

Gairloch Care Limited

Gairloch Residential Care Home

Inspection report

11-15 Russell Road
Clacton On Sea
Essex
CO15 6BE

Tel: 01255422788

Date of inspection visit:
13 December 2019

Date of publication:
08 January 2020

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

About the service

Gairloch Residential Care Home provides accommodation and personal care and support for up to 24 people, some who may have a mental health need, physical disability or may be living with dementia. At the time of our inspection there were 19 people who lived at the service.

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

Staff understood how to identify and report safeguarding concerns for vulnerable people.

The registered manager and provider had clear processes in place to ensure that people were safeguarded from potential abuse.

Staff had been recruited safely in line with best practice.

Senior carers had been trained to safely administer medication. However, the monitoring of as required medications needed improving and we have made a recommendation about this.

Staff had good access to mandatory and supplementary training. The registered manager ensured staff received regular training updates.

People were supported to access additional health care professional support when needed.

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.

Staff were caring, and people and relatives told us that staff respected their privacy and dignity.

People were involved in all decisions about their care needs.

Staff provided care that was person-centred and care plans reflected the care provided.

The registered manager and provider were visible and approachable. Staff, relatives and people told us that they felt comfortable to raise complaints and concerns.

The registered manager had systems in place to monitor the quality of care provided. These were effective.

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Gairloch Residential Care Home

Detailed findings

Background to this inspection

The inspection

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Gairloch is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the, registered manager, assistant manager, senior care worker, three care workers and the chef. We also spoke to the nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three 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 one professional who regularly visits 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify when people were at risk of abuse and were knowledgeable about how to raise concerns.
- The registered manager ensured that all safeguarding concerns were properly reported and investigated in a timely way.

Assessing risk, safety monitoring and management

- Staff identified people's individual risks to their physical and mental wellbeing and care interventions mitigated and managed these. These were updated regularly to manage people's changing needs.
- The registered manager had engaged with external stakeholders to ensure people had the appropriate equipment and assistive aids in place to reduce risk. This included sensor mats for those at risk of getting out of bed and falling.
- Staff carried out regular safety checks of the environment in line with best practice for care homes.
- People had personal evacuation plans in place which identified how to support them from the building in the event of an emergency, such as fire.

Staffing and recruitment

- The registered manager carried out appropriate pre-employment safety checks to make sure staff were suitable to work with vulnerable adults.
- Staff were recruited in line with the providers values and underwent a thorough induction before they were able to care for people alone.

Using medicines safely

- Senior care staff received regular medicine training updates and observations of their practice.
- Staff carried out weekly medication audits and daily checks to ensure medicines were managed and stored safely.
- People were supported to take their medications in line with their personal preferences.

Preventing and controlling infection

- Staff had access to gloves and aprons and infection control training. Staff carried out care in line with infection control guidance.
- Cleaning staff ensured that the environment was clean and tidy and completed regular cleaning audits.

Learning lessons when things go wrong

- The registered manager reviewed any incidents and accidents for lessons learnt and shared any learning with staff through individual supervisions and staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed the care certificate as part of their induction. The care certificate is a set of 15 core standards to which all care staff should achieve competency.
- Staff received regular supervision and yearly appraisals to identify their learning needs and discuss any areas of concern they had.
- The registered and deputy manager worked some care shifts and carried out regular observations of care staff and how they supported people.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a good range of food choices and the dining experience was positive. One person told us, "I can have anything I like, if I don't like what's on the menu they will make me something else."
- Staff told us people had access to a choice of food and drink at night if they woke and were hungry or thirsty. We saw a night menu. Staff told us, "People can have what they want."
- Staff completed robust daily care records detailing how much people had had to eat and drink. Chefs knew people's preferences and dietary needs.
- For people who had lost weight, or their needs had changed, staff made referrals to appropriate health care professional. One relative told us, "My [relative] has deteriorated and now needs a soft diet. Staff are really encouraging, and food is presented nicely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service employed the red bag pathway to transfer people's paperwork, medication and personal belongings of people requiring admission to hospital. This is best practice. The red bag pathway aims to ensure continuity of care between services.
- The registered manager had excellent links with local stakeholder and health care professionals, ensuring that when people had additional needs they could be met and managed. This included where people had become physically frailer or experienced mental ill health.
- Staff had accessed dental support, and made referrals to audiologists, podiatrists, and occupational therapy assessments when people's mobility had deteriorated.

Adapting service, design, decoration to meet people's needs

- People had brought in furniture from home to personalise their bedrooms.

- The provider was in the process of refurbishing the service and had recently replaced the flooring in communal areas. People had been involved in choosing the flooring.
- The registered manager had identified that people did not like to use the dining room and had changed the room's purpose around to make an additional warm and inviting sitting room and more adaptable dining area. A relative told us, "The space wasn't used before, but now people enjoy the space."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had carried out appropriate mental capacity assessments when people lacked capacity to make specific decisions.
- The registered manager carried out deprivation of liberty assessments where people had to be deprived of their liberty in their best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were observed asking for people's permission before supporting them with care tasks. Staff told us, "Even if someone doesn't have capacity we still ask them for their permission before we carry out care."
- People's care plans reflected their preferences and wishes for how they would like care provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us, "They are really caring, so nice to [person]. They really know [person] well."
- One person told us, "The staff are lovely. They are very kind," and another said, "Oh I like them very much they are very nice to talk to. They look after me well."
- Staff were aware of equality and diversity needs and had undergone equality and diversity training.
- Staff used positive language about people that had become distressed during care interventions. Staff told us, "If [person] is upset we give them time to calm down and try again later. If they are agitated, we know it's because something is not right."

Supporting people to express their views and be involved in making decisions about their care

- People had expressed their preferences about how they preferred care to be carried out and this was reflected in people's care plans.
- Staff told us how they involved people in making decisions. One told us, "We have a lot of people with dementia, but I still ask them if they want to get up or go to bed, and what they would like to wear."
- Staff engaged with people with respect. We observed staff getting down to people's eye level to ask permission to carry out care tasks and to find out how people were.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to provide dignified care whilst promoting independence throughout the inspection.
- One member of staff told us, "I try and encourage people to do what they can for themselves. I will prompt them to do things."
- A person told us, "They always knock before they enter the room. Yes, they respect my privacy."
- A member of staff told us, "Sometimes people are incontinent, we always try and be discreet and protect their dignity when this happens."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that were person centred and clearly identified their individual needs and preferences and how staff should support them.
- Relatives were involved in identifying how people should be supported when people were unable to express their preferences.
- Staff supporting people with more complex health needs had clear instructions as to how to support people well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People with hearing and sight impairments had care plans that reflected these needs and how staff should support them to maintain glasses and hearing aids.
- Staff supporting people living with mental health problems who became distressed, had clear instructions of how to engage them well. This included tone of voice staff should use and any additional communication needs. The service sought advice from external mental health professionals to best support people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activities person five days a week, who worked alternative weekends. People chose what activities they would like to take part in. One person told us, "I love bingo, I come out of my room for that."
- Staff told us they took people out when they could. One person told us, "I liked the panto last week, I hadn't been to a panto before."
- A relative told us, "They are usually doing something. If the activity person is not around staff do things" and, "They are really welcoming to me, I can come when I like."
- Staff told us, "We get time to sit and talk to people in the afternoon. If it's nice we sometimes will take people to town or down the sea front."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and this was displayed at the service's entry for people and relatives to view.
- The registered manager had received very few complaints from people and relatives. When these were received they were investigated thoroughly.

End of life care and support

- The service was not supporting people on the end of their life pathway at the time of inspection, however care plans clearly documented people's personal preferences around death and dying.
- Staff had previously supported people at the end of their lives and the service had worked hard to ensure that the person was able to remain at the service and have loved ones around them in their final hours. This included working closely with external health care professionals, including the local hospice teams.

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.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who had become residents at the home with a poor prognosis improved and a number of people had celebrated their hundredth birthdays.
- The registered manager and deputy manager worked with staff role modelling how care should be provided. Staff told us, "They [managers] are really hands on."
- Staff told us, "I can tell the manager anything. Their door is always open. The deputy manager is really good as well."

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

- The registered manager was open and transparent with people and relatives when things went wrong.
- A relative told us that the registered manager and staff were always open and honest about the care their loved one received. They told us, "I have no concerns they wouldn't tell me something if something went wrong."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager submitted relevant notifications to the Care Quality Commission and other stakeholders as required.
- Staff, and the registered manager, completed a variety of governance audits to ensure that the environment was safe, and people were receiving safe care. Where these identified improvements were needed, they took appropriate action.
- The provider had good oversight of the service and carried out mock inspections to identify whether they were meeting regulatory requirements.

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

- The registered manager held regular staff meetings. Where actions were identified meeting minutes clearly identified who was responsible.
- The registered manager spoke to people daily to ensure they were happy with the service.
- A relative told us, "[The registered manager] always involves us in what's happening at the service."
- The provider operated a "carer of the month" scheme. Staff had won a voucher to spend and their

successes were shared with people living at the service. Successes included when staff had gone the extra mile to support people.

Continuous learning and improving care

- The registered manager had regular meetings with other registered managers for the provider's local services. They shared when things had worked well, and lessons learnt from incidents. Examples included changing care plan paperwork to make it more person centred.

Working in partnership with others

- The registered manager had engaged with various health professionals to ensure that they continually adapted the service and care in line with best practice.
- They had engaged with PROSPER, a local partnership between universities, the local authority, and care services, aimed at improving the lives and safety for people living in care homes.