

Qualia Care Limited

Gilwood Lodge

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place on 28 February 2017 and was unannounced.

This is the first inspection at Gilwood Lodge following the new providers registration with the Care Quality Commission (CQC) on 11 November 2016.

Gilwood lodge is registered for the regulated activities accommodation for persons who require nursing or personal care, treatment of disease and disorder or injury. The home is located in the south shore area of Blackpool close to the promenade. The home has two floors with lift access to the first floor. Rooms are en suite and there are bathroom and toilet facilities on both floors. Lounges and dining areas are also located on both floors. Private car parking facilities are available for people visiting. The service can accommodate a maximum of 47 people and specialises in providing care for people who live with dementia. At the time of our inspection visit there were 42 people who lived at the home.

When we undertook our inspection visit the registered manager had recently left the service. 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 services operations manager told us the service had appointed a new manager who would commence working at the home on 03 April 2017. An Acting Manager was on duty on the day of our inspection.

We found care plans were disorganised and it was difficult to identify how the service supported people who had been assessed as being at risk of losing weight. People's weight had not always been recorded and we found incomplete records completed by staff monitoring some people's food intake. Information about how the service supported people who presented behaviour which challenged the service required development. This was because care plans did not provide clear strategies for staff supporting people who became agitated and distressed. The acting manager acknowledged documentation was poor and these were under review when we undertook our inspection visit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not maintained accurate, complete and contemporaneous records in respect of each person who lived at the home.

We found staffing levels the service had in place were not sufficient to provide support people required. Some people who lived at the home and their visitors told us the service was often understaffed and sometimes they had to wait a long time when they needed assistance. We observed the lunch time meal in both dining rooms and saw some people who required assistance with their meals did not receive the support they required. This was because there was not enough staff to support everyone who needed help. We saw people sat staring at their meals and others getting up and leaving the dining room having eaten

very little.

The services training matrix was dated and it was difficult to establish what training staff had received. During the inspection we noted concerns regarding accurate recording of weight loss and behaviour that challenged the service. The service was unable to evidence appropriate training had been provided to staff in these key areas.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with six people who lived at the home. We also spoke with three people visiting their relatives. People told us they were happy and well cared for and felt safe living at the home. One person said, "No issues with my care. The staff are very good I just wish there were more of them."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

We looked at the recruitment of three recently appointed staff members including one registered nurse. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

The service had checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks had been repeated regularly to ensure nursing staff were still registered with the NMC and therefore able to practice as a registered nurse.

We found people had access to healthcare professionals and their healthcare needs were met. One person we spoke with told us how the service had responded recently when they were unwell. People who lived at the home and their visitors told us they enjoyed a variety of activities which were organised for their entertainment. These were organised individually and in groups.

We found the service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff spoken with understood their responsibilities to report unsafe care or abusive practices.

The acting manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found equipment used by staff to support people had been maintained and serviced to ensure it was safe for use.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals.

We found medication procedures at the home were safe. Medicines were safely kept with appropriate arrangements for storing in place.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy with their care.

The service used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews.

You can see what action we have asked the provider to take at the back of the main body of the 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?

Requires Improvement ●

The service was not consistently safe.

Staffing levels were insufficient to meet the needs of people who lived at the home. People did not always receive the support they required when needed.

Recruitment procedures the service had in place were safe with appropriate checks completed before new staff commenced their employment.

The service had procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report unsafe care.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. There were processes in place for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The service was unable to evidence appropriate training had been provided to staff.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The acting manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be

involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care. Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Care plans were not consistently accurate and complete. There were gaps or missing information in documentation and care plans lacked detail to assist staff in how to support individuals.

Systems and procedures were in place to monitor and assess the quality of service people received.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Gilwood Lodge

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 checked 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 was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a specific investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of unsafe medicines management, safeguarding procedures, care planning and management of behaviour that challenged at Gilwood Lodge. This incident happened prior to the new provider taking over Gilwood Lodge.

The inspection team consisted of two adult social care inspectors and an adult social care inspection manager.

Before our inspection on 28 February 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included six people who lived at the home, three relatives, the acting manager, operations manager, assistant operations manager and 11 staff members. Prior to our inspection visit we spoke with the commissioning department at the local authority, the Clinical Commissioning Group (CCG) and contacted Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to

help us understand the experience of people who could not talk with us.

We looked at care records of seven people, the training matrix, supervision records of five staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

When we undertook this inspection visit there were a number of open safeguarding concerns being investigated by the local authority safeguarding team. The concerns raised were around identified weight loss, staffing levels, over use of agency staff and people's care. The service was working in cooperation with the local authority to address these concerns.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were insufficient to meet the needs of people safely. We saw a number of people who lived in the home had high dependency needs and required two staff members to support them with their personal care. This meant staff were often not visible for long periods of time and vulnerable people who required supervision did not always receive the support they needed.

Whilst walking around the building we spoke with one person being cared for in bed. They told us the staff were excellent and very caring people there just wasn't enough of them. The person said, "They are often understaffed and take their time when I need them. They use a lot of agency staff which can be a problem because they don't know their way around the home." A visiting relative said, "The staff are very caring people but unfortunately you cannot always find them. It's not their fault I know they are busy."

We observed the lunch time meal in both dining rooms and saw some people who required assistance with their meals did not receive the support they needed. This was because there was not enough staff to support everyone in the ground floor dining room. We saw staff had been deployed to support people who required assistance eating their meals but they were unable to support everyone who required assistance. We observed people sat staring at their plates and others getting up and leaving the dining room having eaten very little if anything. We saw a member of staff remove one persons meal which they had played with and barely touched. We did not see a replacement meal brought for the person during our observations.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient staff were deployed to support people.

We spoke with the management team about our concerns. They told us that there had been a number of staff recently left employment which had resulted in a higher use than normal of agency staff. The management explained that they were in the process of new staff members to reduce the use of agency staff at the home. On the day of our inspection visit there was one agency staff member on duty who was familiar with the environment and the needs of people who lived at the home.

Prior to our inspection visit a number of people visiting their relatives at the home contacted us to complain about infection control at the home. On the day of inspection we looked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. We saw cleaning schedules had been completed and audited by the acting manager to ensure hygiene standards at the

home were maintained.

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. We spoke with a member of the services maintenance team and checked records completed. This confirmed equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors were regularly checked to confirm they were working.

We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The acting manager had fulfilled their regulatory responsibilities and informed the local authority safeguarding team about a recent unwitnessed fall experienced by a person who lived at the home.

We looked at the recruitment of three recently appointed staff members including one registered nurse. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment.

We saw the service had checked when recruiting a nurse that they were registered with the nursing and midwifery council (NMC). These checks were repeated regularly to ensure nursing staff were still registered with the NMC and therefore able to practice as a registered nurse.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The acting manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed two nursing staff administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. We saw the nurses informed people they were being given their medicines and where required prompts were given.

We saw during our inspection visit staff supported people who presented with behaviour that challenged safely. However we found care records did not always provide staff with clear guidance to meet people's needs

Is the service effective?

Our findings

Our observations confirmed people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw people who lived at the home had access to the grounds which were enclosed and safe for people to use. This provided people with the opportunity to exercise and receive exposure to sunlight which is vital for wellbeing. We saw the design of the building provided sufficient space to enable people to walk about the home as they wished safely. One person visiting the home said, "I chose the home because it is purpose built and there is plenty of space for [relative] to wander. They seem very happy here."

We saw people visiting the home were made welcome by staff and updated about their relative's welfare. One person visiting their relative said, "I visit every day and I am always well received by staff. They keep me fully updated about [relatives] care. I am satisfied with how things are working out."

We spoke with staff members and looked at the services training matrix. We found the training matrix was dated and did not provide a true reflection of the training staff had received. This was confirmed by the staff we spoke with who confirmed they were supported by the service with their training. The acting manager showed us documentation confirming the service had recently commissioned a number of training courses for all staff to commence in March 2017. These included dementia awareness, dignity and choice, mental capacity, care planning and person centred care, nutrition and hydration, end of life, tissue viability and managing challenging behaviour.

During the inspection we noted concerns regarding management of weight loss and behaviour that challenged the service. The service was unable to evidence appropriate training had been provided to staff in these key areas.

This was breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs.

Discussion with staff and observation of records confirmed annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the acting manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast if requested. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. We saw people who were nursed in bed or had chosen to remain in their rooms had drinks

within their reach.

When we undertook our inspection visit menus were being updated after 'resident surveys' had been completed advising of their likes and dislikes and preferred choices for meals. Choices provided on the day of our inspection visit included lamb casserole and new potatoes or jacket potatoes, cheese and beans. Drinks were provided and offers of additional drinks were made where appropriate.

The service had identified the cause of a recent sickness and diarrhoea outbreak at the home and had taken steps resolve the problem. Everyone who lived at the home had recently had their height measured and weight recorded and the service had used Malnutrition Universal Screening Tool (MUST) to identify people at risk of malnutrition. The acting manager told us the results of people's MUST scores were being reviewed and medical attention would be sought where weight loss was identified.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records had documented the reason for the visit and what the outcome had been. One person who lived at the home said, "I complained about pain in my foot and they got someone out to me straight away."

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 Deprivation of Liberty Safeguards (DoLS).

The acting manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the acting manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "I have no issues with my care. The staff are excellent with me." And, "The staff are very good. They look after me." One person visiting the home said, "I am satisfied with [relatives] care. I find the staff are kind and helpful."

We saw people cared for in bed had been provided with mattresses suitable for the relief of pressure and prevention of pressure sores. They looked comfortable and well cared for. Records completed by staff members described the daily support they had provided. We spoke with one person cared for in bed. They said, "I am comfortable, warm and cosy."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive to people who required their assistance. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience.

We saw positive interactions between staff and people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who asked if people were alright and if they needed anything. People we spoke with during our observations told us they were happy with their care.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We saw staff spoke with people in a respectful way, giving them time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect.

We spoke with the acting manager about access to advocacy services should people require their guidance and support. The service had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our Inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority and Clinical Commissioning Group (CCG). A number of safeguarding referrals had been received by the local authority and were being investigated by their safeguarding team. The service had cooperated with the safeguarding team during their investigations and was working with the local authority and CCG to make improvements to their services.

Is the service responsive?

Our findings

Although we identified problems with staffing levels during our inspection visit we did receive positive feedback about staff and the care they provided. People who were able spoke fondly of the staff and the care and support they provided. One person said, "I like the staff and I am happy and content here." And, "They do their very best for me."

We spoke with three people visiting the home who told us they were generally satisfied with the home. One person said, "[Relative] hasn't been here very long but I am satisfied with things to date. I like the staff who I find very helpful."

We observed staff members undertaking their duties and although busy they did engage people they supported in conversation. We saw they demonstrated a good understanding of people's needs and did their best to ensure these were met. Staff spoken with accepted staffing levels at the home affected the quality of service they could provide for people. One staff member said, "It has the potential to be a good home. We had a staff meeting the other day to discuss the problems identified by the council. We are working hard to address these and things are slowly improving."

The service employed a full time activities co-ordinator who organised a wide range of activities to keep people entertained. The activities were structured, varied and thoughtful. On the day of our inspection visit the activities coordinator had people engaging in making pancakes in the afternoon. We observed the people taking part seemed to be enjoying themselves. We saw during the morning people playing cards and dominoes. Late afternoon one person went into the sun lounge and started to play a piano. One person sat next to the piano started singing and it was clear they were both enjoying themselves.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. During the inspection visit we saw the acting manager responding to people visiting the home who wanted an update on concerns they had raised at a previous visit.

Is the service well-led?

Our findings

The service had completed an assessment of people's needs prior to their admission to check they were able to support them. We saw following admission people had their needs assessed on an ongoing basis to check support continued to meet their requirements. However, we found care records did not always provide staff with clear guidance to meet people's needs. There were gaps or missing information in documentation and care plans lacked detail to assist staff in how to support individuals. For example the daily notes of one person showed they had displayed behaviour that challenged. There had been no incident reports completed identifying the incident or how this had been managed.

Information about how the service supported people who presented behaviour which challenged the service required development. This was because care plans did not provide clear or current strategies for staff supporting people who became agitated and distressed. For example the care plan of one person had identified they would lash out with their walking stick if they became agitated. The care plan had documented the person liked cleaning and this should be used as a distraction technique. There was no information on the care plan the distraction technique was used. The acting manager acknowledged documentation was poor and these were under review when we undertook our inspection visit.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as an accurate record in respect of the care and support agreed and provided was not in place. This placed people at risk of care and support that did not meet their needs.

The acting manager had procedures in place to monitor the quality of the service provided. We found regular audits had been completed. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

The management team had identified staffing levels, training completion and care records required improvement. Actions were in place to address the improvements, however these should be prioritised to address the breaches of regulations identified as part of this inspection.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included discussing concerns identified by the local council and the actions required to address these.

We found the acting manager had sought the views of people about the service provided. This had been undertaken by a variety of methods including resident/relative meetings and completed questionnaires. We saw following receipt of completed resident questionnaires the service was in the process of reviewing and amending menus to provide meals of people's choice.

Comments received from staff and people who lived at the home were positive about the acting manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and

had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "We have had our problems recently but things are slowly starting to improve. The management are listening to our concerns and supporting us to provide a better service."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the acting manager worked with them and showed leadership. Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service failed to keep an accurate record in respect of the care and support agreed and provided. This placed people at risk of care and support that did not meet their needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs.</p>