

Prime Life Limited

Gilby House Nursing Home

Inspection report

9 High Street
Winterton
Lincolnshire
DN15 9PU

Tel: 01724734824

Website: www.prime-life.co.uk

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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

About the service

Gilby House Nursing Home is a care home registered to provide accommodation and personal and nursing care to 22 people with mental health needs. At the time of our inspection, 20 people lived at the service.

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

Risks relating to people's mental health needs had not been appropriately assessed and management strategies were not clearly recorded. Quality assurance systems had failed to identify this. Staff completed cleaning tasks and felt this reduced the quality time they could spend with people. People told us there could be more activities.

People were happy with the service and the support provided by staff. One person said, "It's one of the best [care homes] I've been in." People's independence was promoted, and people achieved good outcomes. Staff respected people's privacy and dignity and were professional when providing support.

People received their medicine as prescribed and were supported to access healthcare services when needed. People were positive about the food and their dietary needs were met. People could spend their time as they wished and could have visitors at any time.

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

People and staff were included in the development of the service and kept informed of any changes to be made. Complaints were investigated in line with the provider's procedure and senior managers were kept informed of important information. Staff were invested in, completed a wide variety of training and could develop their careers.

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

Rating at last inspection

The last rating for this service was good (published 22 March 2017).

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of ligature

risks. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider was working to address areas of risk in the environment. Some changes had been made to manage the risk of ligature points and an action plan was in place to support with addressing this.

Enforcement

We have identified a breach in relation to identifying, assessing and managing risks at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gilby House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was completed by two inspectors and completed by one inspector on the second day.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two care staff and the cook. We also spoke with two staff from the management team, the registered manager and two senior managers. 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.

We completed a tour of the environment to look at the cleanliness of the service and the facilities available for people. We also looked at a range of documentation including three people's care files and medication records. We looked at a selection of documentation for the management and running of the service and three staff files.

After the inspection

We were sent further information about the provider's policies and ligature risk action plan.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Specific risk assessments regarding people's mental health needs were not in place. Care plans did not clearly record management strategies to manage the risks. The provider was in the process of reviewing and updating risk assessments.
- The provider was working to address areas of risk in the environment. Some changes had been made to manage the risk of ligature points and an action plan was in place to support with addressing this.
- Where appropriate, people were encouraged to take positive risks, such as accessing the community independently and using the internet. One person said, "I go to the shop across the road and every pay day I go down town. You can come and go as you please."

Staffing and recruitment

- People told us staff were busy. One person said, "Staff can be busy. So, I can't always talk to them." Staff supported with cleaning and laundry alongside their caring role, though they told us this left them less time to support people.
- Staffing levels were monitored and adjusted in line with the provider's procedures.
- The provider's recruitment processes helped ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe with staff. One person said, "Staff have really helped me and still do, they help to keep me safe."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- The management team monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again.

Preventing and controlling infection

- Staff were trained in infection prevention control. They washed their hands and wore gloves and aprons appropriately to help prevent the spread of infections.
- People told us the home was clean and tidy. Though some areas had strong, unpleasant odours.

Using medicines safely

- People received their medicines as prescribed. People told us they were kept informed about their medicines and were confident in the support staff provided.
- Staff were knowledgeable about how people liked to take their medicines and when they needed them.

Appropriate protocols were in place to guide staff when to administer 'as and when required' medicines, also known as PRN.

- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide care in line with people's personal routines.

Staff support: induction, training, skills and experience

- Staff were positive about the range of training available. New staff completed an induction programme and all staff completed regular mandatory training. Opportunities were available for staff to develop their skills and knowledge in areas that interested them.
- Competency assessments of staff's skills and knowledge were completed, to ensure they had the skills and knowledge to meet people's needs.
- Staff received regular support, supervision and annual appraisals and were supported to progress with their careers.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food but felt the menu choices could be updated. A person said, "The food could be better, more modern."
- People's dietary needs were met. Staff were knowledgeable about people's specific diets and ensured suitable options were always available for people. One person told us, "The food is fine, it's balanced and there's vegetarian options."
- Staff provided appropriate support for each person with eating and drinking. This included gentle encouragement, providing adapted cutlery and plates, and helping people eat and drink where this was needed.
- Staff monitored people's weight and relevant healthcare professionals were involved when required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services and followed professional advice. Though information about recent appointments was not always reviewed and included in care plans.
- People were supported to make positive changes in their lives. One person had reduced their alcohol intake with appropriate support. They said, "[Staff] have helped me off the alcohol and helped me feel better."

- Staff were kept informed of any changes to people's health and wellbeing through handover meetings and communication diaries.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised to their tastes. People were supported to decorate their rooms with furniture, pictures and items of interest. One person said, "I love my room, it's nice, I get ornaments and stuff to make it better. They're happy for me to decorate it."
- Pictorial signage was used to help people find their bedrooms, toilets, bathrooms and communal areas.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff sought consent and people were supported to make their own decisions and care plans reflected this.
- Where people lacked capacity to make specific decisions, assessments were in place and care plans clearly recorded the options considered and who was involved in making the decision.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about their relationships with staff. People said, "Staff are brilliant" and "I get along with all of [the staff], there isn't one I dislike."
- Staff were attentive and professional. Staff supported people in a calm and respectful manner, including during difficult situations.
- Staff respected people as individuals and were trained in equality and diversity. A staff member said, "Everyone has their own personalities. Every person gets treated as being completely individual."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff were knowledgeable about how to do this and care plans supported this.
- Staff promoted people's independence through providing encouragement and appropriate support where it was needed. One person said, "I lost my confidence before I came here and [staff] have helped me to rebuild it."
- Personal information was stored securely which helped to maintain people's privacy.

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

- People had support from their families or advocates if they needed help with making decisions.
- People were encouraged to make decisions and choices about their care. People confirmed they could follow their own routines.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in line with their wishes and preferences. Staff were knowledgeable about people's personal routines and care plans contained detailed information about people's interests and personal preferences. One person said, "Everyone is treated as an individual. We all have separate care plans."
- People could spend their time as they chose. Staff respected people's routines and provided appropriate support in line with their care plans.
- Extra support was in place for those who needed it. Although, people's care plans did not record how this time should be used effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided information in a way people could understand. People's communication needs were considered and recorded in their care plans. Pictures were used to help people understand the menu.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a limited range of activities for people. One person said, "Recreational wise there isn't enough games or things going on." A staff member said, "We used to have movie time, and someone came in and used to do exercises, but we haven't had anything for quite a while." The registered manager was aware of the lack of activities and had allocated a member of staff to focus on providing activities.
- People were supported to maintain their relationships with their families and friends. Staff ensured people and their visitors could eat together, meet privately or go out into the local community. One person was supported to attend their relative's wedding.

Improving care quality in response to complaints or concerns

- People were informed of their right to complain and processes were in place to support them to raise any issues.
- Complaints were investigated and addressed in line with the provider's policy and procedure.

End of life care and support

- Staff liaised with healthcare professionals to ensure people had the right medicines and equipment in

place to help maintain their comfort and dignity.

- End of life care plans recorded people's wishes. They contained detailed information which supported staff to provide care in line with their preferences.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

Is the service well-led?

Our findings

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

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

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

- Audits had not identified shortfalls in recording risk identification, assessment, management strategies or the quality of recorded information in care plans.

The failure to assess, monitor and manage risks within the service placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits were completed regularly. These included health and safety, infection prevention and health related audits. Problems had been identified and action had been taken.
- Senior managers visited the service regularly and were kept informed of important information about the service.
- The registered manager understood the regulatory requirements and reported information appropriately.

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

- Not all staff felt there was a consistent approach to the support from the management team. One staff member said, "You don't always get the support."
- Staff were able to progress their careers. A staff member said, "I feel if it wasn't for [Registered manager's name] I wouldn't have progressed to where I am now, they have supported me a lot and been patient with me."

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

- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond. The registered manager said, "We try to tell everybody, if we report everything then we're being open."
- The provider's systems supported shared learning across their services. The registered manager met with managers of the provider's services to review important information and share their skills and knowledge.

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

characteristics

- People were included in the development of the service. Questionnaires were sent out and responses analysed to help identify how the service could be improved. Action plans were displayed so people could see what changes were being made.
- Meetings were held to ensure people and staff were kept informed and included in changes.

Working in partnership with others

- The registered manager and staff worked closely with professionals and the local community to achieve good outcomes for people. People were supported to get bus passes to help them access the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure their systems were operated effectively to identify, assess monitor and manage risks to people's health and safety which placed people at risk of harm. Regulation 17 (2)(b).