

The Mayfield Trust

Gibraltar Road Nursing Home

Inspection report

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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

We inspected Gibraltar Road Nursing Home on 18 February 2016 and the visit was unannounced. Our last inspection took place on 19 May 2014 and, at that time, we found the regulations we looked at were being met.

Gibraltar Road Nursing Home is a converted property which provides accommodation and nursing care for up to nine people with a learning disability. There are seven bedrooms in the main house and two in the bungalow. All of the bedrooms are single occupancy. The main house has two lounges and a dining room and the bungalow has its own communal space and kitchen.

At the time of our visit there were nine people using the service.

There is a registered manager 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.

People told us they felt safe in the home. Staff had a good understanding of how to control risks to people's health, safety and welfare.

Staff were recruited safely and there were enough staff on duty to provide people with the care and support they needed. Staff received appropriate training, supervision and support.

We saw staff knew people well and there was a warm and relaxed atmosphere in the home. People were supported to follow their interests in the community and a wide range of activities. Staff supported people to be as independent as possible and we saw people helping clear the tables after lunch.

Care and support plans were individualised and focused on what each person wanted to achieve and what support they required from staff.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. The medication system was well managed and people received their medicines at the right times.

People told us meals were good and we saw the menus provided both choice and variety.

Gibraltar Road Nursing Home was well maintained and homely. People's bedrooms were personalised and we found everywhere was clean and tidy.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards

(DoLS).

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address any shortfalls. People using the service were asked for their views and staff responded to their requests.

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.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and well maintained.

People's medicines were handled and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their job role which was continually updated. They also received supervision and felt supported and valued in their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and understood their responsibilities under the Act.

Staff supported people to maintain good health and to have an appropriate and varied diet.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to a person centred approach where people they supported always came first.

The service actively sought opportunities to help promote people's independence and life skills.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual care plans were in place to ensure people received the care and support they needed.

People had good opportunities to participate in the community and to try and take part in a range of activities.

There was a complaints procedure in place should people wish to raise any concerns.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager who provided leadership and direction to the staff team.

Audits were carried out to make sure the systems that were in place were working as they should be.

The service sought and used the feedback of people who used the service to help improve the quality of care provided.

Gibraltar Road Nursing 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 18 February 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. On this occasion we did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, two staff recruitment files and records relating to the management of the service.

On the day of our inspection we spoke with seven people who lived at Gibraltar Road Nursing Home, four care workers, the activities co-ordinator, nurse, the registered manager and a student nurse who was on a work placement at the home.

Is the service safe?

Our findings

People told us they felt safe in the home. We saw there were safeguarding policies and procedures in place. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and both said they would not hesitate to report any concerns to the registered manager or more senior management.

We looked at the training matrix and saw staff training in relation to safeguarding was up to date. We spoke with the registered manager who demonstrated a clear understanding of safeguarding procedures. We also saw safeguarding was discussed at staff meetings to ensure staff understood and would recognise safeguarding issues. This meant staff understood how to keep people safe.

Care records, for people using the service, contained identified areas of risk. Risk assessments were in place for manual handling, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate the risk. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and were having barrier creams applied to particular high risk areas. This meant staff were identifying risks to individuals and taking action to reduce those risks.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form, detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with the people living at Gibraltar Road Nursing Home. We spoke with two newer members of staff who confirmed DBS checks and references had been taken up before they started working at the home.

There was a board in the dining room with pictures of the staff on duty. This meant people using the service could see which staff were available to support them. We discussed staffing levels with the registered manager and they told us that the required number and skill mix of staff was determined by the needs of the people living in the home.

The registered manager told us staffing numbers responded directly to the support needs of people using the service to ensure both their personal care and social care needs were met. For example, since our last inspection there is now a nurse and care worker on waking night duty because of people's changing personal care needs. (Previously there had been one waking and one sleeping in member of staff). We spoke to a visiting advocate who told us they had been assisting someone to find a placement, which was needed at short notice and they had looked at Gibraltar Road Nursing Home. However, the registered manager did not offer a place as additional staff would have been required and this could not be arranged at short notice.

This showed us staffing levels were adjusted to meet people's care and support needs.

We saw there were infection prevention procedures in place and infection prevention and control audits were taking place. We looked around the building and found all areas clean, tidy and fresh smelling. We saw there were disposable aprons and gloves readily available for staff and these were being used appropriately. This meant staff were following infection prevention and control measures to make sure people were protected from the risk of infection.

We saw the food standards agency had inspected the kitchen in March 2015 and had awarded 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely.

We found the building was well maintained and appropriately decorated. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems, lifting equipment and water temperatures. A system was in place for staff to report any issues with the building to ensure they were promptly repaired. This meant the environment was kept in a good state of repair.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

We looked at the systems in place for the receipt, storage and administration of medicines in the home. We saw that medicines were supplied to the home in either a monitored dose system (MDS) or where that was not appropriate, in bottles and boxes. We saw that each person had a medication file which included a photograph of the person and information about any allergies to medicines the person may have.

The files also contained records of all medicines received into the home, how they were received and the signature of the member of staff recording the receipt of the medicine. Medication administration record sheets (MARs) were also included in the file. We checked a sample of people's medicines to see if the amounts available tallied with the amounts recorded as received and administered. We saw MAR had been consistently signed to acknowledge people had received their medicines. This showed us people were receiving their medicines as prescribed.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the contents of the controlled medicine's cabinet. Staff were aware of the correct procedure for the administration and storage of controlled medicines. There were no controlled medicines stored apart from the homes' own policy of storing sedatives in the controlled medicines cupboard.

We saw the room temperature and medication fridge temperature were regularly checked, with signed documentation in place. The night staff checked and recorded the medication fridge temperature and spot checked medication.

We saw protocols for the administration of 'as required' medicines were in place in the care files. We asked a staff member about the use of a sedative which had been prescribed to be given 'as required' 5mg or 10mg if necessary. The staff member was able to refer to both the 'as required' chart in the care file and the MAR chart where the dose was shown to be 5mg and it was observed that only 5mg had only been given. We were told by the staff member that this was not administered routinely and the home preferred to manage the person's behaviour without additional medication wherever possible.

Is the service effective?

Our findings

Staff we spoke with told us they received training which was relevant to their role and said they felt supported and valued. One person said, "It's a good staff team, they check you are OK and I feel supported."

One of the newer members of staff told us staff had made them feel welcome when they first started working at the home. They told us they had read policies and procedures and people's care files as part of their induction and were now working with experienced members of staff as part of their induction. The registered manager told us new staff would shadow experienced staff for two weeks or until they felt confident to work alone.

We looked at the training matrix and saw staff training was mostly up to date and where training had lapsed dates for updates in training had been identified. All of the staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals and knew about people's likes, dislikes and preferences. This showed us staff worked in a person centred way.

Staff we spoke with told us they felt supported in their role and confirmed they received formal supervision where they could discuss any issues on a one to one basis. They also told us they received an annual appraisal, which focused on their practice and on-going professional development. The registered manager told us they had adapted the nurses supervision documentation so it would meet the new validation requirements of the Nursing and Midwifery Council to demonstrate continued professional development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found all of the staff had received MCA and DoLS training and this was discussed at every staff meeting. Staff we spoke with understood the principles of the MCA and were able to tell us the five main principles, no one at the service was being deprived of their liberty.

On the day of the inspection one persons' advocate was visiting to support them in the decision making process. This showed us staff made arrangements for people outside of the service to support people in making appropriate decisions.

We saw in one care file a best interest meeting had been held to discuss the use of bed rails as the person was at risk of falling out of bed. This showed the person showed no signs of dislike or distress when the rails were in place, so the decision was made that in the best interest of the person, bed rails should be used.

We saw that a menu chart was on the wall in the dining room, in both pictorial and written form.

At breakfast time we saw people being offered a choice of cereals and drinks and people who required support from staff received this on a one to one basis.

We saw in the kitchen there were individual diet plans for people on special diets, as well as general information about food types, written in a 'traffic light' format, low cholesterol food and dietary advice for someone with specific needs. We asked a number of staff members about their knowledge about individual dietary requirements and they were all aware to follow the guidance and understood peoples' nutritional needs. We saw snacks and drinks were available and provided throughout the day.

People had their weight checked on a monthly basis. We saw in one persons' care plan they needed to drink 1600mls every day. We looked at the records and saw staff were recording each drink they received and totalling the amounts so they could check the person was having enough to drink. This showed us people's nutritional and hydration needs were being met.

We saw comments on a survey from a relative in April 2015 which stated, "The carers work closely with GP's and specialists to ensure (names) medication needs are constantly reviewed."

We observed that one person had a meeting arranged with their psychiatrist on the day of the inspection and was supported to attend the meeting by their key worker.

Care records listed health professionals people were involved with. For example, we saw input and contact details from doctors, dentists, opticians, district nurses and speech and language therapists. We saw staff were vigilant and quick to pick up any changes in people's needs. For example, staff had contacted a GP for someone who was 'wheezy.' Antibiotics were prescribed but staff noted when the course had been completed the person was still chesty and had contacted the GP again for advice. This showed us staff understood people's health care needs and knew what to do to meet those needs.

Is the service caring?

Our findings

We asked people if they liked the staff and people told us they did. We saw people seeking out the company of staff, which showed us they had formed good relationships with the care staff.

We found the care files contained very detailed information about peoples' lives, interests, strengths, skills, likes and dislikes, passions and anecdotes. We could see this information was used in planning people's on-going care and support. For example, in one persons' care file we saw their religion was very important to them. We saw on their weekly activities planner they were supported with their rosary beads every Thursday. The activities co-ordinator confirmed this happened.

We found there was a relaxed, friendly and homely atmosphere. Staff knew people well and were attentive in providing appropriate individualised support. Staff freely offered information about the peoples' likes and dislikes, for example, "(Name) likes to be quiet", "(Name) loves dancing," and involved people in the conversations.

One member of staff told us, "No one wants to leave, people are content and happy here."

We saw people looked well cared for and had been supported with their personal hygiene needs. People were well dressed, their hair had been brushed or combed and people's spectacles were clean.

We saw people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people's belongings.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive and good humoured way. We saw staff were kind, caring and compassionate.

People were involved in the daily tasks we saw one person assisting the staff in clearing the tables and wiping the place mats after lunch and a staff member told us that this was something they liked to do.

We did not meet any visitors during the inspection, but staff told us visitors were made to feel welcome and could have a meal with people if they wished. We saw comments on a survey from a relative in April 2015 which stated, "Always greeted warmly at the door and also by each member of staff I meet in the building."

Is the service responsive?

Our findings

The registered manager assessed anyone who was thinking of moving into Gibraltar Road Nursing Home to make sure staff would be able to meet their needs, taking into consideration the needs of the people already living there. If they considered they could offer a service the individual was invited to visit, to stay for a meal and stay overnight as many times as they wished to make sure Gibraltar Road Nursing Home was the right place for them.

We looked at two peoples' care records and found these were sectioned into a logical order. We viewed in detail peoples' support plans. These were documents created with people to inform staff how to effectively support them. Support records were written in a person centred way and gave specific details which were important to each individual. For example, records recognised people that were important in each individual's life, important events in their life and their personal preferences, such as, 'likes a cuddle but does not like being rushed'.

Care records were reviewed on a monthly basis to ensure information and details relating to peoples care and support were relevant and up to date. Each person had a set of monthly objectives, which they were involved in setting. For example, we saw one person's objectives for February 2016 were to attend their person centred care meeting, for the dentist to visit, to get their hair cut, go to reflexology and to look for a holiday. We saw from the care records all of the objectives had either been completed or appointments had been made. This showed us staff were supporting people to achieve their goals.

We saw comments on a survey from a relative in April 2015 which stated, we are delighted with the range of activities that (name) now takes part in and enjoys. Her life is much fuller than it was at home."

We saw from the care files people were supported to participate in activities both at home and in the community. The activities co-ordinator told us about activities people were involved in for example, going to college in Brighthouse, out for beauty treatments, having a foot massage and listening to music. We saw the activities organiser involved people in knitting, dancing, and crafts on the day of inspection.

Staff were proactive in supporting people to find activities they wanted to do. During person centred planning meetings, it was identified what people would like to do or try in the coming year. This enabled staff to support people to plan activities they wanted to do. We saw the pictorial images on flip chart sheets which had been used to facilitate one person's recent person centred care plan meeting. The use of pictures had enabled staff to find out the person wanted to go to London, have pie and mashed potatoes, see a show and the guards with the black hats. This information was then used to inform goals for their support over the next year.

We saw copies of the easy read complaints procedure were available outside of the nurses office.

We looked at the complaints log and saw no complaints had been received, but saw there was provision to make sure full details of any complaint would be documented together with the action taken and outcome.

Is the service well-led?

Our findings

We asked staff about the management of the service. One staff member told us the registered manager was, "A good manager and very supportive." Another staff member said, "(Name) is really approachable and sorts everything out. This is one of the best places I have worked at and it's easy to ask for advice." Staff agreed people using the service were always put first.

We saw following a contracts monitoring visit by one of the nurses from Calderdale Clinical Commissioning Group (CCG) the registered manager had received the following message: "Well done for all your hard work to keep everybody safe and to staff for keeping up high standards of care."

We wanted to know how people could influence the service. We saw resident's meetings were held every two months. At the January 2016 meeting eight people had attended and had been asked if they had enjoyed Christmas and if they enjoyed the meals. People responded positively to both questions. People were asked about their favourite meals so these could be included in the menus. People were asked what they wanted to do for Easter. Two people wanted a party and one person suggested an Easter egg hunt. Staff told us they were combining both ideas for the Easter celebrations.

We saw staff were using creative ways to get feedback about life at the home from people using the service. We saw an illustrated survey was being used together with smiley happy or sad faces, thumbs up or thumbs down, ticks or crosses so people could choose a symbol that represented how they felt. For example, one person clapped and picked the smiley face twice to indicate they were happy with their social life. We also saw where one person had indicated their health was not very good at the time of the survey, staff had established this was due to a problem with their ankle. This was followed up two weeks later when the problem had been resolved. We saw people's responses had been collated and showed a high level of satisfaction with their life at Gibraltar Road Nursing Home. This showed us people's views were important and staff were looking at ways to improve the service they provided.

We also saw care workers had been asked to complete a survey in July 2015. We saw the results had been analysed and showed, for example, staff were happy with the support they received and they understood their roles and responsibilities. We saw one of the questions asked of staff was 'What is the most satisfying aspect of your job?' The comments made were as follows; "Supporting people to live life to the full." "Making residents happy." "Spending time with residents." "Making sure residents are happy and safe." "Giving excellent care and the benefits of this." This showed us staff were enjoying a high level of job satisfaction.

We also saw from the surveys staff had identified they would like some additional training. We saw the registered manager had responded to these requests and training had been subsequently booked and delivered. This showed us the comments made by staff were valued and acted upon.

We saw there were a range of audits taking place. These included audits of accidents and incidents, care plans, complaints and compliments, health and safety and training. We saw when issues had been identified action had been taken to resolve them. For example, a fridge/freezer had been replaced.

