is the service well-led?

One aspect of how the service was managed required improvement.

The systems used to monitor the quality of the service were not robust and had not promptly identified where aspects of the service required improvement.

People knew the registered manager and were confident she would take action if they raised any concerns.

People were asked for their views and action was taken in response to their comments.

Requires Improvement ●

Gilling Reane 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.

The inspection took place on 20 and 24 January 2017 and was carried out by one adult social care inspector 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 care service.

Our visit to the home on 20 January was unannounced. At that visit we concentrated on speaking to people who used the service, their visitors and the staff on duty. The inspector returned to the home on 24 January 2017 to look at records relating to how the service was managed.

During our inspection we observed how staff supported people, spoke with 20 people who lived in the home and with six people who were visiting the service. We also spoke to the registered manager, two members of the home's management team, to three members of the care team and four ancillary staff.

We looked at the records relating to the care of four people, the recruitment records for two new staff members and the training records for three staff. We also looked at records relating to how the registered manager and registered provider monitored the safety and quality of the service.

Before our inspection we looked at the information we held about the service, including notifications the registered manager had sent to us about significant events that had happened in the home. We also contacted local health and social care agencies who had knowledge of the home to gather their views about the service.

Is the service safe?

Our findings

Everyone we spoke with told us that people were safe living in the home. One person told us, "I feel safe and well looked after here". Some people who lived in the home could not easily share their views with us. We saw that people were comfortable and relaxed with the staff who were working in the home.

At our focused inspection in March 2015 we found that risks to people's safety had not been thoroughly assessed when they moved into the home and people had not been protected against the risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the focused inspection the registered manager showed us additional risk assessments that had been completed to improve how people were protected from harm.

During the inspection on 20 January 2017, we found that most aspects of the service were safe. However, we found that some hazards in the environment had not been identified and managed. We found that a restrictor had been removed from one window on the main stairway, meaning it was possible that a person could fall from the window. There were also some doors in the home that were heavy and closed quickly. We were concerned that this could lead to injury if people trapped their limbs in the doors. The processes used to assess the safety of the service had not ensured that these hazards had been identified promptly to protect people from the risk of harm.

We also saw that, where people used a wheelchair to move around the home, the staff were not always using the lap belts fitted to the wheelchairs to reduce the risk of individuals falling from the wheelchairs. We discussed this with the registered manager of the home during our visit on 20 January 2017. The registered manager told us that they had been advised that the use of wheelchair lap belts was a restriction on people's rights and therefore staff had been told not to use them. They immediately revised the guidance for staff on the use of the lap belts. The registered manager also arranged for the concerns we identified regarding the missing window restrictor and doors closing quickly to be addressed.

At our visit on 24 January 2017 we saw that an appropriate restrictor had been fitted to the stairway window and that staff were using the wheelchair lap belts to protect people from the risk of falling from them. The registered manager had also arranged for new closures to be fitted to the heavy doors to reduce the risk of people trapping limbs in the doors.

All of the staff we spoke with told us that they had received training in how to protect people from abuse. They said they would speak to a member of the home's management team if they were concerned about anyone who lived in the home.

Providers of health and social care services must report any allegations of abuse to the local authority and must also notify us of all allegations. From the records we held, we knew that the registered manager usually followed correct procedures to report abuse to the local authority and to notify us of allegations. However, before we carried out this inspection there had been one incident in the home where the registered manager had not followed appropriate procedures promptly. We had discussed this with the registered

manager before our inspection and provided them with guidance related to the specific concern. Following this one incident, the registered manager had informed us of all significant events as required and had followed the correct procedures to protect people from the risk of abuse.

People who lived in the home and the visitors we spoke with told us that there were enough staff to provide the support people required. People who lived in the home said that the staff had time to spend with them and one person said, "The staff sit and chat with us". We also saw staff doing this during our inspection.

Some people chose to spend time in their own rooms. They told us that the staff regularly visited them to check that they were safe and comfortable and to ask if there was anything that they needed. The home had a call bell system that people could use to summon staff if they needed assistance. People who liked to spend time in their own rooms told us that the staff "always" made sure the call bell was where they could reach it and attended promptly if they used their call bell to request support. We also saw that call bells were answered promptly throughout our inspection. This showed us that people received support in a timely way.

We saw that the home was clean and there were no unpleasant odours. People who lived in the home and their visitors told us the home was always clean. The housekeeping staff we spoke with said they had the time and equipment they needed to ensure the home was maintained to a clean and hygienic standard.

We checked how medicines were managed in the home. We saw that medicines were stored securely to prevent them from being misused. Staff who administered medication had been trained in how to do this safely. Thorough records were kept of medicines given to people. This helped to ensure people were protected from the misuse of medicines. Visitors we spoke with told us they were confident their relatives received their medicines safely and as they needed. One person told us, "They [care staff] give Mum all her medication on time. I have seen that they stay with and support people and make sure they take their medication." People received their medicines safely and as their doctors had prescribed. This helped to maintain their health.

In April 2016 we had received a concern that safe recruitment procedures had not been used when one new staff member had been recruited. We passed this concern to the registered provider to look into. They conducted a thorough investigation and provided us with a copy of their investigation report. The registered provider also informed us of the actions they had taken to ensure that robust recruitment procedures were used when new staff were employed.

During this inspection in January 2017 we looked at the recruitment records for two new staff members. These showed that thorough checks had been carried out for both staff members to ensure they were suitable to work in the home. The provider and registered manager had taken action to ensure safe recruitment procedures were followed when new staff were employed in the home. .

Is the service effective?

Our findings

Everyone we spoke with said that this was a good home and that the staff provided people with a good quality of care. People told us that the staff were "skilled" and "good at their jobs".

The staff we spoke with said they were provided with a range of training to give them the skills and knowledge to understand people's needs and to provide the support individuals required. Training records we saw showed that the staff had received training appropriate to their roles and to meet the needs of people who lived in the home. We saw that the training included the safe use of equipment, protecting people from abuse, health and safety, infection control and supporting people who were living with dementia. We saw that the staff were also supported to gain qualifications relevant to their roles.

We observed the midday meal being served. We saw that some people ate in the communal dining areas and other people had chosen to eat in their rooms. People who were eating in their rooms confirmed that this was their choice and said the staff checked them regularly to ensure they received any support they required. People told us they enjoyed the meals provided. One person told us, "The meals are very nice". Another person said they had particularly enjoyed their meal and told us, "The fish and chips are very good".

During our inspection we saw that people were given meals, snacks and drinks as they wanted. People were encouraged to eat and drink enough to maintain their health. Where people required support to eat their meals we saw this was provided promptly and in a patient and caring way.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that people were asked if they required assistance and this was only provided with their agreement. Where people were able, they had signed their care plans to show they agreed to them. The registered manager had a good understanding of the MCA and how decisions needed to be made in the best interests of people who could not consent to their care.

Where the registered manager had identified that people required some restrictions in order to maintain their safety we saw that appropriate applications had been made for a DoLS to be authorised. This helped

to ensure that people's rights were protected.

The staff we spoke with said they felt well supported by the management team in the home. They said they could speak to a senior staff member if they had any concerns. One staff member told us, "[The registered manager] is really supportive. I can speak to her if I have any worries, not just about work but if there's anything bothering me". Other staff we spoke with told us that they enjoyed working in the home.

People told us that the staff in the home supported them to see their doctors or the district nurse as they required. They told us the staff were "attentive" and one person said, "They [staff] always pick up if I look under the weather, they are very quick to get the doctor if anyone isn't well". Visitors we spoke with confirmed that the staff in the home sought appropriate medical assistance if their relative was unwell. One person told us, "The staff are very good, they quickly get the doctor if [my relative] is unwell, and they keep me up to date with what the doctor advises".

Care records we looked at showed that people received support from a range of appropriate health care services including local GPs, the local district nursing team, chiropodists and specialist health care services. People were supported to access appropriate health care services to maintain their health.

Is the service caring?

Our findings

Everyone we spoke with told us that people were well cared for in the home. People who lived in the home told us that the staff were "friendly" and "very caring". During our inspection we saw the staff sharing jokes with people and noticed how this supported people's wellbeing.

One person told us the staff provided, "Consistently good care and staff always make you feel like nothing is too much trouble." A visitor we spoke with said the staff were "friendly" and told us, "The staff remember your name and all your family". They told us this was important to them.

Visitors we spoke with told us that they had only ever seen the staff treat people in a kind and caring way. One visitor told us, "Whenever I visit I've always seen the staff treating people kindly, all of the staff are very caring to people". Another visitor said, "The support and the care of the staff has been very, very good". One visitor told us that their relative had been unwell and commented how caring the staff had been, they told us, "[My relative] has been very ill and the staff have been so attentive, caring to her but also to us. This is such as caring place".

Throughout our inspection we saw that the staff in the home spent time with people, asking them if they were alright and talking to them about their families and interests. The staff knew people well and knew the things that were important to them in their lives. They used their knowledge of individuals to engage them in conversation and to identify if a person was anxious or unwell.

People we spoke with confirmed that the staff asked for their views about their care. One person told us, "The staff ask me if I am alright and if everything is alright." Another person told us that the staff took action in response to their comments and said, "The staff are easy to talk to. They do listen to you and sort things out if you are not happy."

We saw that the staff in the home provided people with the support they needed in a discreet and sensitive way. People were asked discreetly if they needed support to use the toilet and the staff ensured doors to bathrooms and bedrooms were closed while people were receiving support. The visitors we spoke with conformed to us that the staff in the home ensured people's privacy and dignity were respected.

People told us that the staff provided the care they required and gave them time to carry out tasks for themselves. This helped to maintain people's independence. One person told us that they were supported to be independent and said this was important to them. One person told us "I manage to do as much as I can for myself; staff ask what I need help with and are always on hand if I need anything".

During our inspection we saw that one person was being cared for in bed and their bedroom door was open, meaning that people could see into their room. We noticed that the staff ensured the person's dignity was maintained by checking they were covered by the bedclothes. The registered manager told us that the individual liked to have their door open, so they could see into the corridor and watch what was happening in the home. The registered manager advised staff to check if the person was asleep and to close the door

while the person was sleeping. This helped to ensure their privacy.

Most people we spoke to said they had relatives or friends who could support them if they needed assistance to express their wishes or to make important decisions about their lives. The registered manager knew how to contact local advocacy services to support people who did not have relatives or friends to assist them to share their views. They had arranged for independent advocates to support two people who did not have family or friends to assist them to express their wishes. This showed that the registered manager contacted appropriate agencies to ensure people were supported to express their views about their care.

Is the service responsive?

Our findings

People who could speak with us told us they had been included in planning and agreeing to the support they received. One person told us, "The staff know what help I need, they always ask me".

People told us that the staff asked them how they wanted their care to be provided and gave them choices about how they spent their time. We also saw people being offered choices during our inspection.

Each person had a care plan that gave staff information about the support they needed and the choices they had made about their lives in the home. Visitors we spoke with told us that their relative's care plan was reviewed regularly and said they had been invited to meetings with their relative where their care was reviewed. One visitor told us, "I am often invited to discuss [relative's] care plan". They also told us, "The staff ring us to keep us up to date about how [relative] is doing".

People told us they were provided with a range of activities and said they could choose if they wished to take part in the activities provided in the home. One person told us, "The staff invite us to take part in activities; we are making a birthday card today". Another person told us they had chosen not to take part in the activity being offered. They said they had chosen to follow an activity they enjoyed and said, "The staff tell me what's going on. I like to join in when we do exercises, but I've never enjoyed crafts, I'm happy with my magazine". One person also said, "I do want I want to do. I spend my morning with everyone and the afternoon in my room. I like the quizzes they are interesting, otherwise I have my own hobbies such as crosswords and puzzles."

We saw that a range of activities had been planned including exercise classes, music sessions, quizzes, entertainers and a "movie afternoon". The home was also regularly visited by a local hairdresser. Three people told us they liked the hairdresser visiting and appreciated this service.

We saw that staff in the home also provided activities for people on an individual basis. One person was enjoying a staff member massaging their hands and another person was being helped to choose nail varnish that the staff member was going to apply for them. Throughout our inspection we saw that the staff engaged people in conversation. People enjoyed chatting with the staff and we saw lots of laughter and sharing of jokes.

One of the local churches visited the home each week for those people who wished to take communion. The staff in the home knew who liked to attend the service and supported them to do so. One visitor told us that this had been very important to their relative. They told us that their relative had been an active church member before moving into the home and said that the staff always made sure that they were supported to participate in communion. We saw that people were provided with a range of activities that took account of their preferences, interests and needs.

The registered provider had a procedure for receiving and responding to formal complaints. We saw that a copy of the complaints procedure was displayed near the entrance to the home. This meant it was available for people who lived there and their visitors, if they needed information about how to make a formal

complaint. People we spoke with told us that they had never needed to make a formal complaint about the service provided. They said that they were aware how they could make a complaint, but told us this had not been necessary. People told us that they found the staff in the home and the members of the home's management team to be "approachable". They said they would feel able and comfortable to speak to a member of staff or to the registered manager if they needed to raise a concern. One person told us, "Any problems or concerns will be sorted out for you". A visitor we spoke with told us, "I speak with the [registered] manager every time I visit. They always sort out anything and don't make you feel like you are a nuisance." People could be confident that they could raise concerns about the service provided and that these would be dealt with.

Is the service well-led?

Our findings

People we spoke with told us that this was a good service and said it was well managed. People told us they knew the registered manager and could speak with her if they wished. One visitor told us, "The manager [registered manager] is marvellous, no messing she just gets things done". Another visitor said, "The home is well managed and run".

People told us that the management team and staff who worked in the home were committed to providing people with a high quality of service. People told us, "They want to give the best care for people here" and said, "The staff care and want to make things right". People we asked also told us that they would recommend the home to others and said, "The care here is excellent, I have no hesitation to recommend this home to others".

The registered manager had an office close to the entrance to the home. Visitors we spoke with told us that the registered manager was "approachable". They said that, because the office was close to the home entrance, they could see the registered manager in private whenever they wished. They told us this was important to them.

People who lived in the home were asked for their views of the service provided and we saw action had been taken in response to comments received. Some people had attended regular "residents' meetings" where areas had been discussed such as the menus and activities provided. The notes from the meetings showed that action had been taken in response to the comments of people who lived in the home.

Some people told us that they enjoyed attending the residents' meetings. Other people were not able to take part in the meetings due to having complex needs. We saw that the staff in the home asked people for their views in an informal manner, checking if they were happy or wanted any part of their support to be provided in a different way.

People had also been asked to share their views by completing a quality survey. We saw surveys that people had completed and these showed that people had been asked if they knew the registered manager and how they could speak with her. People who had completed the surveys had confirmed that they did know the registered manager and how they could speak with her.

The management team in the home had systems in place to monitor the quality of the service provided. We saw that checks were carried out to assess the quality and safety of the service. Bedrooms were checked monthly to make sure they remained safe and comfortable for people. Regular checks were also carried out on the fire safety equipment. We saw that care records were also audited to make sure they gave accurate and up to date information and guidance for the care staff. However, during our inspection we found areas of the home that required attention to ensure people's safety. This meant the systems to assess the quality and safety of the service had not always been robust.

We recommend that the service seek advice about improving the processes used to assess the quality of the

service.

The registered provider maintained oversight of quality of the service by a senior manager visiting the home each month. The registered provider was introducing new quality checks for senior managers to use. These were aimed at ensuring people were receiving safe and effective care and to improve how the registered provider monitored the safety and quality of the service.

Providers of health and social care services are required to inform us of important events that happen in the service such as applications to deprive a person of their liberty and serious injuries to people who use their services. The registered manager of the home usually informed us promptly of notifiable incidents. This meant we could check that appropriate actions had been taken.