

Pearlcare (Kendal) Limited

Gilling Reane Care Home

Inspection report

Gilling Reane
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22 June 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection on 21 and 22 June 2018.

Our last comprehensive inspection of this service was in January 2017. At that inspection we assessed that the registered provider was meeting legal requirements. However, during our inspection we found some aspects of the safety of the service required improvement. We raised our concerns with the registered manager and they took immediate action to make the required improvements. We also found that the systems used to assess the safety of the service needed to be improved to ensure issues were identified and resolved promptly. We recommended that the registered provider took advice to improve the processes used to assess the quality of the service. We checked this at our inspection in June 2018 and found that the registered provider had made the required improvements.

Gilling Reane Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

There was a registered manager employed. 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.

People who could speak with us told us this was a good service and said they would recommend it.

Some people were not able to easily share their views. We saw people were relaxed and comfortable with the staff on duty. The staff knew people well and treated people with kindness and respect. People enjoyed talking and laughing with the staff and this supported their wellbeing.

People were safe and protected against abuse and harm. Risks to people's safety had been identified and actions taken to manage hazards.

There were enough staff employed in the home to meet people's needs and to spend time with people. Safe systems were used when new staff were recruited to ensure they were suitable to work in the home.

Medicines were handled safely. People could manage their own medicines and there were checks in place to support them to do so safely. People received their medicines as their doctors had prescribed.

The premises and equipment were checked to ensure they remained safe for people to use.

The staff were trained to give them the skills and knowledge to carry out their roles. The registered provider had systems to identify when training needed to be repeated to ensure the staff had up-to-date skills and knowledge.

People were provided with a choice of meals, drinks and snacks they enjoyed.

The principles of the Mental Capacity Act 2005 were followed and people's rights were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health. Appropriate professionals were included in assessing people's needs. The staff in the home contacted health care professionals appropriately and acted on advice given.

People's dignity, privacy and independence were supported. People made choices about their lives and the decisions they made were respected.

Care was planned and delivered to meet people's needs. The registered provider had introduced an electronic care planning and recording system. This could be updated quickly if a person's needs changed and gave the staff up-to-date information about people's care.

People were able to maintain relationships that were important to them. Visitors were made welcome in the home and people could see their friends and families as they wished.

People enjoyed following a range of activities in the home and local community.

The registered provider had a procedure for receiving and responding to complaints about the service. People who lived in the home knew how they could share any concerns about their support.

There were arrangements in place to ensure the effective management of the home. The registered manager was supported by a deputy manager and senior care staff. People knew the registered manager and were confident approaching her as they needed.

The registered manager and registered provider carried out checks on the service to ensure people received a good quality of service.

The registered manager had notified us of significant incidents that had occurred in the home. This meant we could check appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse.

Risks to people's safety were identified and managed. People were given advice about how to maintain their safety in the home and local community.

There were enough staff to care for people.

People received the support they required to take their medicines.

Is the service effective?

Good ●

The service was effective.

The staff had completed training to carry out their roles.

Appropriate services had been included in assessing and planning people's care to ensure this was in line with best practice.

People were provided with a choice of meals, drinks and snacks they enjoyed.

The principles of the Mental Capacity Act 2005 were followed and people's rights were respected. People gave consent to the support they received and any restrictions on their liberty had been authorised by the appropriate body.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way and were given prompt support if they felt anxious.

People enjoyed laughing with the staff and this supported their wellbeing.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

Care was planned and delivered to meet people's needs.

People were provided with a range of activities that they enjoyed.

Visitors were made welcome in the home and people could maintain relationships that were important to them.

The registered provider had a procedure for receiving and responding to complaints.

Is the service well-led?

Good ●

The service was well-led.

There was an experienced registered manager employed. People knew the registered manager and were confident approaching her.

The registered manager set high standards and monitored the service to ensure these were met.

People who lived in the home were asked for their views and action was taken in response to their feedback.

The registered provider had systems to monitor the quality and safety of the service.

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 21 and 22 June 2018. Our visit on 21 June 2018 was unannounced and focused on speaking to people who lived in the home, their visitors and the staff on duty. We also observed how the staff interacted with people and how medicines were managed. We arranged to return to the home on 22 June 2018 to look at records related to the management of the service.

The inspection was carried out by one adult social care inspector.

There were 30 people living in the home when we carried out our inspection. We spoke with 12 people who lived in the home, three visitors to the home, three members of the care team, three ancillary staff, the registered manager, deputy manager and to the registered provider's regional manager. We also spoke with three visiting health care professionals who supported people who lived in the home.

During the inspection we looked at care records for four people and recruitment and training records for four staff. We also looked at records relating to how the registered manager assessed the quality and safety of the service.

Some people who lived at the home were not easily able to tell us their views about their care. 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.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted local health and social care commissioning teams to gather their views of the service.

Is the service safe?

Our findings

Everyone we spoke with told us people were safe living in the home. One person told us, "I feel very safe. There are always staff to help me and that makes me feel safe." Another person said, "I've never had any concerns, I feel safe here." Some people who lived in the home could not easily share their views with us. We saw people were relaxed and confident around the staff working in the home.

All the staff told us they had completed training in how to identify and report abuse. They said they would not tolerate any form of abuse and would report any concerns to a senior member of staff. One staff member told us they had reported a concern about another staff member's conduct. They said the registered manager had acted in response to their concerns. This showed the registered manager took appropriate action to protect people from abuse.

During our inspection of the service in January 2017 we identified areas where the safety of the service needed to be improved. Some hazards in the environment had not been identified and managed and the staff were not always using lap belts, fitted to wheelchairs, to reduce the risk of people falling from the wheelchair. We had discussed our concerns with the registered manager during that inspection and they took immediate action to ensure people were safe.

At our inspection in June 2018 we found the premises were safe for people to use and the staff used equipment safely. Hazards to people's safety had been identified and appropriate action had been taken to manage and reduce risks.

People made choices about their lives and how they spent their time. We saw the staff gave people advice about maintaining their safety in the home and when they followed activities in the local community.

Everyone we spoke with said there were enough staff working in the home to support people as they needed. People told us the staff responded quickly if they used the call system to request assistance. One person told us, "Even if I use the bell at night the staff come quickly."

We saw that staff were available in all areas of the home to support people and to spend time with them. The staff were patient and unhurried while supporting people and people received the assistance they needed.

Registered providers of health and social care services are required to carry out detailed checks before new staff are employed to work in their services. These include obtaining evidence of a person's conduct in any employment in health or social care. They also need to verify why individuals left any employment that involved working with children or vulnerable adults.

In February 2018 we had been informed that a staff member had been employed in the home before their conduct and reason for leaving a position working in a social care service had been checked. We discussed this at the time with the registered manager of the home. They found this information had not been

gathered due to an oversight. The registered manager took immediate action to remove the staff member from working with people and to obtain the required information.

At our inspection in June 2018 we examined records around staff recruitment. We found all the required information had been obtained for the staff we checked. All new staff had provided evidence of their good character and were checked against the records held by the Disclosure and Barring Service. This checked the staff were not barred from working in a care service and did not have any criminal convictions that would make them unsuitable to work with people.

Where staff had previously worked in a health or social care service their conduct in that employment had been checked. The registered manager had also ensured that, where a staff member had previously worked with children or vulnerable adults, the reason they had left that employment had been verified. Robust checks had been carried out to ensure new staff were suitable to work in the home.

People told us they received their medicines as they needed. One person told us the staff quickly identified if they were in pain and offered them pain relief that had been prescribed by their doctor. People who wished to could hold their own medicines and systems were in place to check they could do so safely.

All the staff had completed training in handling medicines safely. We saw clear records were kept of all the medicines given to people. The registered manager had systems to check medicines and medication records to ensure people received their medicines as they needed and as their doctors had prescribed.

The registered manager analysed incidents and accidents that had happened in the home to identify if further action needed to be taken to ensure people were safe. Where issues were identified these were shared with the staff team to improve the safety of the service and to protect people who lived in the home.

In November 2017 the registered provider had received a complaint about the cleanliness of the home. In response to the concerns raised the registered provider had arranged for an independent company to carry out an audit on the cleanliness of the home and the systems used to protect people from the risk of infection. Following the audit, the registered manager produced an action plan to address the issues identified and to improve the cleanliness of the home.

At our inspection in June 2018 all areas of the home we visited were clean. The staff we spoke with said they had completed training in infection control and how to protect people from the risk of infection. This was confirmed by training records we looked at.

The care staff told us, and records we looked at confirmed, they had completed training related to providing care safely including the safe use of equipment to support people, health and safety and handling food safely.

Is the service effective?

Our findings

People we spoke with told us the staff who worked in the home provided a good quality of care. We asked people if they thought the staff were well trained and people confirmed this. One person told us, "The staff are very good, they are skilled and know what they are doing." Another person said, "I think they must be trained, they are very good."

The home provided support to some people who had complex needs. The records we looked at showed appropriate health and social care professionals had been included in assessing and planning people's care to ensure this was in line with best practice.

Health care professionals we spoke with told us the staff in the home sought their advice and support appropriately and followed any guidance they gave. We saw individuals' care records included guidance from appropriate agencies to ensure their needs were met. The staff working in the home knew people well and knew how to support individuals.

All the staff we spoke with told us they had completed training to give them the skills and knowledge to carry out their roles. The care staff told us they had completed qualifications relevant to their roles and training to meet people's needs. This was confirmed by training records we looked at. We saw that all care staff completed a range of training before working as part of the staff team. Further training was provided to meet the needs of people living in the home such as end of life care, supporting people living with dementia, pressure area care and preventing falls.

The registered provider used an electronic system to record the training staff had completed. The system identified when training needed to be repeated to ensure staff maintained up-to-date skills and knowledge. The care staff we spoke with said they were confident they had received appropriate training to provide people's support.

The registered manager was supported by a deputy manager and senior care staff. All the staff we spoke with said they felt well supported and were able to speak to a senior staff member if they required guidance or advice about how to support people.

The care staff told us they had regular formal meetings with a senior staff member where they discussed their role and their performance.

People told us they enjoyed the meals and drinks provided in the home. They said they had a choice of meals and could have drinks and snacks as they chose. One person told us, "The meals are wonderful and you always get a choice." Another person showed us the meal they had chosen and said, "Look at that, you don't get better than that." On the first day of our inspection we observed the midday meal being served and saw people enjoyed the meal and dessert provided.

One person showed they did not want the midday meal provided. We observed a staff member patiently

offered a selection of alternative meals and snacks and gave the individual time to choose what they would like.

People could choose if they wished to have their meals in their rooms. We saw the staff checked on people regularly to ensure they were safe and able to enjoy their meal. Some people needed small items of equipment or support from staff to enjoy their meal. We saw the staff provided the assistance and equipment people needed.

People told us they were supported to access appropriate health care services as they needed. People who lived in the home and their relatives told us the staff monitored individuals' health and contacted appropriate services as they required. One person told us, "I wasn't well, the staff picked up on this quickly and called an ambulance. They [staff] sat with me until the ambulance arrived." They told us they had appreciated the support from staff and this had made them less anxious.

The premises and equipment were suitable to meet people's needs. People were able to move around the home independently or with staff support and there was suitable equipment to support people to do so. The home had an accessible lift to assist people to access the accommodation on the first floor of the home.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 included in all decisions about their care and were asked before any support was provided. People who could do so had signed their care records to show they had agreed to the support planned. Where people were not able to give formal consent to their care we saw people who knew them well had been included in making decisions in their best interests. We observed the staff consistently sought individuals' agreement before providing any care. They knew how people showed by their behaviour and body language if they wished to receive support and only acted with the individual's agreement. Where people refused support that was essential to their health or wellbeing we saw the staff tried various ways to encourage the person to agree to the support they needed.

The registered manager had identified if restrictions needed to be placed on people's liberty to ensure their safety. They had applied, as required, to the local authority as the supervisory body, for an appropriate authorisation. We saw any restrictions were kept to a minimum and only used to ensure people were safe and received the support they required. This helped to protect people's rights.

Is the service caring?

Our findings

Everyone we spoke with told us the staff in the home treated people in a kind and caring way. One person told us, "The staff are very caring." Another person said, "The staff are caring and helpful, they 'go above and beyond' and will do anything for me." A health care professional we spoke with said, "The staff are kindness itself."

Some people were living with dementia and could feel anxious and upset. We saw the staff promptly identified if people were anxious and gave them patient and calming reassurance until their anxiety reduced.

Throughout our inspection we heard a lot of laughter shared by people who lived in the home and the staff on duty. The staff spent time talking and laughing with people and we observed this supported people's wellbeing. One person told us they "enjoyed a laugh" with the staff and said this was important to them. A staff member we spoke with told us, "It's all about the residents [people who live in the home], as long as they are happy we're happy."

The staff working in the home knew the people who lived there and their regular visitors well. We saw they used their knowledge of people to engage individuals in conversation. This helped to support people's wellbeing.

A relative we spoke with told us the staff provided kind and caring support to them as well as to their family member who lived in the home. They said they had valued the support the staff had given to them.

People were supported to maintain their independence. They were given the time and guidance they needed to carry out tasks themselves. Where people required support we saw the staff provided this discreetly. The staff knew the small items of equipment people needed to move around the home independently and ensured these were provided as people needed.

We observed one person needed support from a staff member with one aspect of a task. Once the required support had been provided the individual was able to carry out the rest of the task independently. The staff member discreetly observed that the person was able to carry out the task and then withdrew allowing them to complete the task themselves.

The staff took appropriate action to protect people's privacy and dignity. They ensured doors to bedrooms and toilets were closed while people were receiving personal care. We observed all the staff knocked on the doors to private areas before entering. People who could speak with us told us the staff always knocked on their bedroom doors and waited to be invited before entering their rooms.

Throughout our inspection we observed the staff spoke to people in a friendly and respectful way. When we spoke with staff they also referred to people in a respectful way. This helped to support individuals' dignity.

People were included in agreeing to the support they received and were asked for their views about their care. Most of the people we spoke with said they would speak to their friends or relatives if they needed support to express their views. The registered manager was aware of local advocacy services that could be contacted if people required support to make important decisions about their lives or to express their wishes. Advocates are people who are independent of the service who can support people to make and share decisions about their lives.

Is the service responsive?

Our findings

People who could speak with us told us they had been asked about the support they wanted and received this as they required. One person told us, "I was asked what support I needed when I first came here. The staff know me well now and know how to support me." Another person said, "Some days I can do more than others, the staff pick up if I need them to do more for me and it's never a problem."

Each person who lived in the home had a care plan that gave information for the care staff about the support they needed and their preferences about their care and lives. The registered provider had introduced an electronic care planning and recording system. We saw the electronic system could be updated quickly if a person's needs changed. This meant the staff had up-to-date information about people's care.

The system also recorded each time a staff member assisted an individual. This meant the registered manager could identify if people were receiving support as identified in their care plans.

People told us they enjoyed a range of activities in the home and local community. They told us about recent entertainment they had enjoyed including singers who had performed in the home and a party to celebrate the anniversary of VE (Victory in Europe) Day. During our inspection people were preparing to attend local church services of their choice. The staff knew the local churches individuals liked to attend and we saw support and transport had been arranged in line with people's wishes.

The home had attractive gardens where people could sit enjoying the summer weather. We saw people were supported to go out into the garden and observed staff sitting with a group of people enjoying chatting about the garden and the plants growing there.

Some people had chosen to spend time in one of the communal areas in the home. We observed people were provided with a range of activities in the communal areas such as watching a film of their choice or joining with a staff member in singing along to songs they knew.

The staff also spent time with people giving them individual attention. One person told us a staff member had recently given them a manicure and applied varnish to their nails. They said they had chosen the colour they wished the staff member to use.

Some people had chosen to spend time in their rooms following activities they enjoyed such as watching sport on television. We observed that the staff checked people who were in their rooms to ask if they wanted to join the planned activities or if there was any support they required. People chose how to spend their time and the choices they made were respected.

People told us their families and friends could visit them in the home as they wished. Visitors we spoke with confirmed they were made welcome in the home. People were able to maintain relationships that were important to them.

The home promoted "protected mealtimes" to reduce interruptions during meals and to encourage people to be able to enjoy their meals without distractions. Although the mealtimes were "protected," visitors could join their relatives or friends for a meal in the home, so this did not restrict when people could see their visitors.

The registered provider had a procedure for receiving and responding to complaints. People who lived in the home told us they would speak to the staff or to the registered manager if they had any concerns about the service provided.

The home provided care to people who were reaching the end of their lives. The care staff had received training in how to support people reaching the end of life and worked with local health and specialist services to ensure people were comfortable and pain free as they reach the end of life.

Is the service well-led?

Our findings

People told us this was a good home and said they would recommend it. One person told us, "I would recommend this home. I have been surprised by how good it is here. I didn't know places like this existed." A health care professional we spoke with told us, "This is a good service, people are well cared for."

The registered manager was supported by a deputy manager and senior care staff. Arrangements were in place to ensure there was always a senior person identified to oversee the home when the registered manager was not present.

People who could speak with us said they knew the members of the management team and told us they were good at their jobs. We also saw people were comfortable and confident approaching the registered manager as they wished.

The registered manager's office was located close to the main entrance to the home. Everyone we spoke with said they could speak with the registered manager as they wished. We saw people knew where the registered manager's office was and called in to see her as they wanted.

At our inspection of the home in January 2017 we found the systems used to assess the safety of the service needed to be improved to ensure issues were identified and resolved promptly. We recommended that the registered provider took advice to improve the processes used to assess the quality of the service. At this inspection in June 2018 we found improvements had been made to how the registered manager and registered provider monitored the quality and safety of the service.

The registered manager used a range of systems to ask people who lived in the home for their views about the service. Meetings were held where people could discuss the service, meals and activities provided. People were also included in choosing the décor for their own rooms. People had been asked to complete a quality survey to share their views of the service. Where people identified changes they would like to see to the meals or activities provided the registered manager had taken action in response to the feedback received.

We also saw that the staff asked people informally if they were happy with the service they provided. People were asked if they had enjoyed their meals and given choices about how they spent their time.

People who lived in the home and their visitors had also been given the opportunity to share their views of the home through an independent care service review website. This meant people were able to share their feedback with an organisation that was not linked to the home. The reviews on the website reflected the positive feedback people gave to us during our inspection.

People who lived in the home and the staff we spoke with told us the registered manager set high standards. The registered manager carried out checks on the safety and quality of the service to ensure the quality of the service was maintained.

The registered manager and senior staff carried out regular audits to check records were completed properly, cleaning schedules had been completed and that the premises and equipment were safe for people to use.

The registered provider's regional manager also carried out checks on the quality of the service to identify any areas where further improvement was required. Where the audits identified areas where action was required this had been planned or completed to ensure the quality and safety of the service were maintained.

Providers of health and social care services are required by law to notify us of significant events that happen in their services such as serious injuries to people and allegations of abuse. The registered manager of the home was knowledgeable about the events that must be reported and had ensured these were notified promptly. This meant we could check appropriate actions had been taken.

The registered manager worked in partnership with a range of health and social care agencies to ensure people received the support they required if their needs changed. The health care professionals we spoke with told us the staff in the home contacted them appropriately and acted on any advice they gave.