

Mr & Mrs L Difford

Red Gables

Inspection report

59 Killerton Road
Bude
Cornwall
EX23 8EW

Tel: 01288355250

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Red Gables is a care home without nursing registered to provide accommodation and care for up to 32 people. People living at the service are mostly older people, some of whom may be living with dementia or physical disability. At the time of our inspection there were 25 people using the service.

The home is currently providing support to some people living with a learning disability, however, people's primary need for admission was their dementia and personal care. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and setting maximised people's choice, control and independence. Staff supported people to make choices about their daily lives and engage in activities, that were tailored to their individual needs and promoted their independence. People were supported to maintain and develop relationships. People were supported by enough staff on duty who had been trained to do their jobs properly. People received their medicines in a safe way. People were protected from abuse and neglect. People's care plans and risk assessments were clear and up to date.

Right care:

People received good quality person-centred care that promoted their dignity, privacy and human rights. Staff knew people well and demonstrated an understanding of people's individual care and communication needs. This helped ensure people's views were heard and their diverse needs met.

People were treated in a dignified manner and staff were aware of people's support needs. Staff were observed talking to people in dignified and respectful way. Staff delivered personal care needed and gained consent prior to providing any support. Care plans informed staff of any specific ways to best communicate with the person.

Right culture:

People led their life that reflected their personalities and preferences because of the ethos, values, and attitudes of management and care staff ensured people led confident, inclusive and empowered lives. Staff created an environment that inspired people to understand and achieve their goals and ambitions.

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

The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place. However, we found some areas of the service needing updating for example the carpet running through the main hallway was heavily stained, worn and split in some areas. The registered manager told us new flooring was being ordered for many areas in the service.

Medicines were ordered, stored and disposed of safely. However, we found that when visiting healthcare professionals administered medicines to people these were not always recorded onto the home's medicines administration records (MAR). This meant the MAR was not a complete record of all medicines for that person.

We have made recommendations about the management of medicines.

People told us they were happy with the care they received, and people said they felt safe living there. Comment from one person was; "Yes I feel safe with the staff." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service. A relative recorded onto a survey returned to the service; "Awesome care home and staff! Can't fault anything."

Records were accessible and up to date. The service used a computerised care planning system. The management and staff knew people well and worked together to help ensure people received a good service.

People were supported by staff who completed an induction and received appropriate training and support to enable them to carry out their role safely. This included fire safety and dementia care training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. The PIR recorded; "After a difficult period of recruitment, we are now seeing a good number of applicants coming through for some good quality staff." There was time for people to have social interaction and there was a designated activities staff member to assist people. Staff knew how to keep people safe from harm.

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.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. One professional said; "They (the staff) are very responsive to things we ask them to do."

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the registered manager and deputy manager were available, assisted them and helped cover shifts when some staff had been off with COVID-19. They went on to say how they were approachable and listened when any concerns or ideas were raised. A staff member said; "Everyone pulls together to get things done."

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

Rating at last inspection and update

The last rating for this service was good overall (published 29 December 2018). However, was requires improvement in Safe.

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the service, staffing and management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good and safe is now rated as good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Red Gables on our website at www.cqc.org.uk

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Red Gables

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 Health and Social Care Act 2008.

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

Two inspectors, including a pharmacist inspector, inspected this service.

Red Gables is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Red Gables is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on day one.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care workers and auxiliary workers and we also spoke to 1 relative and to 2 professionals. We also spent time observing people during lunch time.

We reviewed a range of records. This included 26 people's care records and 5 medicines records. We looked at 3 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 also reviewed.

Is the service safe?

Our findings

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

The previous rating for this service had been requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines administration records (MAR) were completed when senior carers administered medicines. Visiting healthcare professionals sometimes administered medicines to people. We saw that MARs did not always include medicines given by healthcare professionals. This meant the MAR was not a complete record of all medicines for that person.

We recommend the provider keep a record of medicines administered by visiting health professionals on the resident's medicines administration record.

- Systems and processes were in place to make sure that medicines were ordered, stored, disposed of and given to people safely. Staff were trained and assessed as competent to administer medicines.
- Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed. Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions.
- People were supported to take their own medicines when they wished to, and it had been assessed as safe.
- Staff applied creams and other external preparations during personal care. Records were in place to show staff where and how to apply them.
- Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). Staff had guidance to help them make consistent, person-centred decisions about when some PRN medicines might be needed, for example pain relief. Guidance for other PRN medicines could be found in people's care plans.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. One relative said of the staff; "The care is good." While a relative recorded onto a survey; "Service is brilliant, no complaints."
- When necessary, staff measured blood sugar levels for people. Records for one person showed their blood sugar levels were within the target range. However, the care plan, did not describe what action staff should take if the blood sugar level was outside of the target range. The registered manager said they would record this information immediately.
- Risk assessments were detailed and up to date which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care and people's dementia. Risk assessments for weight management and nutrition and dependency levels had also been undertaken.

- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during an outbreak of COVID-19.

Preventing and controlling infection

- 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 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 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.
- The provider was facilitating visits for people living in the home.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People and staff told us there were enough staff on duty to meet people's needs. A relative said the service had been understaffed but things had improved now. The registered manager said there was an ongoing recruitment programme. The PIR returned stated; "We carry out a monthly dependency profile using our care plans and dependency scores. This calculation gives us the number of hours we are required to provide to meet the needs of the people who are living here at that time. We are always a good number of hours over the required amount to ensure that we are still sufficiently covered if someone calls in sick."
- The staff said they worked additional hours, so people had staff they knew and trusted. This was to support appointments or during staff absences, for example during a COVID-19 outbreak.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team. One staff member recorded on a survey; "If a concern is raised then it is acted on straight away and measures put in place to ensure it doesn't happen again."
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The physical environment was continuously being reviewed, updated and improved. Decorating was in progress during our visit, this included a new kitchen being installed. We found the carpets running through the main hallway were heavily stained, worn and split in some areas. The registered manager said new flooring had been ordered and they send confirmation the split areas of carpet were sealed until the new one arrives. We also found the conservatory full of old tables and furniture and staff commented in surveys that there was rubbish around. The registered manager confirmed new tables and chairs had arrived and they were waiting for the old ones to be removed.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During the pandemic and COVID-19 outbreaks, the registered manager said the local healthcare team had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in.
- Assessments of people's individual needs were detailed, expected outcomes were identified and their care and support regularly reviewed. All documents relating to people's care were on a computerised care record system. Staff were able to access updated information via a handheld device to ensure they had full updated information about people.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff members said; "Plenty of training offered when you start" and "I get lots of training offered."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were online and face to face. This included learning disability training and dementia training.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. All staff spoken with said they were well supported by the registered manager and the deputy manager.
- Staff, new to the care sector, were supported to complete induction training in accordance with current

good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.

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

- People were provided with healthy meals which they enjoyed. One person told us about the food; "Out of this world" and "Food is fantastic." A relative said; "Mum is happy with the food."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. One person said; "They often pop in for a chat and bring me drinks."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate healthcare professionals as required. During our visit a district nurse attended one person to change their dressings and a 'ward round' had taken place by another visiting professional.
- Staff supported people to see external healthcare professionals regularly, such as GPs. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals. One visiting professional said the staff always followed their advice and guidance.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed, and staff engaged with external healthcare professionals including physiotherapists. One person said they had seen an occupational therapist.
- There were clear records to show staff were monitoring specific health needs such as people's weight, skin care, nutrition and hydration.
- Staff supported people to continue to mobilise independently. We observed staff offering support to people who used mobility aids.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made and received to deprive people of the liberty within the law.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager had oversight of what was happening in the service and was very visible. They took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including new auditing processes and staff competency checks. This assisted staff to ensure people's needs were met.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their roles in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, which were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively, usually by the computerised care system on handheld devices.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- Staff and professionals were complimentary of the service, the registered manager and the deputy manager. One professional said; "The management sit down with us and go through any health concerns for people." A staff member said; "They (named the registered manager) are very approachable." While a relative said; "I see (named manager) and they respond to me."
- There was a warm, friendly and family atmosphere in the service.
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.

- Staff told us they enjoyed their roles. Comments included; "I really enjoy it here."

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager and deputy manager were very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic and the lockdowns. One staff member said; "We all pull together."
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They also worked with local care homes managers to support each other through the pandemic and now continued to support each other.

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available. Two professionals confirmed the management team contacted them and worked closely with them. One said; "They will contact us for advice."
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and consultants to provide prompt care and support.