

Pearl Care (Kendal) Limited

Gilling Reane Care Home

Inspection report

Gillinggate,
Kendal,
Cumbria,
LA9 4JB

Tel: 01539 731250

Website: www.pearlcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Gilling Reane Care Home provides accommodation for up to 33 people who require support with their personal care. The home mainly provides support for older people

and people who have dementia. The home is a large, period property which has been converted to be used as a care home. Accommodation is arranged over two floors and there is a passenger lift to assist people to access the accommodation on the upper floor. The home has 29 single bedrooms and two double rooms, which two people can choose to share. There were 31 people living at the home at the time of our inspection.

This was an unannounced inspection, carried out over two days. During the inspection we spoke with 19 people who lived in the home, five visitors, eight staff and the

Summary of findings

registered manager of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We last inspected Gilling Reane Care Home in June 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

We observed care and support in communal areas, spoke to people in private and looked at the care records for five people. We also looked at records that related to how the home was managed.

Although people told us that they felt safe in this home, we saw that there were times when there were not enough staff to meet people's needs. This impacted on the support that people were provided with at meal times. We saw that one meal time was disorganised and people did not receive support at the time they needed it. We also found that a hoist and some parts of the accommodation were not maintained to a clean and hygienic standard and two areas of the home had an unpleasant odour. The systems used to assess the quality of the service had not identified the issues that we found during the inspection. This meant the quality monitoring processes were not effective as they had not ensured that people received safe care that met their needs.

People told us that they, and their families, had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. However, we found that some people's support was not provided as detailed in their care plans and some people's needs had not been thoroughly assessed. This meant people did not always receive support in the way they needed it.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and saw that people enjoyed talking to the staff in the home.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the home had been listened to and acted on.

People were able to see their friends and families as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home. Some people had chosen to bring their pets into the home. They told us that it was very important to them that they were able to have their pet with them.

The home used safe systems when new staff were recruited. All new staff completed thorough training before working in the home. The staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual. They told us they would be confident reporting any concerns to a senior person in the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to staffing, cleanliness and infection control and assessing and monitoring the quality of service provision. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not safe. People who lived in the home were placed at risk because some equipment and areas of the home were not cleaned to a hygienic standard.

Staff were recruited safely and trained to meet the needs of people who lived in the home. However, there were not always enough staff to provide the support people needed.

Staff in the home knew how to recognise and report abuse. People's rights were protected because the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Requires Improvement



Is the service effective?

Some aspects of this service were not effective. Although people received enough to eat, we saw that one meal time was not well organised and some people did not receive the support they needed to eat their meal.

The staff in the home knew the people they were supporting and the care they needed. The staff were trained and competent to provide the support individuals required.

People received the support they needed to see their doctor. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

Requires Improvement



Is the service caring?

This service was caring. People told us that they were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

The staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care. The staff in the home were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

Some aspects of the service were not responsive to people's needs. Some people's needs had not been thoroughly and appropriately assessed and some people's support was not provided as agreed in their care plans. This meant people did not always receive support in the way they needed it.

Requires Improvement



Summary of findings

People made choices about their lives in the home and were provided with a range of activities.

There was a good system to receive and handle complaints or concerns.

Is the service well-led?

The service was not well-led. Although there were systems to assess the quality of the service provided in the home we found that these were not effective. The systems used had not ensured that people were protected against the risk of infection or of receiving inappropriate or unsafe care and support.

There was a registered manager employed in the home. The staff were well supported by the registered manager and there were good systems in place for staff to discuss their practice and to report concerns about other staff members.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Requires Improvement



Gilling Reane Care Home

Detailed findings

Background to this inspection

We visited the home on 30 July and 1 August 2014. Our visit on 30 July was unannounced. The inspection team consisted of an inspector and an expert by experience who had experience of services that support older people. At our inspection on 30 July we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home on 1 August 2014 to gather further evidence around some areas and to look at staff records and records related to the running of the service.

During our inspection we spoke with 19 people who lived in the home, five visitors, three senior care staff, three care staff, two ancillary staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the home was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the home, including information we had asked the registered provider to send to us. We also contacted local commissioners of the service, GPs and district nursing teams who supported some people who lived at Gilling Reane Care Home to obtain their views of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005, (MCA), was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe?' sections of this report.

Is the service safe?

Our findings

People who lived in the home were not safe because they were not protected against the risk of infection and there were not enough staff to provide the support people needed.

At this inspection we found significant problems with the cleanliness and hygiene of the home.

One toilet, which had recently been cleaned, had faeces on the seat raiser and around the toilet bowl and also had an unpleasant odour. We also noted that there was an unpleasant odour in one of the communal areas. While we were observing the midday meal being served in this room we saw a staff member wipe food waste from a table onto the carpet. This meant that the food waste could be trodden into the carpet and it could also be transferred to people's footwear and then carried around the home. We also noted that there were pieces of rubbish on the main staircase, which remained throughout our inspection. Although staff had used the stairs during the inspection, no one had removed the litter.

We saw that one hoist was dirty and the paint on the base had peeled away in places. This would make it difficult to clean to a hygienic standard.

We discussed the odour in the communal area with the registered manager. They told us that night staff cleaned the carpet and chairs in this area each month with a carpet cleaning machine. We saw records which showed that the carpet and chairs had been cleaned in June 2014, but they had not been cleaned in July 2014. We saw that the staff in the home did not take action to ensure people were provided with a clean environment to live in.

These examples demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During most of our time in the home we saw that the staff in the home provided the care people needed, when they required it. People who could tell us their views of the home said that there were enough staff to provide the support they needed. One person told us, "There are always staff about", and a visitor to the home said, "I've never had any concerns about staffing levels, they do a grand job". Most of the staff we spoke with said there were enough staff to provide people with the support they

needed and to keep people safe. However we saw that during the midday period people who required support to eat their meals did not receive the assistance they needed because there were not enough staff. One member of staff told us that they felt there were times when more staff were required to meet the needs of people in the home. They told us, "It can be a bit pushed at meal times". Another member of staff said they thought there were enough staff employed in the home and told us, "I think the staffing levels are all right, it's always busy at meal times".

The home had three communal dining areas on the ground floor. In one area there were eight people eating, two of whom needed support to eat their meals. The meal consisted of three courses; soup, followed by a choice of main meal, followed by a choice of dessert. Some people did not want the main course provided that day and requested alternative meals. We saw that the staff who were working in the area left people unattended while they went to order or collect the alternative meal from the kitchen. This meant there were times when people who required support were left unattended. We observed that one person put their soup to one side and left it and another person left their meal and walked out of the room without staff being aware.

We spoke with the registered manager about staffing levels. They said there were usually enough staff to meet people's needs. They told us that staff had specific roles at meal times, which should have meant the care staff on duty did not have to leave the people they were supporting. However this was not what we observed. The registered manager also told us that the senior staff member on duty was busy over the midday period because medical staff had attended the home to visit one person. We saw that the staffing levels in the home were not sufficient to respond to unforeseen events.

We observed that some people had chosen to take their meals in their rooms. The staffing levels and needs of people eating in the communal areas meant that there were no staff available to support or check on people in their rooms. The staff did not have time to check that people were safe in their rooms and there were no staff available to notice or respond quickly if a person choked on their meal.

We saw that there were not sufficient staff to provide people with the support they needed at the time they needed it. Also the staffing levels did not allow for a

Is the service safe?

member of staff to check that people who were eating in their rooms were safe. There were not enough staff to ensure the welfare and safety of people who lived in the home.

We observed that this evidence demonstrated a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who could speak with us told us that they felt safe living at Gilling Reane Care Home. One person said, "I think we're safe here" and another person said, "I've got no concerns".

Visitors we spoke with said that they had never had any concerns about the safety or welfare of their relatives. They told us that they would be confident speaking to a member of staff or to the registered manager of the home if they had any concerns.

The staff we spoke with told us that they had completed training to support people safely and to recognise and report abuse. They showed that they knew the actions to take if they identified that a person was at risk of harm. One staff member told us, "We have a flow chart; it shows all the steps to follow".

The staff told us that they had never witnessed any ill treatment of people in the home. They said they would challenge any poor practice and would not tolerate abuse. All the staff said they would be confident reporting any concerns to a senior person in the service. One staff member told us, "We are all pretty forthright here, if we saw anything wrong we would say so" and another person said, "We are none of us shrinking violets, if something was wrong we would speak up".

Providers of health and social care services have to inform us of important events which take place in their service. The records we held about this service showed that the provider had informed us of any safeguarding incidents and had taken appropriate action to ensure people who used the service were protected.

We observed people in all of the communal areas of the home. We saw that people who could not speak with us were comfortable and relaxed with the staff who were supporting them. Throughout our inspection we saw that the staff on duty treated people with respect.

Two people told us that they enjoyed following activities in the local community on their own. They said they felt safe

doing this and knew how to maintain their safety. They told us that the staff in the home gave them advice about maintaining their safety but did not stop them from following activities which they chose.

We discussed the Mental Capacity Act 2005 with the registered manager. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the Mental Capacity Act 2005 Code of Practice were used when assessing an individual's ability to make a particular decision.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about an individual to ensure they did not place unlawful restrictions on them. We were informed that no one living at the home at the time of our inspection required an application to be made under the Deprivation of Liberty Safeguards, as there was no one who was subject to a level of supervision and control that may amount to deprivation of their liberty.

Throughout our inspection we saw that the staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. We saw that the staff gave people the time to express their wishes and respected the decisions they made.

The staff that we spoke with showed that they knew the people who lived in the home and the support individuals needed with their care. They told us that any risks to an individual, or actions they needed to take to protect people, were recorded in people's care records.

We observed that effective systems were used to ensure staff were only employed if they were suitable and safe to work in a care environment. The registered manager told us that no new staff had been employed at the home since our last inspection of the service in June 2013. At that inspection we looked at the records around staff recruitment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the home.

Is the service effective?

Our findings

People we spoke with told us that they enjoyed the meals provided, however we saw that although the staff were kind and tried to provide the support people needed, some people did not receive the assistance they required to eat their meals.

We observed the midday meal being served in two dining areas of the home. The meal time was not well organised and people were not provided with a pleasant and enjoyable experience. In one area we saw that various staff were bringing different courses to people. We saw that two people were given their desserts before their main meal was provided because there was no staff member overseeing their meals. This could place people at risk of not receiving a good mealtime experience or a balanced diet, as they could satisfy their appetite by eating the pudding and then not eat their main meal.

There was a choice of two main meals and we saw that if people did not want either of the main meals offered, they could choose an alternative. People told us that they liked the food and said that they were given a choice of meal. One person said, “The meals are nice, there’s a bit of choice” and another person said, “The food is good”.

During our inspection we saw that people were provided with enough to eat and drink. People were offered a range of snacks during the afternoon, which we saw they enjoyed. Although some people had not received the support they needed to eat their midday meal, they were provided with additional snacks and meals later in the day that they were able to eat independently. Visitors we spoke with said that people were given enough to eat. One visitor to the home told us that their relative had enjoyed two breakfasts on the morning of our inspection. They said, “The staff know what Mum likes, she had breakfast early on, then came back for another breakfast. The staff encourage her to eat whenever she is hungry”.

We saw that people had been included in choosing the menus used in the home. People had been asked which meals on the menu they enjoyed and if there were any meals that they did not like. We saw that the meals which people said they didn’t enjoy had been removed from the main menu, although they were still provided to individuals who requested them. Meals had been discussed with people and changed in response to their comments.

Everyone we spoke with told us that people were well cared for in this home. People who lived at Gilling Reane Care Home said, “I am well looked after here” and told us, “This is a pleasant place, they are nice to me”. One person who was visiting the home told us, “I looked at nine homes before I decided on this one. I was pleased from the word go”. Another person visiting the home said, “I am very pleased with the care”.

People who could speak with us told us that they received the support they required to see their doctor. One person said, “The staff get the doctor if I ask them to”. Another person told us “They [staff] ask for the doctor when I’m not well and I see the district nurse as well”. Some people who lived in the home had more complex needs and required support from specialist health services. Care records we looked at showed that some people had received support from a range of specialist services such as mental health and occupational therapy teams.

We contacted local GP practices and district nursing teams before our inspection. None of the services we contacted raised any concerns about how people who lived in the home were supported to maintain their health.

All the staff we spoke with told us that they had to complete training to ensure they had the skills and knowledge to provide the support individuals needed. One person said, “We do lots of training, we’ve just done some more training in caring for people who have dementia”. We saw a staff member supporting a person who was living with dementia. They noticed that the person showed signs that they were anxious and approached them quietly and asked if they would like to move to a different area where it was quieter. We saw that the person smiled at the staff member and took their arm to be helped to move to the other area. The staff member knew how to identify that the person required support and how to provide this in a way that was respectful and effective at promoting their wellbeing.

We looked at the records around staff training. We saw that all staff completed a range of training relevant to their roles and responsibilities. All staff completed training to keep people safe including training in moving and handling, infection control, food hygiene and fire safety. Care staff had either completed or were undertaking a qualification in Health and Social Care.

Is the service effective?

The registered manager had good systems in place to record the training that staff had completed and to identify when training needed to be repeated. Each staff member had a file with records of the training they had completed and any certificates that they had been awarded. There was also a spreadsheet which clearly recorded when each member of staff had last completed a training course and when the training needed to be repeated. This meant the

registered manager could easily identify if the staff had completed all the required training or needed to repeat a training course to ensure they kept up to date with safe practice.

The care staff told us that they had regular formal supervision meetings with a senior staff member to discuss their practice. One staff member told us, "Each senior carer is responsible for a group of us, they do our supervisions and we can go to them for advice, but we can go to any of the seniors".

Is the service caring?

Our findings

People we spoke with made many positive comments about the care provided at Gilling Reane Care Home. None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. One visitor to the home told us, “This is the best care home around here. We looked at lots of different places but this one stood out because the staff were so kind, attentive and caring when we visited it”.

We spoke with three people who visited the home frequently. They all told us that they had never had any concerns about the care provided to their relatives. They told us, “It’s always like it is today, relaxed, friendly and caring, there’s always a lovely atmosphere” and another person said, “You can tell the staff really care about people, they really do”.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw that all the staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people’s wellbeing. We saw a member of staff laughing and joking with one person and saw how this enhanced the individual’s mood. We also saw that the staff gave appropriate and timely reassurance to a person who became anxious during the midday meal. This helped the person to become less anxious and to be able to enjoy their meal.

We saw that the staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked to dress and we saw that people had their wishes respected. One person, who had their pet living with them, told us that it was important that the staff allowed them to care for their pet. They said that this choice was “always” respected by the staff in the home. People who used the service and their relatives confirmed that the staff knew the support people needed and their preferences about their care. One person told us, “The staff ask me what I want, even though they know what I like, they still ask”.

All the staff we spoke with said they that people were well cared for in this home. They said that they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

Families we spoke with told us that they were able to visit their relatives whenever they wanted. They said that there were no restrictions on the times they could visit the home. One person said, “We come at funny times because I work shifts, it’s never a problem though”.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw that two people, who did not have anyone to support them, had been supported to make major decisions by an Independent Mental Capacity Act Advocate, (IMCA). The role of the IMCA is to support and represent people at times when important decisions are being made about their health or social care. They are involved when a person is not able to make the decision themselves and when they do not have family or friends who can represent them.

Throughout our inspection we saw that the staff in the home protected people’s privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

Most people were supported to ensure they were appropriately dressed and that their clothing was arranged properly to promote their dignity. However, we saw that one person had food stains on their top and they had not been supported to change this after their meal.

We saw that people were supported to be as independent as possible. People were encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. We saw that the staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Is the service responsive?

Our findings

Some aspects of the service were not responsive to people's needs. We observed the midday meal in two communal areas of the home. In one room we saw that there were two staff supporting eight people, three of whom required one to one support from staff to eat their meal. We saw that one member of staff tried to feed two people at once, which meant neither person received the support they needed. One person tried to eat on their own but was unable to. We saw that they wanted to eat the food that was placed in front of them but could not do so. There were also other people in this area who needed support or encouragement from staff to eat their meals. We observed that the staff members who were supporting people to eat had to leave the individuals they were assisting to go and help other people. People's welfare was not protected because their meals were interrupted and individuals who needed support did not get it.

We observed that four people were sat in wheelchairs during the midday meal rather than in dining chairs or other seats. We saw that one person slipped down the seat of the wheelchair three times and needed to be supported by two staff to sit up. They were not able to eat their meal in comfort because they were not able to maintain their position in the wheelchair. After the meal we saw that one person was sat in a reclining chair but was not able to maintain their position in the chair. They had slipped down the chair and were sitting in a hunched position.

We asked the registered manager if people had been assessed by an appropriately qualified person to ensure that the wheelchairs and the reclining chair were appropriate and suitable to meet their needs. The registered manager told us that two of the people should not have been in wheelchairs to eat their meals and that this was not in their planned care. They said that one person was sat in a wheelchair because they had previously fallen when seated in a dining chair. They said that this person did not fall when in the wheelchair, as this gave them more support.

The registered manager told us the use of the equipment had not been assessed. This meant that some people's needs had not been thoroughly and appropriately assessed and people did not always receive support in the way they needed it.

People who could speak with us told us that they made choices about their lives and about the support they received. They said the staff in the home listened to them and respected the choices and decisions they made. One person told us, "I choose when to get up, I have a lie in if I want". Throughout our inspection we saw that the staff gave people the time they needed to communicate their wishes.

People told us that the staff in the home knew the support they needed and provided this as they required. However, we saw that over one meal time people did not receive the support they needed because there were not enough staff.

The staff we spoke with showed that they were knowledgeable about the people in the home and the things that were important to them in their lives. People's care records included a "life history" which gave the staff information about their life before they came to live in the home. We saw that the staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families or where they used to live. One person told us, "I like my books and my puzzles" and we saw that the staff had ensured that these were close to where they were sitting.

We observed people being supported in communal areas. We saw that people were treated with respect and given choices in a way that they could understand. The home had three communal areas and we saw that people chose where they spent their time. Some people preferred to spend time in their own rooms and we saw that the staff respected this decision. During the afternoon of our inspection group and individual activities were provided. People were given a choice about whether they took part in the activities. We saw that the staff were patient when supporting people and gave them the time and support they needed to make decisions.

We looked at the care records for five people. We saw that each person's needs had been assessed before they were offered accommodation at the home. The needs assessments had been reviewed regularly to ensure they remained up to date and gave staff accurate information about the support each person required. The needs assessments had been used to develop detailed care plans which had information for staff about how to support the individual to meet their needs. We saw that people who lived in the home and their families had been included in

Is the service responsive?

developing the care plans. The care plans included information about the person's life, likes and dislikes. This meant the staff had information about the person, not just their care needs.

Relatives who were visiting the service told us they were included in developing the care plans for their relations. One visitor to the home told us, "We were asked lots of questions about what Mum likes and what she didn't like. We were asked about what she did before she needed care and what's important to her". All the relatives we spoke with said they were invited to attend care review meetings and said the staff in the home kept them informed if their relation was unwell.

Some people who lived in the home had brought their pets to live with them. They told us that it was very important to them to be able to keep their pets with them. One person told us, "I'd be lost without my dog, that was the most important thing for me, knowing I could keep him with me". We saw that these people benefitted from having their own animals with them in the home.

There was also a cat that lived at the home. The staff knew which people liked the cat to be near them and which people did not. We saw many people enjoyed petting and talking to the cat but the staff made sure the cat did not disturb the people who did not want to be near it.

People told us they followed a range of activities which they enjoyed. Two people said they went into the local town on their own and other people said they enjoyed going out with their families. The home had arranged to use a minibus to take other people out over the summer.

One person said, "We have stuff to do and we have a good laugh" and another person told us, "We have music on and we guess the tune".

People told us that the staff asked for their agreement before providing care to them. One person said, "The staff explain what they are doing and why and they always check with me that it's okay for them to go ahead". This ensured staff acted with individuals' consent.

Some people who lived in the home were not able to make important decisions about their care or lives due to living with dementia. Senior staff in the home were knowledgeable about the Mental Capacity Act 2005. Where people had identified someone to support them in making major decisions this was recorded in their care plans. We saw records which showed that the individual's ability to make the decision had been assessed. The records showed the steps which had been taken to ensure appropriate people had been consulted to represent their views and to ensure decisions were made in their best interests.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person told us they had raised a concern with the registered manager of the home and said they were happy with how this had been resolved. They told us, "It wasn't a complaint, more of a niggle, but they listened and put it right".

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was given to people and their relatives when they moved into the home. Complaints could be made to the registered manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

The Care Quality Commission had received one complaint about the service in the twelve months before we carried out this inspection. The concerns did not suggest that people who lived in the home were at risk and we passed the complaint to the registered provider to investigate. The registered provider sent us a copy of their report into the complaint which showed that they had investigated the concerns thoroughly and properly.

Is the service well-led?

Our findings

Although there were systems to assess the quality of the service provided in the home we found that these were not effective. The systems used had not ensured that people were protected against the risks of receiving inappropriate or unsafe care and support.

There was a registered manager employed in the home. The registered manager told us that staff carried out checks on the hoists used in the home. However we found one hoist was dirty and had damaged paint on the base, making it difficult to clean to a hygienic standard. This had not been identified by the checks staff had completed and placed people at risk of infection.

We also found that there was an unpleasant odour in one communal area. The registered manager told us that the night staff cleaned the carpet and chairs in this area each month. The night staff had to record that they had completed these tasks. The records we saw showed that the carpet and chairs had not been cleaned in July 2014. The systems used to monitor the quality of the service had not identified that this task has not been completed nor had they identified that there was an unpleasant odour.

The service did not have effective systems to check that people's needs were thoroughly assessed or to ensure that people received support in the way they needed it. During our observations of the midday meal we saw that four people were sat in wheelchairs rather than in dining chairs or other seats. After the meal we also saw that one person was sat in a reclining chair. They had slipped down the chair and they were sitting in a hunched position. The registered manager told us that the use of the wheelchairs and reclining chair had not been assessed by a suitably qualified person to ensure the equipment was suitable to meet the individuals' needs. The registered manager also told us that two of the people we saw should not have been sat in wheelchairs to have their meal and that this was not in their planned care.

There were formal systems for staff to give their feedback on the quality of the service. The staff completed an annual survey which asked if they were happy working at Gilling Reane Care Home and if they had any suggestions for how the service could be improved. The staff also attended formal supervision meetings with a senior staff member where they could raise any concerns about the service. Two

members of staff told us that meal times were "always busy" and said "It can be a bit pushed at meal times". During our inspection we found that there were not enough staff over a meal time to provide the support that people required. Although the service had systems to gather the views of the staff employed in the home, these had not identified that staffing at meal times needed to be reviewed to ensure people received the support they required.

During our inspection we found that there were times when there were not enough staff to support people, people were not protected against the risk of infection and some people's needs had not been thoroughly and appropriately assessed. We also found that people did not always receive support in the way they needed it. The processes used to monitor the quality of the service had not identified these issues and people who lived in the home were placed at risk.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who lived in the home and their visitors said they knew the registered manager and would be confident speaking to them if they had any concerns about the service provided.

One person told us, "The manager is lovely, she comes round and asks if everything is all right, and it usually is". A visitor to the home said, "They don't always get everything right, no one is perfect, but if I have any problems I speak to the manager or staff and they do always try to sort things out".

People who lived in the home told us that they were asked for their views about the service. One person told us, "We have meetings and we can suggest things we want changed or maybe new activities we want". We saw records of the meetings which showed that people had been asked for their opinions and the action that had been taken in response to people's comments.

We also saw that people had been asked to complete surveys to give their feedback about the home and about the meals provided. We saw that most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved we saw that their suggestions had been listened to and acted on.

All the staff we spoke with told us that they were well supported by the registered manager of the home. They

Is the service well-led?

told us the registered manager was “always there” if they needed to speak to them. One person told us, “[The registered manager] is always available, either we go to the office or, if she is at home, we know we can call her”.

All the staff said that they would be confident to speak to the registered manager if they had any concerns about another staff member. They told us that they had no concerns about the practice or behaviour of any other staff members.

The atmosphere in the home was open and inclusive. We saw that the staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff

on duty and people who lived in the home. One person told us, “I like to have a laugh and a joke with the staff”. All the staff we spoke with told us that they enjoyed working in the home. One staff member said, “The manager sets high standards, we all want people to get good care, and I think we do provide that”.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

How the regulation was not being met: The health, safety and welfare of people who used the service were not safeguarded because there were not sufficient staff to meet people's needs. Regulation 22

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

How the regulation was not being met: People were not protected from the risk of infection because the premises and equipment were not maintained to a clean and hygienic standard. Regulation 12 (2) c (i) (ii)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

How the regulation was not being met: People were not protected against the risks of inappropriate or unsafe care or treatment. Regulation 10 (1) (a) (b)