

MBi Social Care Limited

Gilwood Lodge

Inspection report

Clifton Drive
Blackpool
Lancashire
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Tel: 01253344438

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

Summary of findings

Overall summary

This inspection visit took place on 19 April 2016 and was unannounced.

This is the services first inspection since it's registration with the Care Quality Commission (CQC) on 08 November 2015.

Gilwood lodge is registered for the regulated activities accommodation for persons who require nursing or personal care and treatment of disease, 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 27 people who lived at the home.

There was a registered manager in place. 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.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

We looked at how the service was staffed. We found sufficient nursing and care staff levels were in place to provide support people required. We saw the deployment of staff throughout the day was organised. We saw staff were available to support people when needed and call bells were answered quickly.

We found the registered manager had systems in place to protect people from harm and this was evidenced by safeguarding referrals made to the local authority. We saw evidence that they had taken immediate action to ensure that staff adhered to agreed care plans. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered 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.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed by any members of the inspection team. Hand sanitiser dispensers were prominently placed around the home for the use of staff involved in the delivery of personal care.

We found the environment offered a range of dementia-friendly features to support people with visual, hearing and mobility impairments associated with dementia. These included furniture in a contrasting colour to the carpet, wardrobes and chests of drawers with easy to use openings and warm tones used on walls which were easier to see. The service also had matt surfaces and slip resistant flooring; avoiding patterns, speckles or sparkles that can be confusing.

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

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

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 to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

People visiting the home told us they were happy with their relatives care. One person said, "The staff do a brilliant job. They are very responsive and caring people. I have seen staff dealing with difficult situations and they have never lost their patience."

The service employed a full time activities co-ordinator and a structured activities programme was in place. We saw activities were arranged throughout the day and these were fun and stimulating for the people taking part.

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. One person visiting the home said, "I have been involved in [relatives] care from the day they moved into the home. I am very happy with the care provided."

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.

We have made a recommendation about the registered manager seeking guidance related to recordkeeping and care planning.

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 and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These

included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes 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?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

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

The registered 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?

The service was responsive.

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

Care planning did not always provide staff with clear guidance to meet people's needs. There were gaps in documentation and care plans lacked detail to assist staff in how to support individuals.

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

Requires Improvement ●

Is the service well-led?

The service was well led.

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

The registered manager 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.

Good ●

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.

This inspection took place on 19 April 2016 and was unannounced.

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

Before our inspection on 19 April 2016 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. 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 the operations manager, registered manager, deputy manager, eight staff members, five people who lived at the home and two visiting relatives. Prior to our inspection we spoke to the commissioning department at the local authority and Clinical Commissioning Group (CCG). We also contacted Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. 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 the care records of four people, training and supervision records, 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 undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, "Yes I feel safe. I like it here." One person visiting the home told us they had no concerns about their relatives care. The person said, "The staff do a brilliant job under very difficult circumstances. I have never seen anything untoward during my visits as nothing happens. If I had [relative] wouldn't be here."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience.

Since the service opened there had been a number of incidents between people who lived at the home. These had been dealt with promptly by the registered manager with referrals made to the local authority for a safeguarding investigation. The registered manager was also aware of her responsibility to inform the Care Quality Commission (CQC) about the incidents in a timely manner. This meant that we had received information about the service when we should.

Staff spoken with had received mandatory moving and handling training and they felt competent when using moving and handling equipment. 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.

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspection team. 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. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

We found the environment offered a range of dementia-friendly features to support people with visual, hearing and mobility impairments associated with dementia. These included furniture in a contrasting colour to the carpet, wardrobes and chests of drawers with easy to use openings and warm tones used on walls which were easier to see. The service also had matt surfaces and slip resistant flooring; avoiding patterns, speckles or sparkles that can be confusing. We saw memory boxes were in place for people to fill with personal items for reminiscence. The registered manager told us these helped to navigate people to their room.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building 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 were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken by staff following events that had happened.

We looked at the services recruitment procedures. We found relevant checks had been made before three new staff commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. One person visiting the home said, "Always plenty of staff on duty when I visit."

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 registered manager had audits in place to monitor medication procedures. This meant systems were in place to ensure that people had received their medication as prescribed. The audits also confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed a member of nursing staff administering medication during the lunch time round. We saw the medication cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw people visiting the home were made welcome by staff and updated about their relative's welfare.

We spoke with staff members and looked at individual training records. Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Senior staff responsible for administering people's medicines had received medication training and had been assessed as competent. Some staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

During the afternoon four staff attended training facilitated by Blackpool Borough Council regarding dementia awareness. 'Let's respect' training is provided specifically for staff working with people who lived with dementia. The course aimed to increase staff awareness of the need to create a welcoming environment for friends, family and visitors to the home. The course had addressed diet and nutrition, health and wellbeing, quality of life and rights. One member of staff said, "Really interesting course, very well presented."

When we undertook this inspection visit the registered manager was in the process of scheduling supervision sessions for her staff team. Staff files seen confirmed staff had received a probationary review following their appointment with the service. The review had appraised the suitability of the person to be employed by the service and commented on their performance. Staff spoken with confirmed they had received a probationary review from the registered manager. They told us they enjoyed working at the home and felt well supported by the registered manager.

The people we spoke with told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. On the day of our inspection visit choices provided was beef casserole, potatoes and vegetables or an alternative of people's choice. One person visiting the home said, "[Relative] enjoys the meals. They always look well presented and appetising."

We spoke with the cook who demonstrated he understood nutritional needs of people who lived at the home. When we undertook this inspection there were five people having their diabetes controlled through their diet. One person required a soft diet as they experienced swallowing difficulties. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat. The cook told us he was informed about people's dietary needs when they moved into the home and if any changes occurred.

The main meal of the day had been moved to 4.30pm. The cook told us this had been necessary as many people get up late in the morning and still having their breakfast after 10am. We observed throughout the inspection visit snacks and drinks were offered to people.

Lunch was a light meal of assorted sandwiches, jacket potatoes or alternatives of people's request. As it was a warm sunny day people were given the option of where to eat their meal. Some chose the dining rooms but most people opted to eat outside in the rear grounds opposite the conservatory. We saw lunch was well organised and staff were observed being attentive. Staff were patient and offered verbal and physical prompts to people who were not eating to motivate them to eat their meal. We saw staff encouraged people to drink fluids to keep them hydrated.

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 registered 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 registered 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.

People's healthcare needs were carefully 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 were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with five people who lived at the home. We also spoke with two visiting family members. One person who lived at the home said, "Yes they look after me and I am happy." A visiting relative said, "The staff are really caring and kind people. I don't know where they get the patience. [Relative] can be very difficult to deal with. "

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect. We saw one member of staff assisting a person who was agitated. The person wanted to walk but was unsteady on their feet. The staff member stayed with the person and ensured they were safe. We observed the person eventually went back to the lounge where the staff member sat with them encouraging conversation. Throughout the inspection visit we saw staff spending time with people talking or engaging in activities with them.

We looked at care records of four people. We saw evidence family members had been involved with the development of their relatives care plans. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines and physical care. We saw a care plan audit undertaken by the registered manager had identified the need for regular reviews of care. This would ensure the information was up to date and reflected people's current needs.

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 registered manager about access to advocacy services should people require their guidance and support. The registered manager 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 visit we received information from external agencies about the service. They included the commissioning department at the local authority and Clinical Commissioning Group (CCG). We also contacted Healthwatch Blackpool which is an independent consumer champion for health and social care.

Links with these external agencies were good and we received some positive feedback from them about the service provided.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us care they received was focussed on them and they were encouraged to make their views known about the support they received. One person visiting the home said, "I find the staff are very diligent and responsive to [relatives] needs. I am very happy that [relative] has been lucky enough to stay here."

We looked at care records of four people to see if their needs had been assessed and consistently met. The registered manager 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 one person had been identified as being at risk because they could be non compliant with the their care. The risk assessment on file was dated and did not reflect the level of support the person required.

The registered manager acknowledged care planning required further development to maintain people's support. The registered manager told us new care documentation was being introduced. This would include detailed forms related to assessment, care planning and risk assessment. This showed the registered manager was implementing structured support to inform staff fully of each individual's requirements.

We recommend the registered manager seeks evidence-based, best practice guidance about recordkeeping and care planning to better guide staff to be responsive to people's requirements.

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. For example a wish tree had been created where people could make a wish of their choice. One person had said they wanted to visit Australia. As the service was unable to accommodate that wish they brought Australia to the person. They did this by creating Australia day and decorating the conservatory with pictures of Australia, kangaroos and kangaroo dolls. A poster was placed outside the conservatory asking people not to swim in the water and staff wore traditional Australian cork hats. Although the person was unable to tell us about the day we did see photographs taken showing them enjoying themselves.

The activities co-ordinator told us activities were flexible arranged around the weather and people's preferences. On the day of our inspection visit people chose to sit in the garden enjoying the pleasant weather. Outside games including croquet were organised and these seem to be enjoyed. People who remained inside the home were observed participating in arts and crafts sessions.

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.

People visiting the home told us they knew how to make a complaint if they were unhappy. One person said, "I cannot imagine having anything to complain about. The home has been perfect for [relative] from day one.

Is the service well-led?

Our findings

The registered 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.

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 training available to the staff team. We also saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered 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 positive comments had been received about care, meals, activities, cleanliness of the premises and staff attitude. One person visiting the home said, "Yes I completed a questionnaire and was happy to do so. I have been very happy with everything from day one."

The registered manager and staff spoken with were knowledgeable about support people in their care required. They were clear about their role and were committed to providing a good standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with her. We saw people were comfortable and relaxed in the company of the registered manager and staff members on duty.

Throughout the inspection we observed the atmosphere in the home was relaxed. People who lived at the home were observed being comfortable in the company of the registered manager and staff on duty. Discussion with the staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.