

Gable Court NH Ltd

# Gable Court Care Home

## Inspection report

111 Roxy Avenue  
Romford  
RM6 4AZ

Tel: 02085976041

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### Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

Gable Court Care Home is a residential care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

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

Medicines were not always managed in a safe way. The provider did not have effective quality assurance and monitoring systems in place to review and improve the care and support provided. Some relatives told us they thought more staff would be helpful.

Relatives were generally positive about the service and the support people received. Systems were in place to help safeguard people from the risk of abuse. Risk assessments for people included information about how to mitigate the risks they faced. Steps had been taken to ensure the premises were safe. Robust staff recruitment practices were used so that suitable staff were employed. Effective infection control and prevention measures were in place. Accidents and incidents were reviewed to reduce the likelihood of similar incidents re-occurring.

There was a positive working culture at the service and staff felt supported by management. People and relatives were regularly asked for their views about the service. The provider worked with other agencies to share knowledge and develop best practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 February 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on the 5,6 and 10 December 2019. Breaches of legal requirements were found.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gable Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the safe management of medicines and ineffective quality assurance systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Gable Court 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Gable Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 48 hours' notice of the inspection. This was because we initially planned to inspect this service to see if it was suitable to be a designated care setting for people discharged from hospitals with Covid-19, and our methodology is to announce these inspections. The service had been identified for use by the Local Authority as a designated care setting in response to the Winter Plan for people discharged from hospital with a positive Covid-19 status. However, by the time we inspected the plan to use the service as a designated setting had been postponed.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven staff; the registered manager, a registered nurse, two care assistants, the deputy manager, head of housekeeping and the nominated individual. 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 multiple medication records. We looked at five 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 care records relating to six people. We spoke with four relatives of people who used 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to operate effective systems for the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We found errors with medicines records. We found instances on Medicine Administration Records where people's names were either not included or spelt incorrectly.
- Controlled drugs were not always managed safely. One of the three controlled drugs registers that was in current use could not be found on the day of inspection and was not found until seven days after the inspection. A controlled drug is a drug or other substance that is tightly controlled by the government because it may be abused or cause addiction.
- Although protocols were in place for most medicines prescribed on an 'as required' basis, we found one instance where a person had been prescribed a medicine on an 'as required' basis where no protocol had been put in place for when it was to be administered.
- On the day of inspection, we found a person had been administered an incorrect dose of one of their medicines.
- We discussed our concerns with the registered manager, who acknowledged that there were concerning issues with regard to medicines. They sent us an action plan the day after our inspection outlining how they proposed to deal with the issues we identified during the inspection.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- The registered manager told us staffing levels had increased since the last inspection and records confirmed this. However, feedback from staff and relatives about staffing levels was not always positive.
- Staff told us that when they had a full complement of staff on shift they were able to manage, but sometimes they were short staffed which meant they were very busy. The registered manager told us if a

staff member cancelled their shift a replacement was always sought, but this sometimes took time to arrange.

- Although relatives told us care was safe, some said there were not always enough staff. One relative told us, "My relative is safe, staff care. The staffing level is my concern but they do their best to improve."

We recommend the provider seek and implement national guidance around staffing levels to ensure there are always enough staff to meet people's needs at all times.

- Robust staff recruitment checks were carried out. These included criminal record checks, proof of identity, employment references and a record of previous employment history. This meant steps had been taken to help ensure suitable staff were employed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to the assessment of risks.

- At the last inspection we found that risk assessments were not sufficiently detailed, especially in relation to people's health conditions. During this inspection we found this issue had been addressed.
- Risk assessments were in place for people which included information about how to mitigate the risks people faced. Assessments included health conditions, the use of bed rails, social isolation and neglect, skin care and eating and drinking. Risk assessments were subject to monthly review.
- Checks were carried out to help ensure the premises were safe. These included checks related to gas, electrical and fire safety.
- Relatives told us their family members were safe. For example, one relative said, "I think it's really very nice. Everyone is friendly and responsive."

### Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Policies were in place about safeguarding adults and whistleblowing. We saw that any safeguarding allegations had been dealt with in line with the policies.
- The registered manager and other staff had undertaken training about safeguarding adults and were aware of their respective responsibilities with regard to this. A member of staff told us, "I would report it (an allegation of abuse) straight away to the manager. If they don't take action, I can whistle blow. I can phone the Care Quality Commission or the police."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.



- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider sought to learn lessons when things went wrong. Accidents and incidents were recorded and reviewed. These were analysed to see what action could be taken to reduce the likelihood of similar incidents occurring again in the future.
- For example, where people had falls, risk assessments were reviewed to reflect the change in risk to the person.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems to monitor and improve the quality and safety of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems were in place for monitoring the quality and safety of support provided to people. However, these were not always effective, particularly in regard to the safe management of medicines.
- The quality assurance manager carried out audits of the service. The last two were done in September and December 2020. These looked at various elements of the service and there was a space on the audit form for reviewing medicines practice. However, this issue had not been looked at on the two most recent audits.
- The deputy manager carried out a monthly audit of medicines. The two most recent audits carried out, in November and December 2020, both identified that there was a problem with incorrect stock balances. Although this had been identified as an area of concern, effective action had not been taken to remedy the situation and we found incorrect stock balances on the day of inspection. We also found other areas of concern with the management of medicines that had not been identified and addressed. See the safe section of this report for more details.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us there was a positive and open working culture at the service. They spoke positively about the senior staff and said teamwork was good. One staff member said, "The management and staff are very supportive, I can go anytime to (deputy or registered manager)."

- Full team meetings were not taking place due to social distancing restrictions. However, each weekday, senior staff met, including the registered manager, heads of department and a nurse and a care assistant from each floor to discuss and share relevant information. This helped to keep staff informed and involved with what was happening at the service.
- The registered manager was supported by a deputy manager, and there was a clear management structure in place. Staff were aware of who they were directly accountable to.

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 provider was open about when things went wrong and understood their legal responsibilities.
- Notifications were sent to the Care Quality Commission about significant events that occurred at the service and allegations of abuse were referred to the local authority. Families were kept informed if anyone had an accident.

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

- Systems were in place for seeking the views of people who used the service and others. Meetings were held with people where they were asked about what activities they wanted to be provided. There was regular communication with relatives of people, both informing them of what was happening at the service and seeking their feedback.
- Relatives told us they had communication with the service and that the registered manager was responsive. One relative said, "I do know the (registered) manager. They always get back to you very quickly if you ask them something. They are very approachable."
- People's equality characteristics were considered. Information about this was covered in care plans. Staff recruitment followed good practice in relation to equal opportunities.

Working in partnership with others

- The provider worked in partnership with other agencies to help support people and to share and develop knowledge and best practice.
- The registered manager participated in a provider forum run by the local authority. The nominated individual told us they were a member of the National Care Providers Association and Care Leaders Network. They said both of these organisations provided advice about the care sector and support with staff development. The provider also worked with Skills for Care which provided support with staff training. Skills for Care is one of the training organisations for social care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not provided in a way that was safe for service users in relation to the proper and safe management of medicines. Regulation 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service provided in the carrying on the regulated activity. Regulation 17 (1)