Giltbrook Carehomes Ltd

Giltbrook Care Home

Inspection report

472 Nottingham Road
Giltbrook
Nottingham
Nottinghamshire
NG16 2GE

Tel: 01159383535

Date of inspection visit:
12 October 2018
16 October 2018
19 October 2018

Date of publication:
10 December 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 12, 16 and 19 October 2018; the first day of inspection was unannounced.

Giltbrook Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and personal and nursing care for up to 40 older people, some of whom are living with dementia. The premises are on two floors with a passenger lift for access. The service has a range of communal areas and a secluded garden. There were 14 people using the service at the time of our inspection.

This inspection was planned to follow up on our previous inspection of 31 January and 1 February 2018 when the service was placed in special measures. We had also completed a focused responsive inspection on 28 March 2018 that was completed in response to concerns with recruitment practices.

At our previous inspection on 31 January and 1 February 2018, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Regulations 12 and 17. These related to safe care and treatment, management of risks and governance. In addition, we completed a responsive focused inspection on 28 March 2018 and found a breach of Regulation 19; this was because evidence that all the required checks to show staff were suitable to work at the service were not in place.

This service has been in Special Measures following our inspection on 31 January and 1 February 2018. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. Some improvements were still required and we found a breach of regulation 12 relating to the ordering and supply of medicines.

A registered manager was in post. 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.

The system operated for the supply and ordering of people's medicines was not always effective.

Systems and process designed to identify shortfalls in the service had not always been effective as they had not enabled the registered manager to identify some medicines had been out of stock.

Medicines were stored and disposed of safely.

There were sufficient numbers of staff deployed to meet people's needs.

Staff working at the service had been subject to pre-employment checks. Pre-employment checks help the provider decide whether staff are suitable to work at the service.

People and their families felt the care was delivered safely at Giltbrook Care Homes. Staff had an understanding of how to keep people safe and how to report any concerns; this had been reinforced through staff training.

Actions had been taken to identify and manage risks to people from any health associated conditions. Actions had been taken on most risks in the environment. The registered manager took action to further risk assess some radiators during our inspection. Actions were taken from when things went wrong and accidents and incidents were analysed and steps taken to help prevent future occurrence.

Steps had been taken to help protect people from the risks associated with infections. Staff understood and followed infection prevention and control measures.

People's needs were assessed and this helped staff provide care to meet their needs. This was reinforced as staff had received training in areas relevant to people's needs; for new staff this included a period of introductory training and assessment to ensure their competence. Staff had the skills and knowledge to help provide care to people and ensure people were treated equally and were free from discrimination.

People received sufficient nutrition and hydration. People received assistance from staff with their nutrition or hydration if this was required. People at risk of weight loss were monitored and actions taken to help prevent weight loss.

People received support with their healthcare from a variety of other healthcare professionals and referral systems were used to access this support when needed. Input from relevant healthcare professionals had also been built into training sessions for staff to help them understand people's care needs.

The premises had been adapted to meet the needs of people living at Giltbrook Care Home, including for people living with dementia.

Staff checked people consented to their care and the principles of the MCA were followed. People contributed to their care plans and as such care plans reflected people's preferences.

People and relatives told us they felt the staff were kind and caring. Staff were considerate and caring to people and enjoyed engaging in topics of interest with people. Staff responded if people became anxious and provided reassurance. People's privacy and dignity was respected and their independence promoted.

People and relatives were involved in their care planning and staff respected people's known views and preferences.

Care was planned and provided to people when they approached the end of their lives.

People received personalised care. People were supported to maintain their relationships with their relatives and friends. People enjoyed how they spent their time and the activities provided at the service. Other activities and resources were available for people living with dementia.

Processes were in place to manage and respond to complaints.

The provider had taken steps to gather people's views and had acted to improve the service in response to feedback from people, staff and relatives.

The provider had a clear vision for providing care that was centred on people's individual needs.

We found one breach of Regulation 12 of the Health and Social Care Act 2008 (Registered Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The ordering and supply of medicines was not always effective. Other risks associated with infection prevention and control and risks associated with people's care needs were identified and managed. Sufficient numbers of staff were deployed. People felt safe, checks were made on staffs' suitability for the role and staff were trained in safeguarding people.

Is the service effective?

Good

The service was effective.

People were treated fairly and the principles of the MCA were followed. Staff received training in areas relevant to people's care needs. People received sufficient nutrition and fluids and their health needs were assessed. People had access to other healthcare professionals. The premises were suitable for people and met people's needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind. Staff respected people's privacy and dignity and promoted their independence. Relatives and friends were free to visit. People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People enjoyed activities and a range of resources was available for people living with dementia. People and relatives were listened to and their feedback was used to improve the service. Systems were in place to manage and respond to complaints. The Accessible Information Standards had been met. Care and support was provided to people when they reached the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some systems to reduce risks around medicines were not fully in place. Some potential risks required further risk assessment and this was completed. Other systems to monitor the quality and safety of services were in place. A registered manager was in place and they understood their responsibilities. The service worked in partnership with other agencies. People, their relatives and staff were involved in developing the service.

Giltbrook 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 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 comprehensive inspection took place on 12, 16 and 19 October 2018; the first day of inspection was unannounced. The inspection was completed by two inspectors, a member of CQC's medicines team and a specialist professional advisor. Their area of specialism was as a registered mental health nurse; a mental health nurse is a qualified registered nurse with specialist training in mental health; they also held additional qualifications in nursing for older people.

As this was a follow up inspection we did not ask the provider to complete a Provider Information Return (PIR) prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took the information from the PIR completed by the provider in 2017 into account when we inspected the service and made the judgements in this report.

Before the inspection visit we looked at all the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

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 also checked whether Healthwatch Nottinghamshire had received feedback on the service; they had not. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services. We spoke with one visiting healthcare professional.

In addition, we spoke with four people who used the service and 14 relatives. We also spoke with the registered manager, the administrator, two nurses, an activities coordinator, a senior care worker, a care worker, the cook and the housekeeper.

We looked at the relevant parts of six people's care plans, nine people's medicines records and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and policies and procedures.

Requires Improvement

Our findings

At our previous comprehensive inspection on 31 January 2018 and 1 February 2018 we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because care and treatment was not always provided in a safe way, risks to the health and safety of people had not been assessed and not all steps to mitigate risk were taken. At this inspection, we found sufficient improvements had been made to these areas. However, we found a new breach of Regulation 12 in respect of how people's medicines were ordered.

At our previous focused inspection on 28 March 2018 we found that staff had not always been safely recruited. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed and meant people were at risk of being supported by unsuitable staff. At this inspection we found this breach in regulation had been met.

We looked in detail at the medicines and records for nine of the 14 people living in the home. These showed us that people were receiving their medicines as prescribed when they were available. However, the home did not have an effective medicines supply process. For example, one person had not been getting two of their medicines as there was no supply available in the home. They had been without one medicine for 10 days and without a second medicine for five days. Both medicines were laxatives and records showed the person was not constipated during this time. However, a further five people had been without a medicine for periods of two to four days over the previous six weeks. The registered manager stated one of these medicines may have been recorded as out of stock in error. Although at this inspection there was no evidence to show the lack of supply of these medicines had any detrimental impact on people we were concerned the ordering system for medicines was not fully effective. Not having prescribed medicines available can potentially lead to detrimental impacts on people.

This was a breach of regulation 12 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

When people were prescribed medicines to be given only when required, not regularly, they may not have been given them in a way that was consistent by the staff. Whilst people's records had some information about these medicines there was insufficient detail to guide staff on how and when to give people these medicines. Following our inspection, the registered manager sent us information about those that we had identified.

Staff recorded where on people's bodies creams and ointments were to be applied and records showed that they were being applied as prescribed. When people had patches, prescribed records showed when and where on the body they were applied. Whilst different sites on the body were being used the same site was being used more regularly than advised by the manufacturer. This could lead to people's skin becoming sore and irritated.

Records were kept of medicines received into the home, given to people and disposed of. There were no gaps in the records. If for any reason people did not take their medicine the reason why was recorded. A record was kept of any medicines that people were allergic to, to alert people not to prescribe or administer that medicine to that person.

We observed people being given their medicines by the nurse. They did this systematically and explained to people what they were doing and gave people the time that they needed to take their medicines.

Medicines were stored securely for the protection of people who used the service. Medicines in the drug fridge and treatment room were kept at the correct temperature to ensure their effectiveness. Controlled drugs were stored securely and recorded correctly. When medicines were no longer used they were disposed of safely.

People and relatives told us there were enough staff on duty at all times to meet people's needs. One person said, "If I ring the call bell in my room the staff always come. They have never let me down." A relative told us, "There are plenty of staff not just to care for people but to talk to them and do activities with them as well."

The registered manager had implemented new recruitment policies and procedures designed to ensure that all staff working at the home were suitable for the work they were employed to do. We sampled recruitment files for nurses and care workers and all had the correct documentation in place to show this, including evidence of satisfactory criminal records checks, references, and previous employment history. Records also showed that when nurses were employed the registered manager checked their registration was up to date with the Nursing and Midwifery Council which meant they were authorised by this body to carry out their roles.

The service had sufficient numbers of staff to support people to stay safe and meet their needs. This included care workers and at least one nurse at all times. Records showed that on one occasion an agency nurse failed to arrive for their shift. The management took immediate action to provide nursing cover and the nurse due to finish their shift stayed on duty to ensure there was no gap in nursing provision at the service. This meant people's needs continued to be met.

People and relatives told us people were safe at the home. One person said, "I feel completely safe. There are always staff nearby if I need them." A relative told us, "I know all the staff here and can trust them so we as a family have peace of mind." Another relative said, "[Family member] is never left to walk on their own here. Staff always go with them to make sure they don't fall."

Records showed the service has appropriate systems, processes and practices in place to safeguard people from abuse. When abuse was suspected staff took appropriate action to ensure people were safe and informed the local authority, CQC, and other relevant persons and agencies. Safeguards were put in place to prevent any reoccurrence and staff debriefed and re-trained where necessary.

We saw the registered manager had set up a new system to ensure people's finances were managed safely. Records showed this was mostly effective although there were occasions when records of financial

transactions had only been signed by one member of staff when they should have been signed by two. We discussed this with the registered manager who said he would remind staff to always ensure two members of staff signed the records. He also said he would extend his audit of these records so they included a check on staff signatures. This would help to ensure people were further protected from financial abuse.

Risks to people had been identified and actions taken to reduce risks. We saw least restrictive and creative approaches were taken to help keep people safe. For example, one person who liked to twiddle and wind things was provided with short lengths of material that would not present any risk of harm whilst maintaining the therapeutic benefits of this activity. Some people could present with behaviours that could challenge. These incidents were monitored and records for the people we reviewed showed these incidents had reduced in frequency.

We saw most environmental risks had been considered and actions taken to help keep people safe. Some radiators had wooden covers fitted and this help to reduce risks from scalding should a person fall or lean on them. However, we found some radiators in people's bedrooms were hot to the touch and they were uncovered as it was not safe to fit a wooden cover over them. We were concerned these radiators could present a scalding risk to people should they be in contact with the hot surface for any length of time. We discussed our concerns with the registered manager who advised us the radiators were located in rooms where people required staff assistance to mobilise and so any risks to them were reduced. However, the registered manager showed us a new risk assessment they had put in place to ensure risks from these radiators were considered if people's needs changed in those rooms.

Other general environmental risks were assessed and actions taken to reduce risks. For example, we saw kitchen areas and boiler rooms were kept locked and risk assessments were in place for foreseen emergency situations. For example, personal emergency evacuation plans (PEEP's) were in place for each person, which showed what assistance people would require in any event, which required their emergency evacuation from the building. Records also showed a fire risk assessment was in place and systems designed for use in an emergency, such as fire alarms and emergency lighting was regularly tested. In addition, routine safety checks and servicing of equipment, such as lifts and hoists, were regularly completed.

We saw communal areas and people's rooms were clean and tidy. Relatives all told us they were happy with the cleanliness of the service. One relative told us, "When you visit it smells lovely." We observed staff wore gloves and aprons when helping people with meals and personal care; there was an adequate supply of gloves and aprons and these were disposed of in ways that minimised the spread of infection. Other actions were in place to help prevent and control infections. Cleaning staff followed cleaning schedules so that communal areas, people's rooms, mattresses and curtains were regularly cleaned. Cleaning products were stored safely. Staff had been trained in infection prevention and control. Records showed staff had been observed to ensure they practised a good standard of hand hygiene.

Systems were in place and followed by care staff to provide safe care to people if they had an infection. The steps taken helped to prevent and control the spread of any such infection.

Records showed lessons were learnt and improvements made when things went wrong. For example, following an incident when a person left the premises unsupervised the registered manager and staff acted to prevent a reoccurrence. The person's care plans and risk assessments were reviewed and improved to ensure staff provided them with the right level of support.

Improvements were also made to the premises. The mechanism on a door's key pad was replaced, as the old one was faulty and a fire door was clearly marked as 'emergency exit only'. In addition, staff were

reminded not to use this exit except in an emergency due to the risk of people using the service following them outside.

Good

Our findings

Records showed people's needs were assessed to help ensure they could be met. Assessments covered people's nursing (where appropriate) and personal care needs and preferences. They covered areas such as mobility, skin viability, continence, nutrition, and dementia care.

Assessments included specific information on people's diagnosis of dementia. This is important as different dementias can have particular risks associated with them. They also recorded people's ethnic origin, religion, and any cultural needs they might have relating to these or any other areas in their lives. The assessments we sampled were thorough and personalised. For example, they included an 'about me' section to assist staff in getting to know a person by including information about their life history, hobbies and interests. The assessments were used to create care plans and risk assessments and people's daily care records showed that the information in them had been used to ensure people's needs were met.

The service's equality and diversity policies and procedures set out the provider's commitment to meeting people's diverse needs. These were up-to-date and showed an awareness of the protected characteristics under the Equality Act. The culture of the organisation was open to providing care that met people's needs without the fear of discrimination. For example, the service had obtained new guidance on meeting the needs of older lesbian, gay, bisexual and transgender people using health and social care services. Staff were using this to better understand how to provide good quality care to this service user group.

Improvements had been made to the service's induction for agency staff. They now underwent a formal induction which included a tour of the premises, health and safety, accessing care records, equipment, and medicines. The induction also covered personalised information about people using the service that agency staff needed to know. For example, one nurse's induction informed them that one person had their morning medicines at a earlier time than other people. This meant all staff could provide people with effective care and support.

Induction records were meant to be dated and signed by the staff member doing the induction and the staff member receiving the induction. However, one of the induction records we sampled had had not been signed by the staff member having the induction and another induction record had not been dated. We reported this to the registered manager who said he would ensure that in future all induction records were signed and dated.

Records showed staff received training in areas relevant to people's needs. For example, we saw staff had

been trained in dementia awareness, diet and nutrition, safeguarding people, mental capacity act, person centred care and dignity. Staff we spoke with told us they were happy with the training they received. They told us the registered manager also checked their understanding of the training. One staff member told us, "During supervision, the registered manager asks us questions on the training." In addition, the registered manager had a training plan in place to identify and meet future training needs of staff. Staff had the appropriate skills and knowledge to meet people's needs.

People and relatives told us they were satisfied with the food served. One person told us, "The food's good and there's always an alternative and if I fancy something special the staff go out and get it for me." A relative told us, "[Family member] seems very happy with the food. The staff know [family member] loves puddings – they do good ones. I tried them too when I've had dinner with [family member] – very nice."

People and relatives said there was always a choice at mealtimes and staff ensured people had their favourite dishes. A relative told us, "They [the staff] often ask me 'Is there anything your [family member] would like to eat? They want me to suggest things so [family member] can have what they like best."

The registered manager reviewed people's weights on a monthly basis. If people were at risk of poor nutrition staff addressed this. For example, weight charts showed one person had begun to lose weight. In response, staff referred them via their GP to a dietician and the SALT (speech and language therapy) team for specialist assessment and support. Staff also encouraged the person to have fortified meals and extra snacks. Their nutritional care plan was personalised and told staff that although the person was unable to ask for food they could express their likes and dislikes. This helped to ensure the person's nutritional needs were met and at the time of our inspection they were re-gaining the weight they had lost.

We met with the cook who was aware of the nutritional needs of all the people using the service and if they had any allergies. The cook met with people and their relatives, where appropriate, to discuss people's food preference. Some people had favourite dishes and snacks and the cook ensured they had these. The service used different coloured plates so staff knew which people needed supporting with their meals and their intake monitoring. The cook catered for a range of different diets including diabetic and soft. At mealtimes people were showed sample plated meals to help them choose what they wanted.

Staff understood the importance of supporting people to have plenty to drink. Hot and cold drinks were available at all times and staff continually encouraged people to drink. The people we met who chose to spend most of their times in their rooms had cold drinks within easy reach and staff visited them regularly offering tea, coffee and other hot and cold drinks. We observed staff supporting a person to drink. They described the drink, checked the temperature and checked the person liked it and gently stroked the person's hand to keep their attention and prompted them to take small sips. People were supported to receive sufficient hydration.

The kitchen had been improved and partially refurbished following an inspection by the food standards agency in 2017 where they were awarded four stars ('Good'). The cook and the registered manager told us they were due a re-inspection and hoped to achieve five stars ('Very Good'), the top rating, as they had carried out the improvements the food hygiene team requested. These included a new extractor unit over the cooker, the creation of a raw meat preparation area, and the installation of some new washable wall cladding.

People had access to healthcare professionals when they needed them. Relatives said staff took prompt action if their family members needed medical attention and kept them informed if their family members were unwell. A GP held a surgery at the home once a fortnight and other healthcare services were available

to people as required. One person told us they had had problems with their eyesight and the staff had arranged for them to see an optician for them.

Records showed staff worked closely with a range of healthcare professionals, including GPs, community nurses, dieticians, opticians, dentists and chiropodists, to ensure people's medical needs were met. People had care plans in place for their medical needs which staff followed, taking advice from healthcare professionals where necessary. A nurse told us that care staff reported any medical concerns to the nurse on duty and care plans informed them of symptoms to look out for. For example, if a person was diabetic the signs of hyperglycaemia were described in their records so staff could see if they needed medical assistance.

The registered manager showed us how they had involved other professionals in other ways. This had included training from community nurse teams on areas such as pressure sore prevention, falls awareness, catheter care and end of life care. Staff we spoke with were clear on their roles and told us a 'handover' meeting took place whenever staff changed shifts; this helped to ensure continuity of care for people and showed staff worked well together. People were supported with their health care and staff worked effectively together and with other organisations and other professionals to ensure people received effective care.

Actions had been taken to adapt the premises to the needs of people living at Giltbrook Care Home. Handrails and a lift were installed to help people mobilise and each room was fitted with a nurse call system where people could press a button to request assistance from care staff. Adaptions had been made for some people who were living with dementia. These included having different spaces adapted to suit the different needs of people living with dementia. For example, some people living with dementia can benefit from visual stimulus whilst other people living with dementia may prefer a less visually stimulating environment; one room had been decorated around the theme of 'the outside' and included nature based wall and ceiling decorations.

Downstairs, the ends of corridors had been decorated with focal points, such as a window or a woodland path that helped to create a destination point for people; other features had been built into the corridor decoration, such as signposts, a bus-stop and a bookshop with seating for people to use. Having distinct focal points can help people living with dementia to orientate as well as helping to have a feature to focus on when walking. Staff were heard to use these decorated features to help orientate people. For example, we heard staff say, "Are you going to come with me, this way towards the bus-stop." Other colour schemes had been used to help orientate people, for example, toilet and bathroom doors were always the same colour. Work was on-going to extend the same decoration principles to the upstairs spaces. The premises had been adapted, designed and decorated to help meet the needs of people using the service.

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service had policies in place that covered the MCA and making decisions in a person's best interests. Where appropriate, applications for DoLS authorisations had been made and the registered

manager had a system in place to oversee the management of them. Care plans showed best interest decision making was specific and care plans were in place for any DoLS authorisations. Staff we spoke with understood how the MCA and DoLS applied to people they cared for. We observed staff sought consent from people before they provided care. For example, staff asked people, "Can I help you with that," before providing care. Seeking people's consent to care was also reiterated in people's care plans. For example, "Staff will gain your consent to assist you with any aspect of your care and will check with you that you are happy to proceed." People's consent to their care and treatment was sought by staff in line with the MCA.

Good

Our findings

People and relatives told us the staff were caring. One person said, "It's lovely here because the staff are so kind." A relative told us, "All the staff are genuine caring people."

We saw many examples of staff being caring and kind to people. We sat with people in one of the lounges and watched an activity taking place. Staff joined in and there was laughter and banter. We could see staff had warm relationships with people.

Individual staff told us how they interacted with individual people to help ensure they felt valued. A nurse said they always spent a few minutes every day sitting with a person who chose to stay in their room to ensure they had some extra company. A care worker explained how they reassured a person who was anxious at times by answering the questions they asked. We also saw that when one person was distressed the administrator asked them if they would like to sit in the office as this sometimes helped the person to feel calm. These were example of staff providing a caring service.

Relatives said the staff kept them informed of their family member's progress. One relative told us, "The staff tell us how [family member] is and what they had for breakfast. They keep us up to date with everything about them." Another relative said, "[The activities organiser] has helped us understand dementia and explained things to us. It's been very reassuring and we understand [family member] better now." We saw relatives attended an evening meeting organised by staff to help share information and understanding on dementia care.

People and relatives also said staff involved them in care planning. One person, "I have care plans which the staff fill in but they ask me first what I want them to put." A relative said, "[Family member] has lots of care plans and we are always told when changes are made and asked for our views."

Records we reviewed showed how people and their relatives had been involved in planning their care. Care plans we looked at included people's choices and preferences for their care, as well as their likes and dislikes, and life history; as such we could see how people's contributions to their care plans had been recorded. Staff showed us how they had captured a person's family tree. We saw staff were knowledgeable about people's life history and used this information when providing care to people. The provider had taken steps to involve people in their care plans and their needs and wishes were met with respect.

We saw staff respected people's privacy and promoted their dignity and independence. We observed staff

were discreet when asking people if they required assistance and knocked on people's bedroom doors, identifying themselves when they entered. Relatives we spoke with shared this view and told us staff were discreet and respectful. People were free to spend time in their own rooms or elsewhere in the home as they pleased. One relative told us how their family member chose to spend time in their own room at certain times and how this helped them feel more independent.

Throughout our inspection we observed staff promoting people's independence, for example with their mobility. Relatives told us they visited whenever they wished and we saw relatives visited at different times throughout our inspection. People's privacy, dignity and independence was respected and relationships with people's families and friends were supported.

Good

Our findings

People and relatives told us staff provided responsive care and support that met people's needs. One person said, "Whatever I need they [the staff] make sure I have it. I am very well cared for." A relative told us their family member had improved since being at the home and were now more mobile and independent.

Care plans were personalised and gave guidance to staff on how people wanted their care provided. For example, one person gave staff clear information about a person's sensory impairment and told them how best to support the person taking this into account. Another person's care plan explained how they could get distressed due to living with dementia and set out strategies staff could use to support the person when this happened.

Care plans also included useful personal information to assist staff in getting to know the people they were supporting people in the way they wanted. For example, the 'about me' section of one person's care plan stated, 'It upsets [person] when they have to rely on others to do things.' This meant staff had the information they needed to support the person in a way that did not undermine their independence.

Care plans were reviewed monthly or as people's needs changed. Those we sampled had been updated regularly and ensured all staff kept up to date with people's progress or any changes in the way they were being supported.

People and relatives told us the amount of activities at the home had increased. One person said, "There's lots of activities if you want to." They said they were in the process of writing stories assisted by the activities organiser. A relative said, "There are loads of activities now. [Family member] is always doing something when we come in. The residents are so much happier because they have things to do all day if they want. The activities organiser is fantastic and has helped to transform this home."

Staff looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider has an accessible information and communications policy setting out how they intended to do this.

Staff communicated information to people so they could understand it. For example, if people were unable,

due to living with dementia, to read a menu staff supported them to choose what they wanted to eat by showing them sample plated meals. The service users guide had been re-written to make it more user friendly and easy to read. Activities were advertised on posters at the home and staff also told people about the activities and reminded them what was on each day.

People and relatives told us they would speak out if they had any concerns or complaints. One person said, "If I had any complaints I would go to the person in charge, they would listen." A relative told us, "The staff are always asking us if everything is alright. We have plenty of opportunities to speak out if we want to. The manager and staff are all approachable and genuinely want to know what we think."

The home's complaints procedure was displayed in the foyer. It explained how people could make a complaint and to who. It also provided contact details for the local authority and ombudsman in the event of someone wanting to take a complaint outside the home. The complaints procedure needed updating to make it clear that although CQC want to hear people's views about services both positive and negative, they are not able to investigate individual complaints.

Care plans for the provision of care towards the end of a person's life were in place. People's views and those of their relatives had been included; this helped to ensure care plans were personalised, holistic and comprehensive. Where appropriate, any advanced medical decisions had been made with the involvement of the person's GP and were clearly identified. Staff we spoke with were knowledgeable on the type of care people may need to help them be comfortable and mindful of people's wishes. The provider had taken steps to ensure care at the end of a person's life met their needs, promoted their comfort and respected their wishes.

Requires Improvement

Our findings

At our previous comprehensive inspection on 31 January 2018 and 1 February 2018 we found a continuing breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because systems and processes designed to assess, monitor, improve and mitigate risks had not always been effective.

At our previous focused inspection on 28 March 2018 we found that the provider had not reviewed their recruitment procedure and the providers recruitment systems, policies and procedures in place were not always fit for purpose or being followed. This was another continued breach in Regulation 17.

At this inspection, although improvements were still required, we found sufficient progress had been made to ensure compliance with Regulation 17. However we still found one breach of Regulation 12 for medicines management. We found the ordering of medicines had not always been managed effectively and this had not been identified by the systems and processes designed to identify shortfalls in the quality and safety of services. Although systems and processes and checks on the quality of care provided were in place these had not always identified where improvements were required in medicines management.

Risks in the environment had been identified and actions taken to reduce those risks. However, we identified some potential risks in the environment that had not been risk assessed; these did not pose a current risk to people however needed to be considered as potential risks. The registered manager showed us the risk assessment they had completed for these potential risks on the second day of our inspection. We were sufficiently assured action had been taken to manage and reduce risks.

Policies and procedures for the governance and operation of the service were in place. In addition, records showed audits were completed on such areas as infection prevention and control, health and safety and on the safety of the environment. We saw that equipment used was regularly serviced and a fire risk assessment was in place. The registered manager completed observations of staff practice to help ensure the quality of care. For example, the registered manager monitored staff response times to call bells and completed observations of mealtimes and activities to ensure the care provided was suitable for the people.

One relative told us, "[Registered manager] is lovely – I often go and have a chat with him about my [family member] and he always has time for me." The provider is required to submit statutory notifications to CQC. Notifications are changes, events or incidents that providers must tell us about. All relevant statutory notifications had been submitted by the registered manager.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had clearly displayed this in the home and on their website.

People and their relatives were happy living at Giltbrook Care Home. One person told us, "It's bang on! It couldn't be better. I refuse to live anywhere else." A relative told us, "We come in and we feel comfortable and welcome. Everyone is very open and nothing is hidden from us." Another relative told us when they visited, "You get a greeting from all the staff. We all know each other here, we're like one big family."

The provider had a clear vision to provide care centred on people's individual needs; this was supported by the provider's statement of purpose. Other quality initiatives had been taken to help ensure positive outcomes for people living at Giltbrook Care Home. For example, recognised and published research regarding beneficial dementia care environments had been used to help plan changes to the environment for people. One relative told us, "We've noticed many improvements here. The decoration is lovely and so interesting to look at. [Family member] loves the murals." The registered manager had sought and used a recognised quality initiative in the approach taken to appraise, develop and train staff. One staff member told us, "I was asked what training I wanted and I was able to go on a dementia workshop." They went on to tell us how this had led to plans with the local library to make use of their dementia orientated 'memory bags'. These approaches helped to clearly identify and set standards around quality care centred on people's needs.

The provider had taken steps to ensure people, relatives and staff were involved in the developments at the service. One relative told us, "[Family member] has settled so well here. We are so pleased with this home." Minutes of meetings showed relatives met with the registered manager and other staff to discuss the developments in the home. Relatives told us they felt listened to and could easily approach staff and the registered manager at any time to share their views. One relative told us, "We have relatives' meetings every month; we can raise any issues and they are answered; I feel it is open and transparent." Relatives also told us they completed survey forms and in addition, the registered manager would always ask them for their views when they visited.

Meetings were held with staff and staff shared their opinions and were listened to. One staff member told us, "The manager asks us things and communicates with us; I feel more involved." Staff we spoke with were motivated and told us they enjoyed working at the service. One member of staff told us, "I love working here and look forward to coming to work; it's a lovely place to work and the staff are great and so caring." There were regular opportunities for people, their relatives and staff to be engaged and involved with the service.

Accident and incident reports were analysed by the registered manager. Any actions taken in response to trends in areas such as falls were incorporated into the registered manager's monthly monitoring audit; this ensured any trends could be identified early and actions taken at an early stage to reduce risks. Action plans were in place to ensure a continuous approach to improvement. These showed what improvements had already been completed as well as identifying further areas for improvement. Target dates, the person responsible and the progress made were recorded and regularly reviewed to help ensure improvements were achieved. Systems and processes were in place to ensure the service could continuously learn and improve.

During our inspection visits we spoke with one visiting health care professional. They told us they were satisfied the person they had visited was receiving appropriate care and that staff had been helpful. Care plans and daily notes showed the involvement of other professionals, such as GP's, dieticians and speech and language therapists. The registered manager had also worked with community and specialist nurses to

arrange training for staff. The service worked in partnership with other agencies to ensure good outcomes for people.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was not an effective system in place for the supply and ordering of medicines. 12(1)