

# Qualia Care Limited

# Gilwood Lodge

## Inspection report

Clifton Drive  
Blackpool  
Lancashire  
FY4 1NP

Tel: 01253344438  
Website: [www.qualiacare.co.uk](http://www.qualiacare.co.uk)

Date of inspection visit:  
01 May 2018

Date of publication:  
21 May 2018

## 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

Gilwood lodge is registered to accommodate a maximum of 47 people and specialises in providing care for people who live with dementia. The home is located in the south shore area of Blackpool close to the promenade. The home has two floors with lift access to the first floor. Rooms are en suite and there are bathroom and toilet facilities on both floors. Lounges and dining areas are also located on both floors. Private car parking facilities are available for people visiting. At the time of our inspection visit there were 46 people who lived at the home.

We carried out an unannounced comprehensive inspection of this service on 28 February 2017. Breaches of legal requirements were found in relation to record keeping and ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet people's needs. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We carried out an unannounced focused inspection on 20 July 2017 and found the provider had followed their plan and legal requirements had been met. The service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and their visitors told us they were happy with the care provided at the home and staff were caring and compassionate. Comments received included, "I visit at various times every day and always find the same standards of care. Excellent." And, "The staff are very pleasant and caring."

People visiting the home told us they felt their relatives were safe in the care of staff who supported them. One person said, "I am quite happy [relative] is here and I know they are safe. The staff are wonderful."

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We saw there was an emphasis on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place. People who lived at the home told us they were happy with the standard of hygiene.

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

People's care and support had been planned with them. They told us they had been consulted and listened to about how their care would be delivered.

Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. Meal times were relaxed and well managed. People who required assistance with their meal were supported patiently by staff.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who supported them treated them with respect and dignity.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits, resident meetings and satisfaction surveys to seek their views about the service provided.

Further information is in the detailed findings below

## 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 remains Good.

### **Is the service effective?**

**Good** ●

The service remains Good.

### **Is the service caring?**

**Good** ●

The service remains Good.

### **Is the service responsive?**

**Good** ●

The service remains Good.

### **Is the service well-led?**

**Good** ●

The service remains Good.

# Gilwood Lodge

## 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.

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

This comprehensive inspection visit took place on 01 May 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert-by-experience. The specialist advisor looked at the services care planning arrangements and medicines procedures. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 01 May 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioning department at Blackpool Council and Healthwatch Lancashire. Healthwatch Lancashire an independent consumer champions for health and social care. We also

contacted the National Health Service (NHS) Blackpool Clinical Commissioning Group (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection visit we spoke with a range of people about the service. They included three people who lived at the home, six relatives and one person visiting their friend. We also spoke with the service's registered manager, deputy manager, two nurses, five care staff, the activities coordinator and the cook. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of four people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records of five people, recruitment and supervision arrangements of three staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.



## Our findings

People visiting the home told us they felt their relatives were safe in the care of staff who supported them. Comments received included, "I do feel my [relative] is safe here. The staff are great and very helpful." And, "[Relative] is nursed in bed and on continuing care. They have to be moved regularly and the staff do this very safely."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and understood their responsibility to report any concerns they may observe to keep people safe.

The service continued to complete risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Where potential risks had been identified action taken by the service had been recorded. The assessments had been kept under review with the involvement of each person or a family member to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

People visiting the home told us they were happy with staffing levels. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. Staff were in attendance in communal areas providing supervision and support for people who lived at the home.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

The service had recruited permanent staff effectively reducing the need to use agency staff. This meant

people who lived at the home were supported by staff who knew and understood their needs. The registered manager told us this had enabled the service to provide continuous care increasing people's wellbeing and staff morale. This showed the service had learned from a difficult period of staffing.

## Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which was meeting their needs and protected their rights. Comments received from people visiting the home included, "The staff I have spoken with are knowledgeable and know the care [relative] needs." And, "Since the current manager took over things have improved massively. Communication has improved greatly."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff as part of their induction and this was refreshed every two years. The registered manager said the training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

People who lived at the home told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. We saw snacks and drinks were offered to people between meals including tea and coffee with biscuits. Lunch was organised and well managed with people who required help eating their meals receiving the required level of support.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People visiting the home told us they were happy with the support their relatives

received with their healthcare needs.

We looked around the building and found the accommodation provided continued to be appropriate for the care and support provided. The environment offered a range of dementia-friendly features to support people with visual, hearing and mobility impairments associated with dementia. People had access to the grounds which were enclosed and safe for them to use.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

## Our findings

During our inspection visit we spent time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We saw staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. Comments received from people visiting the home included, "The staff here are absolutely brilliant. I can honestly say I wouldn't change any of them." And, "The staff go above and beyond what is expected."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We spoke with the registered manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter.



## Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. We saw a communication tool had been created for one person with limited verbal communication. The registered manager told us the tool enabled the person to express their needs effectively to staff and this had alleviated a lot of frustration.

The service had technology to assist people to have contact with family members or friends if they wished. A hand held computer (IPad) was available for people to use to communicate through skype which is an internet based communication service.

The service employed an activities coordinator who provided a wide range of interesting and innovative activities to keep people stimulated and entertained. During our inspection we saw people laughing and enjoying the activities organised.

The service had a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. People who lived at the home and their visitors told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

## Our findings

People who lived at the home and their visitors told us they were happy with the way in which the home was managed. Comments received included, "The manager does not stay in her office I have spoken with her several times today. She is very approachable and nothing is too much trouble. She regularly asks if I have any concerns." And, "I like visiting the home you are made so welcome. The manager is approachable and helpful and I like her."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The manager, her deputy and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the manager and management team.

Additional quality monitoring procedures included planned visits from the services operations support manager who checked facilities on a monthly basis. From this information they developed further action plans for the registered manager to manage future performance.

Resident and relative meetings were held on a regular basis and people visiting the home told us they had recently completed surveys providing their positive views of the service. They told us they felt consulted and involved in the running the service.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals

such as G.P's, district nurses and speech and language therapists. The service also had a link with an end of life coordinator who provided syringe driver training for the services nursing staff. The coordinator also supported the service with developing end of life care plans to ensure people remained comfortable and pain free at end of life.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.