

Anchor Hanover Group

Gills Top

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

The inspection took place on 20 December 2018 and 08 January 2019 was unannounced.

Gills Top is a residential 'care home' which provides accommodation and personal care for up to 27 older people, including people living with dementia. 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 both were looked at during this inspection. At the time of the inspection there were 24 people living at the home.

Rooms were located over two floors and there was an accessible lift available to use. There was a lounge area/dining room located on the ground floor as well as lounge upstairs for people to access. All rooms were single occupancy and had en-suite facilities.

At the last inspection, which took place in June 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good' and continued to meet all the essential standards that we assessed.

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

The manager was aware of their regulatory responsibilities and notified CQC of all events and incidents which occurred at the service. This enabled CQC to monitor the safety and welfare of people living at the home.

People who lived at Gills Top told us they felt safe. We checked care plans and risk assessments and found that they contained up-to-date, relevant and consistent information.

Medication systems and processes were safely in place. Staff received appropriate medication training and regularly had their competency assessed. The storage area for medicines was not always appropriate. We made a recommendation about this in the report.

The home employed an adequate number of staff to provide the support people required. We received positive feedback about the staffing levels from people, relatives and healthcare professionals during the inspection.

Recruitment was safely managed. Pre-employment checks were carried out; candidates were appropriately vetted before commencing employment.

Safeguarding and whistleblowing procedures were in place. Staff explained their understanding of what

'safeguarding' and 'whistleblowing' meant and the actions they would take to safeguard people in their care.

The environment was clean, odour-free and well-maintained. Dedicated domestic staff ensured that health, safety and infection control procedures were followed.

The home complied with the principles of the Mental Capacity Act 2005. People's level of capacity was appropriately assessed and reviewed.

Staff received regular supervision and were supported with training, learning and development opportunities.

People's nutrition and hydration support needs were assessed and supported from the outset. We saw the appropriate support measures in place to ensure people's nutrition and hydration needs were regularly monitored and reviewed.

People received an effective level of support from the staff team and external healthcare professionals. Appropriate referrals were made to district nurses, community matrons, speech and language therapists (SALT) and falls prevention teams.

We observed staff providing warm, kind and compassionate care. People told us they were treated with dignity and respect and felt safe and cared for.

People were encouraged to engage in a variety of different activities. There was an activities co-ordinator in post who arranged activities around different likes and preferences of people who lived at Gills Top.

There was a formal complaints policy in place. People and relatives were provided with the complaint process information from the outset.

There was a variety of different audits and checks conducted which meant that people remained safe and were not exposed to risk.

The registered provider had a range of different policies in place. Staff knew where to access such policies and understood the importance of complying with these.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Gills Top

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.

The inspection took place on 20 December 2018 and 8 January 2019 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information which was held on Gills Top. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were living at the care home. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was also submitted and reviewed prior to the inspection. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners and the local authority prior to the inspection. We used all this information to complete a 'planning tool' and to identify areas that we needed to focus on during the inspection.

During the inspection we spoke with the manager, two senior carers, two care staff, one healthcare professional and four people who lived at the home.

We spent time reviewing specific records and documents. These included three care records of people who lived at the home, three staff personnel files, recruitment practices, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

We observed the environment to ensure people were living in a safe, clean and well-maintained

environment. We checked communal areas, bedrooms, bathrooms, lounge and dining areas as part of our inspection.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

People continued to receive safe care. We received positive feedback from people and relatives throughout the inspection. Comments we received included, "Yes its safe here, I have no problem with that" and "Staff are always here so they keep us safe."

People's level of risk had been assessed from the outset. Care plans and risk assessments contained up to date and relevant information. Staff told us that the information was relevant, consistent and enabled them to provide the care people required. We saw risk assessments in place for mobility, nutrition and hydration and falls.

Medication processes were safe. Staff received appropriate medication training and had their competency regularly assessed. However, medication was not always stored according to best practice. For example, medicines were stored in locked cabinets in a secure room although we saw a tray of medicines left out in this room. Some people had an overstock of medicines and the controlled drugs cabinet was full to the brim with medicines and other items. One person's ointment was left on top of one of the trolleys.

We recommend the service review best practice for medicines storage.

Staffing levels were sufficient and people received support from staff in a timely and responsive manner. One person told us, "They come when I need them." Our observations showed us if people needed support they received it within a reasonable timeframe.

Recruitment processes were safely in place. Personnel files contained application forms, complete with education and employment dates, suitable references and checks had been obtained for most staff. However, for one staff member they declared three references. Two of these references had not been received and the third was hand written. We asked the manager about this and they acknowledged the error told us they would review their practice for receiving references.

We saw regulatory compliance certificates were in place for gas and electricity; other health and safety audit checks were in place to ensure people were living in a safe and hygienic environment. We found the home to be clean, odour-free and well-maintained.

We checked fire safety measures and found that fire safety checks were routinely taking place and people had 'Personal Emergency Evacuation Plans' (PEEP). This meant that each person could be safely evacuated from the building in the event of an emergency.

Accident and incident processes were in place. Staff were familiar with reporting procedures and records confirmed that accidents and incidents were routinely reported and analysed to keep people safe.

Staff were familiar with safeguarding and whistleblowing procedures. Staff we spoke with explained how they would report any concerns and the importance of complying with procedures to keep people safe.

Staff had also completed the necessary safeguarding training. Safeguarding records had been completed where appropriate. The manager analysed these for trends, and any improvements that could be made.

Is the service effective?

Our findings

People continued to receive effective care. Comments we received included, "I enjoy it here, staff know what they are doing" and "I would not want to move." Staff were supported in their duties.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA) whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found that the registered provider was complying with the principles of the MCA. 'Consent' to care was obtained from people who had been assessed as having the capacity to make relevant decisions. Where people could not provide their consent, the relevant 'best interest' decisions and meetings took place and the appropriate Deprivation of Liberty Safeguard (DoLS) applications were submitted to the Local Authority.

Staff told us they felt supported on a day-to-day basis and that the manager operated an 'open door' policy. Staff received routine one-to-one supervisions as well as being supported with training, learning and developmental opportunities.

People told us they felt staff were well equipped and trained to provide the care and support they required. Training staff received included safeguarding, nutrition and dining, person-centred care, dementia awareness, moving and handling and health and safety.

People received support in relation to their overall health and well-being. People received support from community matrons, district nurses, GP's, physiotherapists and mental health teams. Guidance that was provided was incorporated within care plans and followed by the staff team. We spoke with one visiting health care professional who told us they had good communication with the service and a positive relationship.

We checked the quality and standard of food people received. People were offered a choice of food, menus were regularly changed throughout the year and preferences and suggestion of people living at Gills Top were obtained. People received support with the nutritional needs, for example we saw someone received a high protein diet they required. Comments we received from people in relation to the food included, "Very nice, I like the hot food" and "Some days I'm not keen but there is always something else."

Is the service caring?

Our findings

People continued to receive a good level of care. Comments we received included, "Staff are really nice," and "I think everyone is looked after here. No complaints about the staff." We observed people were smiling during our inspection and shared laughter with staff. People who required support received it in a timely manner.

We observed positive, friendly and warm interactions between staff and people living at Gills Top. Staff were familiar with the needs of the people they supported; they told us the importance of providing care in a dignified and respectful way and in a manner, that was centred around the needs of the person. We observed staff letting people smell a scented pad that reminded them of something used a lot years ago. This made someone people reminisce. Another person who struggled with mobility was supported into the lounge where they could see what was happening. Staff brought a side table with a lamp, Christmas cards, photo frame of family and a small Christmas tree to comfort them.

Staff ensured they promoted the dignity of people by providing dignified, compassionate, respectful, safe and individualised care. Management supported and encouraged staff with their knowledge and understanding of providing dignified care.

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is someone who can support a person to make important decisions in relation to their health and well-being.

People's confidential information was protected in line with General Data Protection Regulations (GDPR). This meant that people's private and sensitive information was not unnecessarily shared with others.

People and relatives received a 'Service User Guide' from the outset. This contained essential information in relation the quality and safety of care people could expect to receive at Gills Top.

Is the service responsive?

Our findings

People continued to receive responsive care and support. Comments we received included, "They get me things if I need them" and "I like it here, we do lots of things." One healthcare professional told us, "We get told people have lots of things to do."

Care plans were person-centred and tailored around the needs of the person. 'Person centred' means the care and support which is delivered is in line with people's individual needs and not the needs of the registered provider.

Staff provided a responsive level of care. Staff were familiar with the likes, dislikes, preferences and wishes of the people they supported. Records contained information such as, 'I have full capacity and I communicate verbally, I will inform staff if there is anything I want or need', 'I choose all my meals independently'. We observed people being asked their opinion and staff respected people's decisions. People were asked what they wanted to do and their choices were encouraged.

People were encouraged to engage in a variety of different activities that were routinely scheduled. There was a dedicated activities co-ordinator in post who supported people with a range of fun and stimulating activities. Comments we received about activities included, "There seems to be lots to do" and "We are going to see a choir at a local school today."

The registered provider had a complaints policy in place. People and relatives were provided with 'complaint process' information from the outset and told us they would feel confident raising any issues with the manager. Complaints were responded to in line with organisational policy. At the time of the inspection, no complaints required further action.

Equality and diversity support needs were assessed from the outset. Protected characteristics (such as age, religion, gender, disability) were identified and appropriately supported.

Staff told us that 'end of life' care was provided to people who were assessed as being at the end stages of life. Staff received end of life care training and care records indicated if end of life wishes were discussed with people living at Gills Top.

Is the service well-led?

Our findings

There was a registered manager at the time of the inspection. We spoke with the new registered manager who was present during inspection. The new manager was aware of their regulatory responsibilities as the registered manager. The previous inspection ratings were visible at the home as required.

We checked to see how the manager monitored and reviewed the quality and safety of care people received. Audits and checks were completed in a variety of different areas; this enabled the provision of care to continuously be assessed and improved. Audits and checks included, care plans, health and safety, infection control, accident and incident monitoring, choices and medication checks. Prior to our visit, the providers quality and contracts department visited the service in October 2018 and only raised areas for consideration and not for action. However, a comprehensive audit of medicines would have identified the concerns we raised around the storage area for medicines.

We received positive feedback about the quality of care provided and the overall governance of the service. Comments we received included, "Staff are great and always happy to help" and, "I would rate the care nine of ten. I would have my mother here."

Professional, 'resident/relative' and staff questionnaires were circulated on a regular basis. Results of the surveys enabled the manager to review the opinions of others in relation to the care and support people received. We saw one person commented in their review, 'it would be useful for a dentist to visit my mother'. Since this comment a dentist had visited or arranged to visit all people at the home. On the wall in a communal area we saw a 'you said, we did' display. This indicated areas for improvement as suggested by people and the action taken against them.

Regular staff meetings and 'resident' meetings, were taking place. This meant that many different aspects of the care people received were continuously discussed and areas of improvement were identified. We received positive feedback about the level of effective communication between staff and people who lived at Gills Top.

The registered provider had a variety of different policies and procedures in place. Policies we reviewed included safeguarding, medication administration, whistleblowing, equality and diversity and code of conduct. Staff knew how to access the policies and the importance of complying with them.

The manager has a business continuity plan in place. The plan contained essential information in relation to specific emergency situations.