

Giltbrook Health Care Limited

GHC Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

GHC Nursing Home is a residential care home providing personal and nursing care to up to 40 people. The service provides support to people aged 65 and over, some of whom were living with dementia. At the time of our inspection there were 22 people using the service. The home is split across two floors with a large garden to the rear.

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

We last inspected the service in August 2021 and at that time we had concerns people were not receiving their medicines safely. The provider had made improvements to staff training and information contained within care plans to ensure people received their medicines in a safe and timely manner.

At our last inspection there were ineffective systems in place to monitor the safety and quality of care being provided to people. We saw evidence of improved auditing which identified issues and actions that monitored progress and improvements, however further improvements were still needed to ensure they can be sustained. Staff told us they were listened to and felt valued by the management team.

People were treated with dignity and respect. People and relatives told us they were being actively included in decisions about their care.

People were protected from the risk of harm, there were comprehensive risk assessments in place, that had been reviewed regularly and updated inline with peoples changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2021) and we found multiple breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation, however further improvements were still needed to ensure they can be sustained.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to check if the provider had made improvements and if they were now meeting the legal requirements. We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 safe care and treatment and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the key questions Safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection. However, the service is no longer in breach of the regulations.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

GHC Nursing Home

Detailed findings

Background to this inspection

Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

GHC Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior

to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the care co-ordinators, the operations manager, team leader and care worker. The registered manager was not available on the day of inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with nine relatives of people using the service and we also sought feedback from healthcare professionals who have worked with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had failed to ensure people received their medicines in a safe and timely manner and people were placed at risk as care plans and risk assessments were not in sufficient to ensure safe and consistent care. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Using medicines safely

- Following our last inspection, we served a Warning Notice to the registered manager, which required them to become compliant with regulation 12 by 23 December 2021 and requested the provider to send us an action plan telling us how they were planning to make the necessary improvements to medicines management.
- At this inspection we found medicines were appropriately managed which meant people were protected from unnecessary risks and harm.
- Medicines were stored safely and in line with the manufacturer's instructions.
- One person told us, "I trust the staff completely, they always tell me what my tablets are and if there are any new ones."
- Records were available to staff to clearly show how people preferred to be given their medicines. This ensured people received their medicines in line with their wishes and care plan.

Systems and processes to safeguard people from the risk from abuse

- People were protected from the risk of abuse.
- The safeguarding policy contained a comprehensive safeguarding procedure for staff to follow. Staff were able to demonstrate a thorough understanding of this and told us they received support and feedback from management when concerns were raised.
- We saw evidence of management taking appropriate action to protect people when incidents occurred. For example, one person was being monitored with Antecedent Behaviour Consequence (ABC) charts for behaviours that may challenge. ABC charts are a way of collecting information to help determine the function of people's behaviours. Identifying these trends enabled staff to seek professional engagement to keep the person safe.

Staffing and recruitment

- There was an appropriate number of staff to support people however not all staff had received up to date training. Staff told us training had improved and they felt competent within their roles

- Management had implemented a training plan to ensure that all staff receive the training they required, and this was ongoing. However significant improvements had been made from our last inspection.
- Staff were recruited safely. Checks included verification of identity, references from previous employer and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- The service embedded a proactive approach to anticipating and managing risks to people.
- Risk assessments were person centred, proportionate and reviewed regularly. We saw evidence of emerging risks being discussed with staff and noted on daily hand over sheets. This ensured monitoring was consistent and kept people safe.
- People we spoke with told us they felt safe. One person said, "Staff know me really well, I can't fault the care they provide."

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits to the home were happening in accordance with current guidelines including essential care givers.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Safety concerns were identified and acted upon quickly.
- Staff told us they routinely received feedback on issues or concerns they had raised.
- The frequency of audits and staff competency checks had been increased. This ensured people were cared for by skilled and knowledgeable staff and were kept safe.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the provider's systems and processes designed to assess, monitor and improve the quality and safety of services and reduce risks had not been operated effectively. Records were not always up to date and accurate. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation. However not enough time had elapsed since changes were implemented to evidence the service was working to a standard of good and embedded the changes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Following our last inspection, we served a Warning Notice to the registered manager, which required them to become compliant with regulation 17 by 23 December 2021 and requested the provider to send us an action plan telling us how they were planning to make the necessary improvements to system access and quality checks and monitoring.
- At this inspection we found systems to ensure the continuity of governance arrangements in the absence of the registered manager were somewhat ineffective. Although improvements to the access of systems were made as more staff had access, we were unable to review medicine audits completed by management in the absence of the registered manager. This meant there was an increased risk that medicine errors were not identified in a timely manner.
- Staff were clear about their roles and responsibilities. Management had introduced several audits to ensure actions were implemented in a timely manner and quality checks were completed monthly. However, more time was needed to ensure these checks were robust and identified issues.
- Staff did not receive regular formal supervisions in line with the providers policy which meant that feedback was not always documented and communicated in timely manner. However, staff told us management had an open-door policy and they were free to discuss concerns at any point and did not need to wait for a supervision.
- Records were accurate, complete and reviewed consistently in respect of each person's needs. However,

relatives told us they received irregular communication and updates. One relative said, "They hardly ever phone me and it's hard to get through on the phone to try and get an update. They tell me when something major happens, but the little changes are important to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to involve people and staff in the running of the service. However, relatives were not clear on who the registered manager was or how to contact them.
- One relative told us "I know there was a new manager, but I have never been introduced to them and we didn't receive any updates about it." However, all relative we spoke with stated they would feel comfortable in raising concerns with the provider.
- Relatives also told us they were not always included in care planning but did have access to care plans when visiting. This meant that care was not always planned and communicated in line with peoples wishes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- People received care from staff that was person-centred with the aim of providing positive outcomes.
- Staff worked with visiting professionals to ensure good outcomes for people. For example, we saw evidence of people being supported to increase their mobility. This resulted in people becoming more independent.
- We saw evidence of improved reporting to relevant authorities such as the local authority and the CQC. Staff have clear policies in place and understood their responsibilities and how to record incidents. This ensured the provider supported the development of an open and honest culture.