

The Gables (Northumberland) Ltd

# The Gables Care Home

## Inspection report

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Bedlington  
Northumberland  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Gables Care Home is a residential care home providing accommodation and personal care for up to 11 people who live with mental health issues, including both younger and older adults. At the time of the inspection there were 11 people using the service.

The home is a converted house in Bedlington Station. It has accommodation on the ground and first floor. There is no lift or stair lift to access the upper floor. There is a lounge area on the ground floor and a small dining room. People have access to shared bathroom and washing facilities and a shared laundry area. There is a secure courtyard area at the rear of the building where people can access the outside safely.

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

Improvements had been made to the service to help keep people safe. Changes had been made to the way infection risks were managed, including the risks associated with COVID-19. Improvements had been made to the management of people's finances, promoting them to be more independent. Staff recruitment processes were robust and staffing levels had been reviewed and improved, particularly during the night shift, although these needed further review. We have made a recommendation about this.

People's choices and individual needs were assessed and supported. Care plans followed the advice of key professionals. Staff training had been improved and there was evidence of an induction when new staff started at the service. People were supported to maintain their health and well-being and the service worked closely with a range of health professionals. People said they enjoyed the meals and were involved in setting menus and food preparation. Improvements had been made to the environment of the home, although further updating was required. We have made a recommendation about this.

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.

Care plans had improved and contained more detailed information about how people should be supported and encouraged to live as healthy lives as possible. People were involved in a range of activities and were encouraged to access the local community whilst following current COVID-19 guidance. Contact with family and friends was positively encouraged.

Improvements had been made to the management of the service and increased quality management and audit processes were in place. An overview of the service by the provider needed to be fully formalised. We have made a recommendation about this. People and staff were involved in decision making. The service worked in partnership with a range of professionals.

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 19 November 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 October 2020. Breaches of legal requirements were found.

We undertook this focused inspection to check they 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 Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 changed from requires improvement to good. 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 The Gables Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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.

# The Gables 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 undertaken by one inspector.

#### Service and service type

The Gables 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 a short period notice on the morning of the inspection to ascertain the situation at the home with regard to Covid-19 infections and to allow the home to prepare for the inspection to be carried out safely, with minimal risk to people living there.

#### What we did before the inspection

We reviewed information we had received about the service since the previous inspection. We sought feedback from the local authority and received email information from the local authority safeguarding adults team. 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 three people who used the service. We spoke with three members of staff including the registered manager, a senior care worker and a care worker.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### 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.

- Risk assessments relating to people's care were included in care documents and indicated how these risks would be mitigated.
- Following the previous inspection, the Fire Service had visited the home to offer advice. The registered manager had taken action to comply with the guidance offered.
- New personal evacuation plans had been developed along with systems to aid evacuation of the home in the event of a fire. The registered manager had developed a grab bag with key information in that may be needed in the event of an emergency. Formal contingency plans were in place.
- Checks were in place on the structure and environment of the building including water, gas and electrical system safety inspections.
- High risk items, such a cleaning chemical were stored in lock cupboards in the kitchen and laundry area.

### Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to infection control and have in place systems to limit the risks posed by the COVID-19 pandemic. 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.

- Following the previous inspection, the registered manager had liaised with the local infection control and prevention (ICP) team. ICP staff had visited the home and offered advice about infection control processes and provided addition training for staff in the correct wearing of PPE.
- New infection control processes were in place and staff were wearing appropriate levels of PPE. Staff were able to describe circumstances where they would wear increased levels of PPE protection.
- Appropriate checks were in place to ensure visitors to the home were able to enter safely with minimal risk

to staff and people living at the home.

- Areas of the home had been improved to aid infection control. New work surfaces and splashback had been fitted in the kitchen and changes made to the bathroom and shower areas.
- All cloth towels had been removed from the bath and shower areas, although were available to people on an individual basis.
- The registered manager had established PPE stations around the home to ensure safe and correct storage of protective items. Identifiable bins were in place around the building of the safe disposal of used PPE.
- The provider now employed a dedicated domestic to ensure the home was cleaned regularly and thoroughly. People told us the overall cleanliness of the building had improved.
- The registered manager told us that whilst significant improvements had been instigated there was still work that needed to be addressed to further enhance the environment.

### Staffing and recruitment

At our last inspection the provider had failed to have in place to ensure there were sufficient staff employed or that these staff had been safely recruited. This was a breach of regulation 18 (Staffing) 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 18.

- The registered manager had put in place system to ensure that staff were recruited safely and effectively, with all relevant checks undertaken.
- At the previous inspection we were concerned there were insufficient staff on duty during the night. Two staff were now on duty when there were female staff rostered for the night shift and revised on call systems were in place to ensure that additional support was available, as necessary.
- People and staff told us there were enough staff at the home to provide support and care.

We recommend the provider continues to monitor staffing at the home and, continues to review effective staffing levels during the night-time period.

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

- At the previous inspection we made a recommendation that systems to support people with their financial needs were reviewed.
- The registered manager demonstrated new processes established to ensure people's money and bank details were kept safe and secure. People continued to be able to manage their finances as much as possible, but staff no longer had access to sensitive information, such as PIN numbers for accounts.
- Detailed records were kept of expenditure, including all receipts, and regular audits were undertaken.
- Appropriate systems were in place to ensure people were protected from harm, as far as possible. Where concerns arose, the registered manager had taken steps to deal with the situation and report the matter to the local safeguarding adults team and the CQC.

### Using medicines safely

- Medicines were stored safely and managed effectively.
- The home had recently been subject to an audit process by a local pharmacy provider, who had not identified any significant issues with the management of medicines.
- We found protocols for supporting people with 'as and when required' medicines were not always detailed. We spoke with the registered manager about this. They agreed to review and update the documentation.



### Learning lessons when things go wrong

- The registered manager had taken up post in April 2021. They spoke about reviewing previous inspection reports for the home and the immediate actions they had taken to start to improve the environment.
- Where incidents or accidents had occurred at the home the registered manager had reviewed the circumstances of the event and taken steps to minimise the risk of further similar events.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to have in place robust system to ensure people's needs and preferences were supported. This was a breach of regulation 9 (Person centred care) 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 9.

- Care plans had been revised and now reflected people's care needs and their choices and wishes.
- A detailed assessment of people's needs was conducted prior to them coming to live at the home.
- Care plans reflected the guidance given by professionals, although this was sometimes detailed in daily records or review documents. We spoke with the registered manager about updating care plans, so this advice was more readily available to staff.
- Staff had a good understanding of people's needs and preferences.

Staff support: induction, training, skills and experience

- Staff were supported to complete a range of training. The manager had discussed with the provider about establishing higher minimum standards for all staff training.
- Where necessary, outside professionals had been brought in to provide training.
- There was evidence in staff files that they had been subject to an induction when first working at the home.
- Regular supervisions and appraisal meetings were documented with clear actions to be achieved.

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

- People were supported to maintain a good diet and to eat as healthily as possible.
- People's food preferences were supported, as far as practicable.
- People told us they were involved in decisions about meals and records showed meetings had taken place to review menus.

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

- Records demonstrated the service worked closely with a range of professionals to support the delivery of personalised and effective care.

- There was evidence in people's care files that support was given to access healthcare and social care services. Close liaison took place with local mental health services.

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

- Several improvements had been to the home environment, including updating kitchen facilities and making the dining area more homely.
- The registered manager spoke about further planned work to improve the courtyard area. They told us redecoration of other areas of the home had been agreed with the provider and people had been involved in choosing colours and decoration for the refurbishment of the lounge area.
- People told us there had been significant improvements since the new registered manager had taken up post.

We recommend the provider continues to review the living environment and further refresh the decoration to improve the ambiance of the service.

#### 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.

- The registered manager told us one person was subject to a DoLS and this was regularly monitored.
- Some people had their finances overseen by the local authority at the instruction of the Court of Protection. The registered manager was aware of this and appropriate review processes were in place.
- As part of the admissions process, questions were asked about whether friends or relatives held Lasting Power of Attorney and were legally empowered to make decisions.

# 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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to fully assess people's needs and have in place plans that supported people to live fulfilling lives. This was a breach of regulation 9 (Person centred care) 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 9.

- Care plans had been revised and now contained more detail and reflected people's care requirements, health requirements and personal preferences.
- Plans contained information to assist staff in supporting people in the right way.
- Some plans required further review and some additional detail to make them more comprehensive. The registered manager told us the review process was still ongoing and additional improvements would be made.
- There was evidence care plans and needs had been reviewed and people had been involved in this process, as far as they wished to be.

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.

- Consideration had been given to people's communication needs.
- Care plans contained details about any barriers to communication, such as the need to wear glasses or hearing aids.
- Plans also considered people's mental health issues and the implications these had for effective communication.

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 continued to be mindful of the effects of the pandemic and the risks that this posed when

people accessed the local community. People were encouraged to go out but reminded about wearing masks in busy environments.

- People told us a range of activities had been organised by the new manager and plans were being made for trips and holidays, once the COVID-19 situation improved.
- Changes had been made to the yard area at the home and people had been involved in planting flowers and holding barbecues.
- One person, who had an interest in cooking, had been supported to obtain their food hygiene certificate, so they could make cakes and biscuits for other people and visitors.
- Relatives had been invited to attend a joint meeting with people living at the home to discuss how the service could improve.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place.
- There had been no formal complaints within the last 12 months. People told us that if they had any concerns they could speak with the manager. One person told us, "(Registered manager) she's very good at sorting things out and getting things done."

End of life care and support

- There was no one living at the home receiving end of life care.
- Care plans contained a section where final wishes could be recorded, although not everyone wished to do this.

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

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

At our last inspection the provider had failed to put in place robust quality and checking processes which meant people were at risk. This was a breach of regulation 17 (Good governance) 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 17.

- A new registered manager had taken up post at the service and was formally registered with the CQC. They had a good understanding of the role of the manager and the responsibilities involved in managing the service.
- The registered manager had introduced a range of changes to the service, including improved infection control processes, improved checks and auditing on the service, competency checks following staff training, improvements to care plan documentation and other records and a more robust staffing rota.
- An on-call system had been established between senior staff members to ensure there was effective oversight of the service.
- The registered manager had regular meetings with the provider and actions were identified and followed up as part of this process.
- People and staff told us they had seen a significant improvement in the running of the home over the previous six months.

We recommend the provider establish a regular audit process, independent of the registered manager's quality systems, to ensure effective oversight of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they registered manager had made significant improvements to the home and they felt involved in decisions. They told us the registered manager was very approachable and they could raise anything with them.
- Staff said they were well supported, and the registered manager had brought about significant

improvements.

- The registered manager spoke about further developments they had planned for the service and how they wanted to work with the people who lived there to make the service more homely and personal.
- Regular meetings involving people living at the home took place and they were involved in decisions. Relatives had been formally invited to one meeting to share their views, and further similar meetings were planned.
- Staff meetings occurred, and staff were able to raise issues or make suggestions.

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 aware of their responsibility under the duty of candour regulations.
- There had been no instances where the provider was required to fulfil their legal responsibility.

Continuous learning and improving care

- The registered manager spoke at length about the lessons they had learned since taking up post and how this had shaped the changes brought about at the home.
- Additional improvements were planned, and further involvement people in the development of the service was anticipated.

Working in partnership with others

- There was evidence in people's care files that the service continued to work closely with a range of professionals to develop and improve care.
- The registered manager had acted on the guidance offered by the fire service and infection prevention and control staff, who had both visited the service in recent months.