Absolute Healthcare (Central) Limited

The Gables

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Gables is a care home providing personal and nursing care for up to 47 people, some of whom were living with Dementia. At the time of the inspection 43 people were living there. The home is divided into two separate units one on the ground floor and one on the first floor. On the ground floor unit, the home supports people with nursing care and dementia needs and on the first floor unit the home supports people with complex needs including Dementia.

The home has four allocated places which are funded by the Local Authority for people that are discharged from hospital and these are called emergency assessment beds. They also have four places which are funded by the Continuing Healthcare team for people discharged from hospital for assessment.

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

People's privacy was not always maintained as people were seen going into each other's bedrooms. Feedback from people and relatives told us clothing and footwear often went missing on one of the units. Observations we made supported that staff did not always maintain people's dignity in a timely manner.

Staff were aware of their responsibilities to keep people safe from harm. People received their medicines as needed. Recruitment processes were in place to ensure staff were safely recruited. Staff wore aprons and gloves to prevent the spread of infections. Systems were in place to analyse any accidents or incidents for patterns and trends, and to enable measures to be put in place to mitigate any identified risks.

Staff knew people's needs and preferences and had received training which provided them with the skills to support people safely and effectively. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to food that met their cultural and dietary requirements. People were supported to maintain their health.

People and relatives we spoke with, described the staff as respectful, caring and friendly. People were supported where possible to maintain their independence.

People and relatives knew how to raise any concerns and had confidence they would be listened to. Complaints had been responded to positively. Information was available to people in an accessible format to support their communication needs.

Some people's records had not been updated in a timely manner to support changes in their needs to ensure information was available for staff to refer to, and to reflect action that was being taken to escalate concerns about people's needs.

People, relatives and staff thought the service was managed well and the management team were

approachable, open and honest. The service worked well with partner organisations to ensure people's needs were met. The management team monitored the standards of care provided to people during walk around on the unit and escalated any issues identified.

Rating at last inspection
The last rating for this service was requires improvement following a comprehensive inspection. (Report published 3 February 2017).
Since this rating was awarded the registered provider and the management team of the service has changed and this is the first inspection for this service under the new provider and management team.

Why we inspected
This was a planned comprehensive inspection.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was not always caring. Details are in our effective findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our effective findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Good**

The Gables

Detailed findings

Background to this 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 was undertaken by one inspector, one assistant inspector, one Expert by Experience and one specialist advisor on 12 June 2019. An 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's area of expertise was older people and dementia. The specialist advisor was a nursing professional. On the 13 June 2019 one inspector and one assistant inspector returned to the home to complete the inspection.

Service and service type
The Gables 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 the 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 (PIR). 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 four people who used the service and ten relatives about their experience of the care provided. We spoke with two team leaders, one senior, and three care staff, two activities staff, the chef, three housekeepers, the deputy manager, registered manager, and the operations manager. We also spoke with two healthcare professionals who were visiting the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We partially reviewed a range of documents and records including the care records for 12 people, 43 medicine records and three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person said, "Yes I feel safe here, the staff make sure of that." A relative told us, "Yes I think (name) is safe. The way they are treated by the staff, the policies they have in place. The way it's laid out, in fact it minimises trips and falls."
- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A member of staff said, "If I had any concerns about anyone or if I saw anything that concerned me I would act and report it."
- The registered manager had reported safeguarding concerns to the local authority and ensured they were investigated appropriately.

Assessing risk, safety monitoring and management

- A relative we spoke with told us, "The staff know what risks to be aware of and they manage these in [person's] best interests."
- Risks to people were assessed and covered a variety of areas including malnutrition, skin integrity, falls, moving and handling and safety. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging.
- We saw where people behaved in a way that may challenge others, staff managed the situation in a positive way which protected people's dignity and rights and in accordance with their plan of care.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, water temperatures and electrical equipment. Fire safety checks were completed, and people had personal emergency evacuation plans (PEEP) in the event of an emergency.

Staffing and recruitment

- People and relatives, we spoke with told us they thought there were enough staff on duty to meet their needs. One person said, "Oh yes, they are always around. They have got quite a lot of staff and they are nice."
- We received mixed feedback from staff about the staffing levels, where some staff thought additional staffing was required at busier times. Overall our observations supported people's needs were responded to in a timely manner. The registered manager advised us a dependency tool was not currently in place but staffing levels were kept under continual review based on the dependency needs of the people admitted to the home for assessment.
- Records confirmed that all of the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a police check which ensured potential staff were suitable to work with vulnerable people.

Using medicines safely

● People we spoke with told us they received medication at the right times. One person told us, "The nurses always make sure I receive my tablets on time." Records confirmed this.

● Some people required their medication to be given to them without their knowledge. We saw written guidance was in place for the staff to refer to. This demonstrated the person's GP had been consulted to ensure this practice was in the person's best interests, and the pharmacist had been consulted.

● Some people required medication 'as and when required'. Although records were not in place for some people, discussions with nursing staff demonstrated their knowledge of the signs they needed to be aware of for when people may need these medicines.

● Competency checks were undertaken with nursing staff as part of the training process to ensure they were administering medicines safely.

Preventing and controlling infection

● People and relatives told us the home was well maintained. One relative told us, "The home is always nice and clean when we visit and we see the cleaning staff when we visit they work very hard."

● We saw housekeeping staff worked in the home every day to maintain standards in the home.

● Housekeeping staff demonstrated an awareness of the risks when working on the Dementia unit to keep all cleaning products safe.

● Staff told us, and we saw they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

● Infection control audits were in place to monitor the standards in the home and action was taken to address any issues identified, such as replacing broken furniture or replacing pressure relieving equipment.

Learning lessons when things go wrong

● Systems were in place for all accidents and incidents to be reviewed for any patterns and trends and to mitigate future risk. This also included reviewing individual support plans for people whose behaviours may challenge staff, to ensure techniques used met the persons needs and were the least restrictive approach.

● Records showed the management team worked in partnership with the local authority when conducting safeguarding investigations to ensure people remained safe.

Good

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.

People's outcomes were good, and people's feedback confirmed this.

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

● People's needs were assessed prior to admission to this service. A relative we spoke with told us, "Culturally they have identified where (name) has grown up so they have collected and shown (name) photos of the area. Also, we have filled in a questionnaire and it asked questions like where they grew up, got married, where they raised their family so they can talk to (name) about it."
● People's needs were assessed prior to admission. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, and disability.
● Where concerns had been identified during the assessment process we saw action had been taken to address this for example, a referral to SALT (Speech and Language Therapist) had been completed.
● People admitted to the home for assessment purposes had regular reviews undertaken to support the on-going assessment of their needs. This enabled information to be shared with healthcare professionals to support the decisions made about people's long-term placements.

Staff support: induction, training, skills and experience
● People and relatives, we spoke with told us they felt staff were trained to meet people's support needs. One relative told us, "They do a good job and have the skills to support people with needs that can be quite challenging."
● Staff we spoke with told us they felt supported in their roles and had regular training opportunities, to enable them to meet people's needs. One staff member told us, "The training here is good, there is always training opportunities and this is geared towards the people we support." We saw many training posters around the home informing staff about forthcoming training opportunities.
● Staff who supported people with complex needs confirmed they had received training to respond to situations positively and safely. Staff received training in Management of Actual or Potential Aggression (MAPPA) which provided staff with the skills and techniques to manage people's behaviours that may challenge and as a last resort to restrain people in accordance with their plan of care.
● We saw training plans were in place to monitor the training needs of staff.

Supporting people to eat and drink enough to maintain a balanced diet
● A relative we spoke with told us, "(Name) is physically looking good and is eating well and I have seen the menu and it's superb with good choices."
● We observed staff supporting and encouraging people in a dignified manner to eat their meal and to a have drink. For example, sitting alongside people and using the appropriate cutlery that met their needs.

● We saw people were offered choices and a varied diet which met their specific needs such as cultural and dietary requirements. Information about people's preferences were recorded in their records.
● People at risk of malnutrition and dehydration were on food and fluid charts which were completed. People were weighed regularly and changes in weight were monitored and appropriate referrals made to agencies as required.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support
● People and relatives told us arrangements were made by staff to arrange any healthcare appointments that were required. A person told us, "Normally you see the senior nurse who will contact the surgery or anyone else I may need."
● The provider told us in the information shared with us (PIR), how they worked collaboratively with a variety of healthcare professionals to ensure people's health care needs were met and where further interventions may be required. Discussions with staff and records seen confirmed this.
● We spoke with a visiting healthcare professional who told us, "Visits are undertaken here weekly to monitor people's needs who have recently been discharged from hospital. The service manages people's complex needs well and shares information effectively. We have a good working relationship with the service, and if the staff have any concerns about people's health deteriorating, they call and inform us, so we can agree what is the best course of action in their best interests."
● Health passports were in place to support people's transition to hospital which provided key information about the person and to support the continuation of their care.

Adapting service, design, decoration to meet people's needs
● The provider had invested in the home and had made several improvements since purchasing the home.
● The bedrooms for people that lived at the service on a permanent basis were personalised with pictures and ornaments that reflected the person.
● People had access to aids and equipment to support them with their daily lives, and assistive technology was used to support people's independence in line with their best interests.
●We found the environment on the dementia unit did not always promote people's independence. The provider told us in the information shared with us (PIR) their plans to improve this. This included the introduction of murals, painting of people's bedrooms doors, and new signage was on order to improve people's ability to orientate themselves. The registered manager told us memory boxes and signage had been installed previously but unfortunately these had been removed due to incidents that had occurred. The registered manager was able to demonstrate action was being taken to improve the environment and to replace all fixtures and fittings that had been damaged.
● We saw work was in progress to create a secure outdoor space for people to enjoy.
● CCTV was in use in all communal areas to monitor people's safety.

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.

● People and their relatives told us staff asked for their permission before providing support. One person told us, "Yes but normally if I want assistance I will ask for it."
● Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place. This information along with any conditions attached to people's authorisations had been included in people's care records which demonstrated how these were being monitored and met.
● Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
● Where redirection or restraint techniques had been used due to people's complex needs and behaviours, incident forms were completed, and these were reviewed by the management team to ensure appropriate procedures had been followed and were the least restrictive.
●Staff we spoke with gave us examples how they would seek consent from people who may not be able to verbally communicate their choice. One staff member said, "I would assess their mood and their facial expressions".

Requires Improvement

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.

People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

● We observed occasions where people's privacy was not always maintained. For example, we saw people walking into other people's bedrooms and sitting down for a period of time before staff then asked the person to leave that bedroom. One person told us, "Sometimes my room is like New Street station, as people come and go in my room." Discussions with the registered manager demonstrated that various strategies to prevent this have been tried, and this was an area under continual review to manage in the least restrictive way.

● Some relatives raised concerns with us about clothing and slippers going missing or worn by other people. One relative told us, "Sometimes I see (name) walking around with no shoes on and someone else has their shoes on. I have brought seven pairs of shoes in and they keep going missing." Another relative said, "I have come to visit (name) and they have someone else's clothes on, things keep going missing." This Information was shared with the registered manager who acknowledged these issues and advised action would be taken to address this. The registered manager also advised us people had support plans in place, in relation to taking and dropping items as this was part of some people's behaviours which had to be managed sensitively.

● We saw occasions were people's dignity was not always maintained. For example, we saw people were still wearing protective aids following a meal, and some people had fallen asleep still wearing these. On occasion we prompted staff to remove these if they were not required. We saw a person had dropped their cup of tea into their meal. Although staff had provided support to this person to sit comfortably they did not notice this and did not remove the meal and replace it until we made them aware of our observations.

● Although we observed the examples provided above we also saw many occasions where staff supported people in a dignified manner when assisting people to eat their meal or when supporting people with their independence. For example, we saw a staff member gently stroke a person's arm and explain to them what meal they had, encouraging the person to eat their meal at their pace. We saw a staff gently placing their hand on someone's back whilst walking, encouraging them to walk along the corridor.

● People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always made to feel welcome.

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

● People and relatives told us staff supported and respected them. One person told us, "The staff just care for me lovely and wash me, dress me and give me a lovely bath." A relative told us, "Overall I am very happy the staff are very caring and have lots of patience, they have a lovely approach to (name) and I can tell that (name) is as happy as they can be being in a home."

● We observed staff supporting people with patience. For example, when people became anxious or

confused staff provided reassurance in a calm manner and used their re-direction skills to try and alleviate the person's distress.

● Staff spoke with genuine affection and kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love my job and working here, the people that live here are great, and I enjoy coming to work."

● People's diverse needs were recorded and staff provided support to people to ensure these were met. For example, supporting people to wear clothes that met their cultural needs.

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

● We saw people were given opportunities and asked to make choices about everyday life in the home such as what they would like to eat or drink and where they wanted to sit, or what they wanted to do that day.

● Relatives felt involved and told us they were kept up to date with their relative's well being. One relative told us, "The registered manager calls me on a regular basis to update me on (name). He is very involved and keeps me informed with what's going on with (name). Another relative said, "The staff always call me when needed which is what I want. They cannot always prevent things like falls etc, but they act straight away and get medical attention and then let me know how (name) is and what they have done."

● Staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "We ask and give people as much choice as possible. If people are not able to tell you then we do what is in their best interests."

● Where required people where supported by an advocate. The registered manager had an understanding of when advocacy services would be required and how to access these services.

Good

Is the service responsive?

Our findings

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

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 and relatives we spoke with told us they were involved in the care planning process to ensure their needs were met. A person told us, "The staff come and see me and ask me questions about my care to make sure I am happy with everything." A relative said, "We are all consulted and involved in making decisions. Compared to previous homes this home involves us and communicates with us and (name) very well. The staff will ask (name) what they want to wear or if they want a bath or shower or support with anything."

● Discussions with the registered manager demonstrated how the needs of the people living at the home on a permanent basis are balanced with the needs of the people that are admitted to the home for assessment purposes.

● Systems were in place to continually monitor and evaluate the needs of people that live at the home for assessment purposes. This ensured support was tailored to meet their needs and preferences in their best interests.

● Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with were able to describe people's preferences and how they liked to be supported.

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.

● Information was available to people in an accessible format to meet people's communication needs such as pictorial.

● We observed staff using objects of reference and adapting the way they communicated with people depending upon their needs.

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 home has two activities co-ordinators that plan and support people to take part in meaningful activities. We saw an activities programme was displayed on each unit which reflected the daily activities available for people. For example, music sessions, pampering sessions, art and crafts, and grab bags which contain sensory objects for people to touch. In addition to this external entertainment was booked to come into the home such as singers.

● We were advised people that would not benefit from group activities, had support provided on a one to one basis to meet their social needs and to provide meaningful engagement.

● People were supported to go out into the community to the local shops, pub, and for walks and to places

of interest to them.
● People had access to church services in the home and arrangements were being made to support people to attend places of worship that met their individual and cultural needs.

Improving care quality in response to complaints or concerns
● People and relatives knew how to raise any concerns. A person told us, "If I had any concerns I would raise these with the nurse." A relative said, "I know there is a complaints procedure in place and if I have any concerns I would share these with the staff, nurses or with the manager. I feel confident I would be listened to and I would have a response."
● We reviewed the concerns and complaints records and saw they had been investigated and responded to and used to improve the quality of the care provided. For example, improving communication with relatives.
● Systems were in place to analyse any complaints and concerns for any patterns and trends.

End of life care and support
● People were asked about their future wishes and preferences as part of the assessment and care planning process.
● Staff we spoke with were aware of the needs and preferences of people who were currently being supported with end of life care. A relative told us, "The staff are being very supportive, and we can come and visit and stay as long as we want. We could even stay here overnight if we wanted to."

Good

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.

The service management and leadership were not always consistent, as records were not updated as needed.

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

- Although staff we spoke with had the knowledge about people's needs and preferences and how these should be met, we found five instances where people's records had not yet been updated to reflect their current needs. For example, where people were recently receiving end of life care, their care plan had not been updated to fully reflect this. We found information had been recorded in several places such as the handover book, and family and professional communication notes, but their care plan entitled 'future plans' had not yet been updated with this information.
- Protocols were not in place for two people that were prescribed "as and when required" medicines to support and guide staff when to administer these medicines. We received information following the inspection visit to confirm these protocols were now in place.
- Audits were in place and these had identified some of the issues we found in relation to records that required updating but there was no timescale attached to these. Discussions with the registered manager demonstrated the medication audits completed at the end of this month would have identified the medicines records that were not in place.
- Staff understood their roles and responsibilities and were confident in the registered manager who they described as, 'supportive, approachable and provided good leadership'.
- Throughout the inspection we found the management team honest, open and transparent about any issues we brought to their attention. They demonstrated enthusiasm and commitment to making any required improvements to ensure safe and good quality care was provided to people.

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

- People and their relatives told us the staff and the registered manager were approachable and listened to them. One person told us, "The manager often pops in to say hello, I can talk to him and I know he will listen." A relative said, "The manager sets expectations and knows what he wants. That comes over as he has standards. It just seems a happy place."
- Staff told us they felt valued in their role. A staff member said, "The management team listen to us, which is important when we support people with complex needs, if changes are needed then these are made to support us to meet people's needs."
- The registered manager worked alongside staff and supported people. This gave the registered manager opportunities to monitor staff practices to ensure the support provided was respectful and reflected good practice.

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

● Relatives told us they thought the management team were open and honest. A relative said, "The manager does a great job, nothing goes amiss. It runs smoothly and if there's an issue they will deal with it."

● The registered manager promoted an open culture within the service and was able to describe the actions he had taken and discussions that had taken place in staff meetings to ensure the service learnt from any incidents that had occurred.

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

● People and their relatives told us they felt involved and their feedback was sought about the service. A relative said, "Yes we are involved both formally and informally. Formally we have filled in a questionnaire and provided feedback. They also have monthly residents and family meetings. I get a copy of the minutes if we don't attend. Informally the office doors are always open. Like today with the pressures of having CQC here the manager still spent 5 minutes catching up with us."

● Feedback questionnaires were sent out regularly to gain feedback from people and their relatives. We saw in the foyer area boards reflecting the actions that had been taken based on the feedback received. For example, grab bags had been made available for people to rummage through.

Working in partnership with others

● The management team and staff worked collaboratively with the local healthcare teams, and local authority to support the assessment and care pathway for people that are discharged to the home for assessment.

● The management and staff worked in partnership with key organisations to support care provision and service developments.

● The provider told us in the information shared with us, how they have been asked to be involved in local discussions about changes to people's nutrition and the current drive to minimise the use of supplements.