Century Healthcare Limited

Gillibrand Hall Nursing Care Home

Inspection report

Folly Wood Drive
Chorley
Lancashire
PR7 2FW

Tel: 01257270586
Website: www.centuryhealthcare.co.uk

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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

This inspection was unannounced and took place on 2 June 2016. The service was last inspected in September 2014 and was found to be meeting all the regulations we reviewed.

Gillibrand Hall is a listed property set in its own grounds. It is in a residential area close to the town of Chorley. The home provides residential and nursing care for up to fifty people. Accommodation is set on two floors. This includes accommodation for people with nursing needs and the first floor provides care specifically for people who live with dementia. There are a range of aids and adaptations in place to meet the needs of people using the service.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All of the people we spoke with who lived at the home told us that they felt safe.

We spoke with staff about the home's safeguarding procedures. They were all aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff.

People we spoke with told us they felt there were always enough staff on duty, as did all the relatives we spoke with. We observed staffing levels to be sufficient on the day of our inspection and reviewed staffing rotas for the previous two week period to our inspection. We found staffing levels to be sufficient to meet the needs of the people in the home.

The home had a medicines management policy in place, which included procedures for the administration, disposal, refusal and storage of medicines. We observed two members of staff administering medicines and found they did so in line with best practice guidance. Both members of staff told us that they were regularly tested for competence for administering medicines and we found evidence of this when reviewing training records.

Relatives we spoke with told us they thought staff were well trained, competent and cared about the people living at the home.

We observed staff to be patient with people and understanding of their needs and how people's behaviour

was affected due to them living with dementia. It was obvious that staff knew the people they cared for well and knew how to calm people if they became agitated.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was working in line with the key principles of the MCA.

We saw that staff attended regular training via the staff training matrix and found staff to be knowledgeable about their role. We found evidence within staff files of training undertaken.

People told us that staff respected their privacy and treated them with dignity. We observed staff interactions with people during our inspection and found them to be warm and compassionate. Staff were friendly, patient and were discreet when providing personal care interventions.

Relatives we spoke with said they could visit the home whenever they wished to without restriction. They told us that staff called people by their first name and knew the people they were caring for well.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

We examined the care files of six people who lived at the home. We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home. We found people's plans of care to be person centred, which outlined clear aims, objectives and actions to be taken.

People told us that activities were provided, which people got involved with. There was evidence of recent activities taking place, both within and outside the home, on display.

We spoke with people who lived at Gillibrand Hall about the management and culture within the home. The responses we received were positive.

We spoke with senior managers of Century Healthcare during our inspection including the organisation's Managing Director (MD). They told us that they were very happy with the staff team and the current staffing and management structure.

We saw that a wide range of audits were carried out at the home. All auditing and monitoring was sent to the organisation's head office on a monthly basis and this information was analysed and any actions identified were sent back to the home manager.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

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 we spoke with said they felt safe and records showed that staff had received appropriate safeguarding training which was refreshed regularly.

Appropriate, personalised and robust risk assessments were in place for people. We saw that these were reviewed on a regular basis to ensure they were still effective.

Appropriate arrangements were in place for the storage and administration of people's medicines. Accurate records were kept by staff who were well trained and understood the homes medicines management procedures.

Is the service effective?

Good

The service was Effective.

People told us they felt they were cared for by staff who had the right skills and knowledge to meet their needs effectively and we saw evidence of this via staff training and supervision records.

It was obvious that staff knew the people they cared for well and knew how to calm people if they became agitated. We observed distraction techniques used effectively and staff undertaking activities with people.

Staff understanding of MCA and DoLS was good and it was evident they knew the needs of the people they were caring for.

We talked with people who lived at the home about the quality and variety of food provided. The responses we received were very positive.

Is the service caring?

Good

The service was Caring.

People who lived at the home were very complimentary about the approach of the staff team and the care they received.

Relatives we spoke with said they could visit the home whenever they wished to without restriction. They told us that staff called people by their first name and knew the people they were caring for well.

We observed staff interactions with people during our inspection and found them to be warm and compassionate.

Is the service responsive?

Good

The service was Responsive.

People's support plans were person centred. They had up to date information about people, their healthcare, support needs, like and dislikes. People told us they were involved in reviewing their support plans if they wanted to be.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice.

Is the service well-led?

Good

The service was Well-Led

We spoke with people who lived at Gillibrand Hall about the management and culture within the home. The responses we received were positive.

Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability.

We saw that a wide range of audits were carried out at the home.

Gillibrand Hall Nursing 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.

This inspection took place on 2 June 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors including the lead inspector for the service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider had submitted the PIR prior to our inspection. We used the information to help plan this inspection.

We spoke with a range of people about the service; this included nine members of staff including the Registered Manager, Director of Nursing and Managing Director for Century Healthcare, six people who lived at the home and four visiting relatives.

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 looked at the care records for four people who used the service and the personnel files for four members of staff. We looked at a range of records relating to how the service was managed including training records,

quality assurance systems, policies and procedures and the service's database and website.

We contacted the local authority safeguarding team and the local authority commissioning team to obtain their views on the service. All the comments we received back were very positive.

Good

Is the service safe?

Our findings

All of the people we spoke with who lived at the home told us that they felt safe. Comments we received included; "I am safe, I am happy", "I'm being looked after. I can't grumble" and "I love it. I'm getting well looked after. I've got all the things I need here." Relatives we spoke with told us that they felt confident the home was providing safe care for their loved ones. One relative told us, "Everyone is so friendly here. I feel so comfortable and at ease that (name) is here. We looked at quite a few homes and this one was by far the best." Another relative said, "I know I can walk away from here and (name) is being looked after."

The home had a safeguarding and whistleblowing policy in place. This meant that staff had clear guidance to enable them to recognise different types of abuse and who to report it to if suspected. We spoke with staff about the homes safeguarding procedures. They were all aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the home if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols. We also saw that staff undertook regular safeguarding training and they told us that this was of good quality. In addition to this safeguarding champions were in place in the home which meant that staff had another point of contact if they needed advice or guidance in this area. This was another method of ensuring that people in the home remained protected.

The registered manager had introduced 'coffee break training sessions' for staff at which key areas for discussion were held during break times led by the registered manager. Sessions were based on the five key questions that the Care Quality Commission asked when inspecting services, i.e. are services safe, effective, caring, responsive and well-led. One of the recent discussion points was safeguarding. Staff told us they found these more informal discussions helpful and that they served as a good reminder to back up formal training sessions and had improved their knowledge within key areas. The Managing Director for the organisation told us that he felt these sessions had contributed to the improvement of staff morale and turnover, which assisted with increasing the general welfare of people living at the home. We saw that contact numbers for the Local Authority safeguarding team and the Care Quality Commission were displayed in several areas across the home as were whistle blowing procedures.

There had been eight safeguarding incidents in the twelve month period prior to our inspection. The majority of the safeguarding issues had been incidents or altercations between people living in the home with advanced dementia. All the safeguarding issues had been investigated by the Local Authority and closed down. The home had been found to have acted appropriately in dealing with each safeguarding incident and how they protected people following incidents by putting plans in place and in some instances changing care practices for individuals. This showed that the home learnt from safeguarding incidents and were willing to work with statutory organisations to ensure the ongoing safety of the people at the home.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment

records of four staff members and found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks and suitable references being sought.

We looked at how the service was staffed, to ensure people's needs could be met safely. People we spoke with told us they felt there were always enough staff on duty, as did all the relatives we spoke with. We observed staffing levels to be sufficient on the day of our inspection and reviewed staffing rotas for the previous two week period to our inspection. We found staffing levels to be sufficient to meet the needs of the people in the home. There were some agency staff used at night, including nurses, however the organisation were seen to be actively recruiting staff and using innovative methods to do so. For example the organisation were recruiting nurses from Europe and assisting them with living arrangements as part of this initiative.

Staff confirmed with us there were enough staff to provide safe care for people who lived at the home. We observed that staff were always visible within the communal areas of the home during the day. We saw that staff were present at all times in communal areas and they regularly checked on people in their bedrooms during the day of our inspection. We noted call bells were answered within a reasonable time frame and we did not observe people having to wait for long periods of time for assistance to be provided.

We looked at the systems for medicines management. The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines. NICE (The National Institute for Health and Care Excellence) guidelines were in place and accompanied the homes medicines management policy so staff who were responsible for administering medicines could refer to them. People who were able to speak with us told us they received support from staff to take their medication. They told us that they always got their medicines at the right time and that they did not have any concerns regarding medicines. We observed two members of staff administering medicines and found they did so in line with best practice guidance. Both members of staff told us that they were regularly tested for competence for administering medicines and we found evidence of this when reviewing training records.

We saw that one person was given their medicine covertly. Procedures were in place for this person and these had been put in place alongside the community mental health team and that the person's family were involved with this decision. Two people we observed having their medicines administered had a diagnosis of Parkinson's. Via observations and reviewing their records we saw that there were specific instructions in place and that people got their medicines in a timely manner.

We saw that medicines were stored correctly and that medicines that needed to be temperature controlled were refrigerated correctly. Fridge temperatures were tested daily. We did find two dates when fridge temperatures were not recorded during May 2016, this coincided with agency nurses being on shift. We were told that this would be monitored to ensure that agency staff tested and recorded fridge temperatures. Weekly audits took place which had identified some errors, mainly recording issues. There was evidence that errors were actioned by the home however we found that actions could have been more effectively recorded and discussed this with the Registered Manager and director of nursing. They told us that they would look at introducing a monthly audit alongside weekly checks so actions taken could be clearly evidenced as having taken place and that actions were effective in resolving identified issues.

We saw that controlled drugs (CD's) were administered at the home. There are legal requirements for the storage, administration, recording and disposal of CDs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). The homes medicines management policy covered the administration of CD's and we saw that effective procedures were in place. However from reviewing one person's records we

saw that one person's CD had not been re-ordered in time which meant they had potentially gone without the effective levels of pain relief for up to five days. We discussed this issue with the Registered Manager and director of nursing who assured us that this issue had been looked into and that the issue was partly with the homes processes but also with the pharmacy. We were assured that the issue had been resolved and that processes were in place going forward to ensure this issue would not arise again.

We looked at how people were protected by the prevention and control of infections. Infection control policies were in place at the home. There had been no infection outbreaks at the home since our last inspection. During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal parts of the home including bathrooms and toilets throughout the home. The home was observed to be clean and pleasantly decorated throughout. There were plans in place to refurbish several bathrooms in the home as they were dated. The floor in one of the wet rooms upstairs appeared to be unclean but this was due to the type of flooring which when dried looked as though there was a 'chalky' film on the surface. This had been identified as part of the impending updates. We reviewed weekly cleaning schedules and discussed the cleaning regime at the home with the head of housekeeping and were satisfied that cleaning standards were of a high quality. None of the people or relatives we spoke with raised issues with the environment or cleanliness within the home.

Risks around the home were managed and the premises had been well maintained. We found the home to have appropriate fire risk assessments in place which provided sufficient information to guide staff on how to react in the event of fire. We found fire safety equipment had been serviced in line with related regulations. Fire equipment had been tested regularly and fire evacuation drills were also undertaken periodically to ensure staff and people were familiar with what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. There were detailed emergency planning and evacuation guidance for people who used the service.

Good

Is the service effective?

Our findings

People told us they felt they were cared for by staff who had the right skills and knowledge to meet their needs effectively. Comments we received included; "The carers are really nice, they will get you whatever you want", "The staff are nice here, I can't fault them", "Staff are marvellous, you don't want for anything, you just have to ask and you get it. I love it here" and "Staff are lovely and there is enough of them about. I think they are well trained and I have never had a cause to complain."

Relatives we spoke with told us they thought staff were well trained, competent and cared about the people living at the home. One relative said, "They are brilliant, absolutely superb. I would recommend this home to anyone. Staff's awareness of dementia, their training levels and the low turnover of staff are all a major plus. Most importantly though is that they care and also look after family as well and ask how we are."

As some people at the home lived with advanced dementia they were unable to effectively communicate their opinions about their care or the staff at the home. We undertook a Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff to be patient with people and understanding of their needs and how people's dementia affected their behaviour. It was obvious that staff knew the people they cared for well and knew how to calm people if they became agitated. We saw examples of staff talking with people and engaging in conversations, some of which did not make sense, but staff still engaged fully with people and remained interested and continued the conversation. We observed distraction techniques used effectively and staff undertaking activities with people.

The first floor accommodation was dedicated for people who lived with dementia and staff were observed to understand their needs very well. In addition, people's accommodation, including all communal areas, was dementia friendly and the first floor had been redecorated and refurbished since our last inspection to a high standard. This included different coloured bedroom doors to aid recognition for people with dementia, corridors having street names and creative ideas for diversional therapies, such as a potting shed, pets corner and a sensory garden within the outside courtyard. All signage used had been done so in line with guidance issued by the Alzheimer's Society.

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 make 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).

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 found the provider was working in line with the key principles of MCA. This included the completion of mental capacity assessments for all

people on admission to the home. People who were able to had signed forms giving their consent across a number of areas including the use of bed rails, allowing professionals to look at their care plan and for their photograph to be taken. Formal Best Interest decisions were in place for people who did not have the capacity to make choices for themselves for issues such as covert medication, personal care and the use of restrictive practices such as lap belts being in place. DoLS applications had been made for people who had been assessed as needing them in a timely manner. As the Local Authority, at the time of our inspection, had a large backlog in terms of processing DoLS applications, we discussed chasing up some of the more historical applications, and possibly resending updated versions if this was deemed appropriate following those discussions.

We discussed MCA and DoLS with staff. Staff understanding of MCA and DoLS was good and it was evident they knew the needs of the people they were caring for. We spoke with staff regarding consent issues, all were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People who used the service cited no issues when we discussed consent issues with them and we observed no issues in this area.

Staff told us they felt supported in their role and that they received a thorough induction prior to them starting work. We saw evidence of inductions via the review of staff personnel files. Staff signed that they had received, read and understood an employee handbook which detailed the condition of their employment as well as the expected standards for all staff. All of the staff we spoke with talked positively about how the home was managed and that they were able to discuss issues freely with the registered manager, peers and senior care staff.

We saw that staff attended regular training via the staff training matrix and found staff to be knowledgeable about their role. We found evidence within staff files of training undertaken such as safeguarding, moving and handling, medication, infection control and food hygiene. Staff confirmed that they undertook regular training and that it was of a good standard. We also saw evidence of innovative training techniques such as coffee break training sessions. These mini training sessions reminded staff of key areas of training such as safeguarding, MCA and DoLS. Staff we spoke with found these training sessions useful in reminding them of their responsibilities and their general understanding of what are complex areas of legislation.

The Registered Manager had introduced specific champions in a number of areas such as dementia, dignity and fluid and hydration. Details of these staff members were on display in the reception area of the home which included their picture. This meant that there were trained, lead staff in place to improve the home's practice based on recognised research and guidelines. Staff we spoke with knew who the staff champions were and told us that this was another point of contact if they had any issues or questions for specific issues. As with the introduction of the coffee break training sessions for staff the Managing Director told us he felt this had impacted positively on staff morale and turnover which in turn had improved people's care and welfare in the home.

The home's Fluid and Nutrition Champion had introduced a system to indicate which people needed monitoring for additional fluids by using coloured glasses. This meant that staff immediately recognised who needed encouragement to drink additional fluids throughout the day and it also served as reminder to record their fluid intake. Snack boxes had been introduced by the registered manager for those people with additional nutritional needs or cognitive impairment.This had proved so successful the concept had been rolled out to the rest of the home. Fruit smoothies had also been introduced as a way of increasing people's intake of fruit.

Specific fluids for those people with catheters had been introduced such as lemon and barley water. This

innovation had been developed by the registered manager, continence nurse and fluid and hydration champion and had substantially reduced the number of catheter blockages in the home.

We also saw good evidence that staff had regular supervision and were able to raise issues within this forum. End of year appraisals were also undertaken. Staff we spoke with talked positively about their peers and told us that they felt they were part of a team. Staff turnover was also low which showed that staff enjoyed their role and felt supported. One member of staff we spoke with told us, "I get good job satisfaction and good work and practice is recognised. We have an employee of the month award and dignity award. It is such a relaxed atmosphere as we all get on well." Another member of staff said, "Since the new Matron (Registered Manager) has come in we have had lots of additional training, there has been lots of new initiatives." Another staff member told us, "It's a lovely place to work, the atmosphere is great and the environment is good. We get good training and there is always someone to ask for advice and they don't mind you asking either. All the staff and management are really good." All the staff we spoke with told us they were happy at work and gave us other examples of why they felt valued and part of a team that worked well.

We talked with people who lived at the home about the quality and variety of food provided. The responses we received were very positive. None of the people we spoke with told us they did not get a choice or were negative about the food they ate. There were hot meal options at both lunch time and dinner time as well as other options such as soup, sandwiches, jacket potatoes and omelettes. The home operated a four week rolling menu to ensure that choice and nutritional value was in place.

The home ran a full week of events in recognition of Hydration and Nutrition week which included inviting external professionals, relatives, local elected councillors, faith groups, voluntary sector partners, suppliers and members of staff and senior managers from other homes within the group. This partnership working had also provided training and awareness from the local hospital dietician, practitioners in the continence team and over 80% staff attendance on the recent NHS initiative 'React to Red' which aims to increase awareness around pressure care management.

We spoke with the chef who had worked at the home for 12 months. They told us that all new people coming into the home met with him and the home's nutrition champion to discuss their likes, dislikes and any allergies or intolerances. This meant that menus were designed with the participation of people and their family. This information was recorded and kept in the kitchen. This information was then reviewed after a few weeks of the person living at the home. For people who were unable to communicate their wishes then family were involved.

People with specific needs were catered for. There were people at the home who needed soft or pureed diets, people with diabetes, vegetarian's and one person who required a gluten free diet. People with specific religious needs were catered for however there was no one at the time of our inspection who needed a specialist diet for religious purposes. The Chef told us that the budget they had for ordering food and equipment was adequate and that they were happy with the quality of the ingredients they used. A four weekly menu was used which was reviewed and changed every year or as when feedback dictated.

Protected meal times had been introduced at the home to enable people to eat at a pace that suited them and so they were uninterrupted. However families could visit at lunch if they wished to support their relative or eat with them. We observed lunch on the ground floor and first floor and saw that people were given support with their meal if they needed it. Adapted plates and cutlery were available if people needed them. Menus were provided on tables to increase choice and to further develop people mealtime experience. We found lunchtime to be relaxed and a pleasant experience for people.

Good

Is the service caring?

Our findings

People who lived at the home were very complimentary about the approach of the staff team and the care they received. One person told us, "I love it, I'm getting well looked after." Another person said, "Sometimes staff haven't got the time to sit and talk with you as you would wish but they are all very kind and patient with me and everyone else. I understand that they are very busy." Another person we spoke with told us, "The staff are lovely and not just the care staff, the lady in the office and the handyman are helpful and will take the time to listen to you."

Visiting relatives we spoke with were also very positive about the approach and attitude of the staff at the home. One relative said, "Staff are friendly, they come in and make very regular checks even when we are here. They ask how we are, never appear rushed and are always willing to help. It's a pleasure to speak to them." Another relative told us, "They [staff] are brilliant, absolutely superb. The care and compassion is brilliant. I can't speak highly enough of them." Another relative said, "They not only treat [Name] as part of the family but they treat me as part of the family. [Name] is very quiet but has come out of her shell here and I can tell she is so happy. Staff treat her with dignity."

Relatives we spoke with said they could visit the home whenever they wished to without restriction. They told us that staff called people by their first name and knew the people they were caring for well. We observed this to be the case and people were seen to enjoy contact with staff, be relaxed and share jokes with them in an appropriate manner.

We spoke with a visiting district nurse who told us that staff were always pleasant and that they thought the care delivered in the home was of a high standard. They told us that the people living at Gillibrand Hall appeared cheerful and in good spirits whenever they visited. They also said that any advice or instructions they gave were followed and they had no concerns with the competence of attitude of staff.

People told us that staff respected their privacy and treated them with dignity. We observed staff interactions with people during our inspection and found them to be warm and compassionate. Staff were friendly, patient and were discreet when providing personal care interventions. We found people's privacy was maintained during personal care interventions, for example, by closing doors and curtains. We observed staff knocking on people's doors prior to entering rooms. Staff we spoke with were able to talk through how they delivered personal care and how they protected people's privacy and dignity when doing so.

There were members of staff who had been appointed as dignity champions. The registered manager told us that they had been appointed to lead by example and as role models for how people should be treated. Staff we spoke with told us, as they had with other champions at the home, that they found this additional resource useful if they had any issues or questions around dignity. Each person had a brief life history posted within their room to help staff know and understand the people they were caring for. As well as dignity and other champions in place, a keyworker system was operated within the home. This meant that each individual living at the home, and their families, had a key point of contact who knew them or their loved one in detail as well as assisting relationships between people, staff and relatives. All staff had signed up the

home's 'dignity pledge' and were part of the 'Dementia Friends' initiative launched by the Alzheimer's Society. The registered manager had fully taken on board the latest strategies and guidance from the Alzheimer's Society and used these to develop staff understanding which benefitted people at the service.

Staff we spoke with were knowledgeable and passionate about end of life care. We saw that GPs were contacted in good time if people's condition deteriorated and pain relief was put in place quickly. The home had a good relationship with a local hospice who they sought advice from when needed. Care Plans were in place for those people who needed end of life care. People's assessed needs and the aims of their care were clearly documented. A named nurse and carer were identified and we found clear and concise information in place for staff to follow.

We saw within people's care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to social workers, district nurses and GPs. Care plans were kept securely, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with and relatives we spoke with confirmed they had been involved with the care planning process.

We saw that information for people on local advocacy services was on display in the home and were told that this was a discussion held with people and the local authority as necessary, if they had no family or friends to assist them.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. Some of the comments we received included; "Yes I know who to ask if I have any problems", "I would talk to any of the staff" and "I've never had cause to but would just ask Matron [registered manager]."

Relatives we spoke with told us that they were aware of how to raise issues. One relative said, "We are so pleased with the home. Any niggles we mention to staff and they just deal with it." Another relative told us, "Yes, there is no problem mentioning issues to any of the staff if you want anything extra or want to query anything."

During our discussion with the organisation's Head of Nursing they told us that the registered manager had introduced a scheme entitled 'The Gift of Time' which allocated designated one to one time for each person living at Gillibrand Hall. This was to ensure that people could have an informal conversation with staff to ensure they were happy with their care, to promote dignity and to ensure if anyone had any issues they were picked up quickly. This was scheduled so all people had the opportunity to speak with all staff so staff could get to know people well and vice versa. It was evident from observing staff interaction with people that they knew them well. When speaking with staff they told us that they felt this was a positive innovation that also incorporate non care staff such as the homes maintenance worker.

We saw that the home had an up to date complaints policy which was on display in the home, there was also a suggestion box and company satisfaction survey available in the reception area. Care plans, where possible, were completed and reviewed with the person, and/or their families to ensure that they were as person centred as possible and that people had a voice. People's named nurse, night nurse and keyworker were also involved in care plans reviews.

We examined the care files of six people who lived at the home. We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home. We found people's plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. Care plans had been reviewed at regular intervals and any changes in needs had been recorded. Staff we spoke with were happy with how care plans were organised and the information within them.

We saw good evidence that people's life histories and preferences were discussed with them and researched with families as appropriate, which meant staff were able to discuss people's life with them and know what people's likes and dislikes were. This meant that staff could develop meaningful relationships with people having read their life histories.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. All the people we spoke with told us that they could see

their GP, optician and chiropodist as they needed to and without delay. We saw within all the care plans we reviewed that people were weighed and had regular checks of their vital signs in line with medical professional's guidance. Detailed assessments were in place alongside appropriate risk assessments. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition and the use of bed rails. These had been updated regularly or as people's needs changed. People who needed additional support had a 'butterfly' symbol on their door to indicate to staff they needed extra welfare checks.

People told us that activities were provided, which people got involved with. One person said, "There is enough to get on with, especially during the day". Another person said, "I tend to stay in my own room but there are things going on all the time. We go on a lot of trips and I go on those. We go all over the place." We saw evidence of activities displayed on both floors of the home. Minutes from the most recent 'residents meeting' were on display which had taken place the month prior to our inspection. This showed that people were asked what type of activities both inside and external to the home they would like to do.

We spoke with the home's activities coordinator. They told us about the different activities that took place in the home and externally. They also showed us evidence they had collated via photographs, flyers and activity schedules. There were external trips out once per month. The activities coordinator told us that they could now use an additional mini bus which opened up activities to more people and meant the frequency of external trips could be increased. Some of the places people had been to included; Knowlsley Safari Park, Blackpool Illuminations, garden centres, Lytham St Annes, Astley Park and Chorley Little Theatre. There was also a Gentlemans' and Ladies' lunch club that met in a local pub. We saw evidence via photographs that special events such as Christmas and Halloween were celebrated by decorating the home and having themed meals and celebrations. External entertainers were also brought into the home once per month and performed to people both on the ground and first floor. The activities coordinator told us that the budget they received from head office was good and that they bolstered monies by organising fund raising events and by receiving donations.

For people who lived with dementia a new treatment and therapy room had been added approximately six months prior to our inspection. A Namaste programme had been introduced for people who lived with end stage dementia and for those people who were at the end of their life. The registered manager had worked in conjunction with the company chairman for over six months in designing the room and appointing the appropriate staff and training to enable the staff to provide the service. Namaste Care seeks to engage people through sensory input, comfort and pleasure. Namaste combines compassionate nursing care with music, therapeutic touch, colour, food treats and scents. We observed people with advanced dementia engaging with the programme and saw that they were relaxed and enjoying their treatment. We found this to be an extremely positive addition to the home.

Good

Is the service well-led?

Our findings

We spoke with people who lived at Gillibrand Hall about the management and culture within the home. The responses we received were positive. One person told us, "Everyone is very helpful." Another person said, "The atmosphere is great, everyone gets along and we have a laugh." Relatives also told us that the culture within the home was positive and that they were kept informed of their loved one's progress. One relative said, "Communication is excellent, we have written information sent to us monthly. As well as that we are spoken to when we visit and only have to ask if we want to know anything. I would recommend this home to anyone, their awareness of dementia, the training levels of staff and the feel of the home is excellent." All the relatives we spoke with who visited on the day were happy with the way the home was run and with the standard and frequency of communication and information they received.

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability. All of the staff members confirmed they were supported by their manager and their colleagues and that they were kept informed of any changes or developments within the home.

We spoke with senior managers of Century Healthcare during our inspection including the organisation's Managing Director (MD). They told us that they were very happy with the staff team and the current staffing and management structure. They said it was, "As good as I have seen in any home." They confirmed that staff turnover was low and that a number of staff had been at the home for over ten years. Most of the staff we spoke with had worked at the home for a number of years. It was evident that the home had received good investment from our observations and the MD told us that a large amount of money had been spent on the home including major repairs to the building, which was listed, and to the décor. We were also told that plans were in place to refurbish other areas of the home including redeveloping some of the home's bath and wet rooms.

The registered manager told us that they were supported well by the organisation's senior management team. They received formal supervision, attended management meetings with other registered managers within the organisation and felt able to raise issues directly to their line manager or anyone within the senior management team. The registered manager told us that they led by example and wanted to be seen as a good role model for staff. They covered nursing shifts so they could work alongside staff and form good working relationships with them as well as being able to assess staff competence and practice. They had brought in a range of initiatives during their tenure in the registered manager role including staff champions, coffee break training sessions and snack boxes for people living at the home. The organisation's Director of Nursing told us they had no issues with the home and there had been "Big Improvements".

We saw that a wide range of audits were carried out at the home. Approximately half of the home's care plans were audited each month. Actions were clearly identified and were located at the front of each file. Actions were signed off when completed and the registered manager also checked to ensure this was the case. We saw that weekly cleaning schedules were completed as were weekly medicines audits. As referred

to in the Safe domain of this report the home were introducing a monthly audit alongside weekly checks so actions taken could be clearly evidenced as having taken place and that actions were effective in resolving identified issues with reference to medicines audits. Accidents and Incidents were collated and recorded and we saw that audits for 'dignity in care' which included documentation care, environment, communication and health and safety formed part of this audit. All auditing and monitoring was sent to the organisation's head office on a monthly basis and this information was analysed and any actions identified were sent back to the home manager.

We looked at the latest customer survey that had been sent to people and relatives. Questions were linked to the Care Quality Commission (CQC) rated domains, i.e. Safe, Effective, Caring, Responsive and Well-Led. Each domain was then scored out of a maximum of five. The overall score averaged at 4.62. Some examples of questions and responses were as follows; 'I feel safe', nine out of ten people responded they 'strongly agreed' with that statement with the other person stating they 'Agreed'. People were asked if they felt they were treated with dignity and respect and nine out of ten 'strongly agreed' and one 'agreed'. When people were asked if help arrived quickly if summoned, six people 'strongly agreed', two people 'agreed', one person 'neither agreed or disagreed' and one person did not respond. The scores throughout were very positive. A staff survey had also recently been completed and the scores from this survey were also positive.

As well as surveys being sent out to people, relatives and staff there was a suggestions box in the reception area of the home as well as the home's complaints procedure. There were also regular residents' meetings, the notes of which were pinned on the wall in 'Residents' Corner,' which also displayed other information such as photos of recent activities, upcoming events and other information and guidance for people. The notes of the last residents' meeting were dated from the 1st June 2016, the day prior to our inspection. Discussions had concentrated on people's ideas for activities and trips out and each person in attendance had been asked individually if they had a preference. Any issues from the previous meeting had been brought back to this meeting so answers to any questions could be answered.

We saw that a monthly newsletter was available for people and families so they were aware of any upcoming events or achievements in the home. The newsletter we looked at contained information about the national dementia awareness week as well as details of which staff had been awarded employee and champion of the month. There were also notices and reminders for people and accounts of events that had taken place within the home. People and relatives we spoke with found the newsletter useful.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Staff we spoke with confirmed they knew how to access policies and procedures and referred to them as necessary.