

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:
10 May 2017

Date of publication:
08 June 2017

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

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 18 people who lived in the service when we visited.

At the last inspection, in February 2015 the service was rated Good. At this inspection we found the service remained Good.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

People continued to be safe at Gairloch. People were protected against the risk of abuse. People felt safe in the service. Staff recognised the signs of abuse or neglect and what to look out for.

There were enough staff to keep people safe. The provider had appropriate arrangements in place to check the suitability and fitness of new staff.

Medicines were managed safely and people received them as prescribed.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received regular training and supervision to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

The registered manager ensured the complaints procedure was made available to people to enable them to

make a complaint if they needed to.

Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support. The registered manager provided good leadership. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

Further information is in the detailed findings below and you can also see our previous comprehensive inspection report for this service.

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

Gairloch Residential Care Home

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 10th May 2017 and was unannounced. The inspection team consisted of two inspectors

Before our inspection we reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also considered any information which had been shared with us by the Local Authority

We spoke with people who lived at the service who were able to express their views about the service. We also spoke with staff and observed how people were cared for. 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 were unable to talk with us, due to their complex health needs. We spent time observing care and support in the lounge, communal areas and during the lunchtime meal.

During our inspection we spoke with six people who lived in the service, two relatives, one visitor, three care staff, the deputy manager, the registered manager and the provider.

We looked at four people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also reviewed daily records, four recruitment files and training records and records relating to the quality and safety monitoring of the service. We looked at the premises and also looked at information which related to the management of risk within the service,

Is the service safe?

Our findings

People continued to be protected from abuse or harm at the service. Since our last inspection all staff had received refresher training in safeguarding, this helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Staff told us that they felt confident in telling someone if they had any concerns. Care plans contained information about people's medical history and we observed that people felt safe in the service and were at ease with staff. Relatives told us that they were confident that their loved one was kept safe at the service and was cared for by staff who knew them well and were skilled at their jobs. One visitor told us, "[Person] is safe here. Staff look after [them] well." People said, "I feel safe living here."

There were guidelines for staff to follow to enable them to support people living at the service. For example one person had epilepsy, their care plan contained details for staff about different types of epilepsy and information about the type of seizure that the person may experience. There were clear guidelines regarding what action staff needed to take in order to keep the person safe if they had a seizure. Risk assessments were specific to each person and had been recently reviewed.

There were enough staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day to plan the numbers of staff needed to support them safely. The manager told us that agency staff were rarely used and any shortfall in staffing due to sickness or annual leave was usually covered internally or by staff from other services within the organisation. One person said, "Staff usually come quickly if I need them."

The registered manager and provider continued to maintain recruitment procedures that enabled them to check the suitability and fitness of staff to support people. A recruitment policy was in place to ensure that staff were recruited safely records showed that this was followed in practice. We looked at four staff files and saw that each staff member had to attend a face to face interview and all new staff had employment background checks, disclosure and barring service checks and references taken up before they were allowed to start work in the organisation. This ensured that staff were suitable to work in the service.

The service had plans in place for any foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. Information about the procedure for evacuation in the event of a fire was available on the wall in the communal areas. We also observed that each person had a personal emergency evacuation plan (PEEP) in place.

Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. These were stored safely. Since our last inspection all staff had received training in medication administration with plan in place for a refresher in June 2017. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. This indicated that the provider had an effective governance system in place to ensure medicines were managed

and handled safely.

Is the service effective?

Our findings

One person told us, "All the staff are always happy to help you." And additionally one relative told us, "I've never come in here and found [person] cold, hungry or dirty and I come in two to three times a week at all different times."

Since our last inspection, records showed staff had undertaken mandatory training and refresher trainings in topics and subjects relevant to their roles. The provider had also implemented the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of regular supervision and an annual appraisal of each staff members work performance. Staff told us they felt well supported by the registered manager.

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 MCA. The procedures for this in care homes and hospitals are 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 were in place. People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests and are the least restrictive. Staff had received training in MCA and DoLS and understood their responsibilities under the act.

People continued to be supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and the menu of the day was displayed on a noticeboard by the kitchen for people to refer to. Throughout the day staff supported people to remain well hydrated and encouraged those who were at times reluctant to drink. Where necessary staff supported people to make a choice and we saw that the menu had pictures of the drinks as well as a written description to aid people in their decision making. We saw that some people were given coloured plates and plate guards to enable them to eat their meal independently. At each meal time the chef asked each person individually what they would like to eat. People told us, "The meals here are very good." And, "You can't fault them really. Nice food and a nice clean room and bed, what more could you want?" People were weighed each month and those assessed as having a high nutritional risk score were referred to the dietician and Speech and Language Therapist (SALT) for further advice and support. We saw that people who had a significant weight loss were placed on a fortified diet. A fortified diet describes meals, snacks and drinks to which additional nutrients have been added through foods such as cream, butter, milk and milk powder

People continued to be supported to maintain good health. Staff supported people to access healthcare professionals and sought advice and support from specialist professionals, such as SALT and dieticians,

when needed. We saw that people who had been assessed as being at a high risk of pressure area breakdown had been referred to the district nurses for specialist advice and in accordance with their recommendations pressure relieving equipment was in place. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

Is the service caring?

Our findings

People said, "I am looked after very well here." And relatives told us, "The manager is excellent. The staff are always happy and you are greeted with a smile." And a compliment seen received by the service read, "A great big thank you to you all for the wonderful love and care you gave to [person] and myself. Without all of you, [person's] dementia would have taken her long before now."

Since our last inspection in February 2015, the service has continued to ensure people's individual records provided up to date information for staff on how to meet people's health and care needs. This helped staff understand what people wanted or needed in terms of their care and support.

We observed positive interactions between people and staff. People looked at ease and comfortable in each staff member's presence, responding positively to their questions, and readily asking for help and assistance. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way. For example, we saw one member of staff say, "[Person's name] you've got some lovely stories. I love hearing your stories." Staff knew people well and engaged them in conversation in areas of particular interest to them. For example, one person had been in the Navy and staff initiated conversation with them about this and the different countries that they had travelled to. Another person had been a dressmaker and staff spoke with them about ladies clothing from that era.

People told us that they were able to choose what time they got up in the morning and when they went to bed. One person explained to us that they liked to be downstairs in the communal area in the morning but to spend time in their room in the afternoon and we saw staff supporting them to do this.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. We saw people were dressed according to their preferences expressed in their care plans. One visitor told us how their friend enjoyed wearing jewellery and how comforting it was for them to see them wearing it whenever they visited. We also observed staff treating people with dignity and respect by gently adjusting their clothes and discreetly asking if they needed assistance with personal care. Relatives described the atmosphere at the service as, "calm, happy and inclusive." People had access to all areas of the service and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people went out.

Records were kept securely so that personal information about people was protected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration to maintain their privacy and dignity. When talking about their roles and duties, staff spoke about people respectfully.

Advocacy information was on the notice board and available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the service and who

support people to make and communicate their wishes.

Is the service responsive?

Our findings

People continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans contained information about people's likes, dislikes, allergies and their preferences for how care and support was provided. For example, the registered manager told us that before being admitted to the service people had been assessed to ascertain their needs and preferences. Records we saw showed that care plans were regularly reviewed, and where appropriate relatives had been invited to be involved in this process. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People were enabled to remain as independent as possible and participated in a variety of activities and events that met their social needs and interests. People were supported to go out, eat out and visit places of their choice. People were also supported to pursue personal interests. The service employed a full time activities co-ordinator. The manager told us that their days and hours of work varied according to what activities were taking place at the service and in their absence care staff participated in activities with people. At the time of our inspection the activities co-ordinator was on annual leave and throughout the day we saw staff engaging in various activities with people including quizzes, nail painting and carpet bowls. We saw staff taking the time to sit with people talking and laughing with them. Staff were engaging with people and encouraged them to participate in whatever activity was taking place.

People, relatives and visitors all spoke positively about the range of activities that were available. There was a timetable of weekly organised activities on the wall in the lounge area and we saw that it included; bingo, a book club and pamper sessions. One person explained to us how staff had supported people to write a poem together and we saw that this was also pinned to the noticeboard. Another person told us that they enjoyed painting and we saw their artwork on display.

Staff continued to help people to stay in touch with their family and friends. They maintained an open and welcoming environment and family and friends were encouraged to visit the service.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The service had a robust system in place for handling and responding to complaints. We looked at the complaints file and saw that any complaints that had been made had been responded to in writing by the manager and, where appropriate, any issues raised had been addressed with the staff. Relatives and visitors were aware of how to make a complaint if they needed to. The provider continued to have systems in place to receive people's feedback about the service. Family members were supported to raise concerns and to provide feedback on the care received by their loved one and on the service as a whole. The summary of feedback received showed that people were happy with the service provided. Everyone that we spoke with told us that the manager was visible around the service and that they were confident in their ability to respond promptly to any concerns.

Is the service well-led?

Our findings

People who used the service and staff we spoke with spoke positively the management of the service. All people told us that they felt comfortable raising queries with them and found all staff to be approachable. Our observations showed that people knew who the registered manager was. We observed people engaging with the registered manager in a relaxed and comfortable manner. This demonstrated that people felt confident and comfortable to engage with the registered manager.

There continued to be a good management team at Gairloch. This included the registered manager, deputy manager and the provider. The registered manager told us, "I am well supported in my role. We all work well as a team." The provider told us, "I'm a firm believer in supporting staff to come up through the ranks" and, "I have a great team. When I wasn't able to be here so often recently, I was confident in my manager's ability and didn't have to worry. That is years of creating a supportive working team."

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. Handovers took place at the start of every shift and provided the opportunity for staff to be updated about any changes in people's conditions and any significant events that were happening at the service on the day. Members of staff said, "This is a lovely place to work, the best in fact for me. I am very well supported." Another staff member said, "You are always listened to here and anything we suggest is always taken on board."

We found that the registered manager continued to understand the principles of good quality assurance and used these principles to critically review the service. They completed monthly audits of all aspects of the service, such as medication, kitchen, infection control, care records, learning and development for staff. The provider also carried out series of audits either monthly, quarterly or as and when required to ensure that the service ran smoothly. They used these audits to review the service. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. The provider told us, "At the end of the day I am the responsible individual for all residents and staff and that means that I need to know what is happening so that we know we are making the right decisions for people."

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that required a notification. This demonstrated the registered manager understood their legal obligations. The service worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care professionals reported that staff within the service were responsive to people's needs and ensured they made appropriate referrals to outside agencies.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential