

Pearlcare (Kendal) Limited

Gilling Reane Care Home

Inspection report

Gilling Reane
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Kendal
Cumbria
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Gilling Reane Care Home is a care home providing personal and nursing care and accommodation to older people. At the time of the inspection, 30 people were receiving regulated activities at the home. The service can support up to 33 people. The home is an adapted building with bedrooms based over 2 floors.

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

Some aspects of staff recruitment and employment discipline were not effective at ensuring staff members were always suitable to work with vulnerable people. Some essential safety checks and statutory process had not been made. There was inappropriate oversight of these processes by the provider. Further detail is in the 'safe' and 'well-led' sections of this report.

The registered provider was responsive to concerns noted during the inspection and took action to make improvements and promote safety of all staff who had been employed at the home. The service made appropriate notifications to CQC and other authorities of safety incidents to ensure these incidents received appropriate oversight.

People, their relatives and staff were confident in the management team at the home and praised how approachable they were. Staff said they were appropriately trained and supported. Records we observed supported this position.

Care and support risks to people were appropriately identified, assessed and managed in a timely way. Staff said the use of the service's digital care recording system assisted with this and helped communication around people's needs and any changes to their support requirements.

People received their medicines as prescribed by health care professionals. Staff were competent in this area and consulted external professionals when they came across issues.

Infection, prevention and control processes were appropriate and we were assured about the service's ability to mitigate the transmission of infections.

Staff were competent with safeguarding processes and knew how to protect people from abuse. Relatives said their loved ones felt safe in the home and were trusting of staff and management. The service's safeguarding processes were robust. We observed good practices and interactions between staff, management and people during the inspection.

Staff supported people to have access to healthcare professionals and specialist support and the service worked with external specialists. Professional's views on the service were positive.

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.

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

Rating at last inspection

The last rating for this service was good (published 20 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Gilling Reane Care Home' on our website at www.cqc.org.uk.

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.

Following our inspection the provider completed an investigation into the employment and oversight issues. This identified the concerns in detail, the steps that were to be taken to resolve matters and how lessons had been learned.

Enforcement

We have identified breaches of regulations in relation to unsafe employment processes and the governance/oversight of the service at this inspection.

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 and other partner agencies to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect and 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 well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Gilling Reane Care 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 inspection was completed by 1 inspector and 1 regulatory coordinator.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us

by the provider and information passed to us by members of the public.

We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service. We spoke with 5 relatives about their experience. We spoke with members of staff including the registered manager, a regional manager, care workers and a member of the domestic staff. We also spoke with 4 external health and social care professionals and received their feedback of the quality of the service.

We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed in detail 4 care records. We looked at staff rotas, risk assessments, multiple medicine records and 4 recruitment files. We also considered a variety of records relating to the management and governance of the service, including policies and procedures.

We looked around the home in both communal and private areas to establish if it met the needs of people who lived there and if it was safe.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Staffing and recruitment

- Safe recruitment procedures were not always followed. On occasions, checks into an applicant's background had not been thorough enough. For example, some checks with previous employers in health and social care had not been made in some of the recruitment files we considered. This could lead to the employment of unsuitable staff.
- Processes which should have been used when concerns were identified about staff members' fitness to carry out their roles were unsafe. Inappropriate action had been taken when evidence supported an existing staff member was unsafe to work with vulnerable people.
- There was no evidence anyone had been harmed because of the omissions. We raised these issues immediately with the registered manager and provider representative who implemented further measures during and after the inspection to ensure the safety issues were resolved.

This series of issues related to the initial and continuing employment of staff were a breach of Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks such as those into identity, right to work and criminal records had been completed.
- There were enough staff employed. Our observations at inspection and staffing rotas supported this. People and their relatives also told us staff were available to support them appropriately.

Using medicines safely

- The registered and deputy manager and senior staff followed safe processes to ensure people's medicines were managed safely. One person said, "They give me my medicines at the same time every day. They are very good with this task."
- The administration and destruction of controlled drugs was consistent with guidelines. These are medicines that can be abused but the service had strict protocols around their use, storage and disposal. We noted any errors were quickly spotted with appropriate action taken to ensure people received their medicines as prescribed.
- Staff were suitably trained to administer medicines. A senior staff member said, "Medicines are only administered by seniors and we are all well trained. Although we are confident about the processes, we are keen to learn and always take account of experts' opinions especially pharmacists."

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise concerns about poor practice. Staff were

confident the registered manager and deputy would act quickly to keep people safe if they reported any concerns. One staff member said, "There is no way the manager would hide anything. Everything is open as far as the risk of abuse is concerned and we would be supported if we raised anything."

- People felt safe. One person said, "We are checked on regularly and I feel very safe here." Relatives had no concerns about their family members' safety.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Policies and procedures provided guidance to staff and supported the priority of keeping people safe.

Assessing risk, safety monitoring and management

- The registered manager, deputy manager and senior staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way.
- Accidents and incidents were recorded and acted on. There was managerial oversight of these incidents and records were easily accessed by authorised staff on the provider's digital care and recording system. This helped senior staff check whether there were any trends or patterns and if appropriate action had been taken to keep people safe.
- Equipment had been serviced and maintained in accordance with manufacturers' recommendations. A range of environmental checks had been carried out, to ensure the home was safe and fit for use. We noted a programme of improvements to the environment were in progress. These included the home's décor and upgrades to communal bathrooms.
- In 2022, the home had been inspected by Cumbria Fire and Rescue Service. A number of fire safety issues were identified. Thereafter, the provider had consulted a recognised environmental fire safety expert who had recommended some additional areas of improvement around fire safety. We noted the provider had prioritised this work. However, some relatively minor areas were outstanding. The fire service were aware of these remaining items.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People could visit the home freely as and when they wished unless the home had been advised to restrict visiting due to an infection outbreak.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team and senior staff at head-office to further improve the safety of the service and learning across the whole organisation.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- The registered manager and provider did not always understand risks around some employment processes and related regulatory requirements. They did not appreciate the significance of adhering to safe procedures when there were concerns about a staff member's conduct. There was limited evidence that this matter had received any meaningful oversight from the provider.
- Although the registered provider's representatives were involved in audits and checks related to the running of the service, these had not been effective in establishing the breach of regulation seen in the 'safe' section of this report.

We found no evidence that people had been harmed. However, employment and disciplinary systems were not overseen, followed or robust enough to demonstrate the service was effectively managed from this point of view. These issues are a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit, CQC received a detailed investigation report from the provider into the issues giving rise to the breach of regulation. It was full and thorough and identified failings in the provider's processes. It supported that substantial lessons had been learned and, as a result, the revision of the provider's processes in order to prevent a repeat of any unsafe employment practices.
- People, their relatives and staff told us the registered and deputy managers were visible, approachable and supportive. A social care professional said, "The management and staff here are accessible and responsive." A relative said, "The managers are always available and support me when I want to know something about my loved one. They also inform me of things when they need to."
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.
- Notifications had been made to external agencies when required including CQC and the local authority.

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

- People received person-centred care and support. Plans of care were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.
- During the inspection visit, we saw positive and caring interactions between management, staff and

people who lived at the home. People told us they were happy with the care and confirmed they received person-centred care. Relatives confirmed that they were happy with the care provided to their family members.

- Feedback from the staff members we spoke with was positive. Staff said they enjoyed working in the home and were well supported. One said, "The manager and deputy have a wealth of knowledge and experience and they share this with us all. This really helps us develop so we can care and support people properly."
- People said they felt staff and management valued their views and acted on this to provide person-centred care and support.

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

- The registered manager and provider representative told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the importance of reporting accidents and keeping families informed. Relatives we spoke with were particularly complimentary about how the service engaged with them when there were concerns about their loved ones.
- Where appropriate, we noted the registered manager apologised to people and their relatives when something had not gone according to plan.

Working in partnership with others

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals. This included referrals to specialist teams in the local NHS trust and regular contact with community nurses and GPs.

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 Employment and disciplinary systems were not overseen, followed or robust enough to demonstrate the service was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed A series of safety issues related to the recruitment and continuing employment of staff.