National Care Consortium Ltd

Gables Manor

Inspection report

Ingleby
Saxilby
Lincoln
LN1 2PQ

Tel: 01522704250

Date of inspection visit:
26 April 2023
09 May 2023
10 May 2023

Date of publication:
13 July 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Gables Manor is a nursing home providing personal and nursing care for up to a maximum of 19 people. The service provides support to people with a learning disability, physical disability and autistic people. At the time of our inspection there were 19 people using the service. The service is a large, adapted building across 2 floors with access to the second floor by stairs or a lift.

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

Right Support:
People were supported to have choice and control of their lives; however, it was not always possible to ascertain from records whether staff were supporting them in the least restrictive way and in their best interests. Risks to people were assessed and monitored, however risk assessments and care plans did not always reflect the most important and up to date information. Staff supported people to access health and social care support in the community and supported people to be involved in maintaining their own health and wellbeing where possible. People could communicate and understand information given to them because they were receiving consistent support from regular staff. Staff were recruited safely and had the necessary skills, knowledge, and experience to provide safe and effective care. There were enough staff to meet people's needs. People were able to choose activities and pursue volunteer work that was tailored to them.

Right Care:
Staff were appropriately trained and understood how to protect people from poor care and abuse, however unexplained injuries were not always reported to management when required. Care records contained risk assessments with guidance for staff to follow, however they did not always contain all the relevant information found in other sections of care plans. Medicines were managed safely, although care plans had not always been updated following changes. Some areas in the premises were not clean and there were some concerns relating to the environment that posed an infection, prevention control risk. Support was person-centred and promoted people's dignity, privacy, and human rights, however staff had used informal language in some people's care plans that could be seen as disrespectful. People had a choice about their living environment and were able to personalise their rooms. The service worked together with healthcare professionals and relatives to ensure people's assessed needs were met.

Right Culture:

The registered manager promoted a person-centred environment and people spoke positively about the management team and staff; however, the providers quality monitoring systems were very informal and had failed to mitigate the risks in relation to incident reporting and post-incident analysis reviews. Care plan audits were not effective in ensuring they contained the most relevant and up to date information about people to keep them safe. Some records needed to be reviewed to ensure all information was written respectfully. Staff were responsive to people's needs and evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection
This service was registered with us on 11 May 2020. The last focused inspection (published 14 October 2020) meant the service did not receive an overall rating.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has taken action to mitigate risks following our inspection.

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

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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? The service was not always safe	**Requires Improvement**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was not always well-led	**Requires Improvement**

Gables Manor

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
The inspection was carried out by 1 inspector. An Expert by Experience made telephone calls to relatives to request feedback about the care and support their family member receives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Gables Manor 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. Gables Manor is a care home with 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 26 April 2023 and 9 May 2023. We gave a short period notice on 10 May

2023 to ensure the registered manager would be available to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last 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 requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection
We spoke with 3 people who used the service and 9 family members about their experience of the care provided. We spoke with 6 members of staff including the registered manager and the deputy manager.

We reviewed a range of records. This included 5 people's care records and 4 medicine 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.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Assessing risk, safety monitoring and management

- People's fluid and bowel charts were not reliably updated by staff. Daily charts were not consistently updated in line with guidance recorded in people's care plans which put people at risk of health complications.
- Medical interventions were not sought by staff in line with guidance in a person's care plan. We saw in 1 person's care records they had not had a bowel movement for over 7 days, however staff had not recorded any actions taken to keep this person safe from harm.
- Risk assessments associated with people's distressed reactions did not include all the relevant information to ensure staff knew the risks and how to support people safely. Although all the relevant information was in the care plan in other sections, the guidance was not clear or easy for staff to reference when required.
- People's positive behaviour support (PBS) plans did not include all the information or guidance required to ensure staff could support people safely and consistently in line with their assessed risks. In 1 person's care plan it was not clear when staff needed to use restrictive practice to keep them safe. Consistent staffing meant people were being supported and kept safe from harm, however without the appropriate recorded guidance, people supported by newer staff were at risk of harm.
- We could not be assured people were receiving appropriate first aid or medical support when required. Staff had not completed records to show if there had been any medical interventions when a new mark or injury had been observed by staff.
- Guidance from health professionals was not always incorporated into people's care plans. One person had been referred to speech and language therapy (SALT) as there was an identified choking risk. However, guidance had not been incorporated into the care plan to ensure staff had the appropriate information to keep the person safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- We could not be assured people were protected from the risk of potential harm. Staff had not included enough detail in incident forms to determine whether restrictive practice including physical and chemical restraint was justified or safe. However, a person told us, "The doctor has increased my medicine and now my medicine is under control and really reduced my behaviours. I want to sit in the front of the vehicles again by the beginning of the year."
- Actions taken by staff were not always reviewed appropriately by the registered manager following incidents. We saw in incident forms missed opportunities to learn lessons to promote the reduction of restrictive practice.
- People were not always safeguarding from the risk of abuse. Safeguarding systems were in place and staff

were trained in how to safeguard people from abuse, however when staff recorded new marks or injuries observed on people, they had not reported these to senior staff or management so they could refer these to the appropriate authorities.

Preventing and controlling infection

● The environment did not always promote good infection control practices which put people and staff at risk of cross infections.

● The provider did not always promote a high standard of hygiene throughout the home. We saw areas that required cleaning to ensure good standards were achieved. The cleaning rota did not support good hygiene practices which put people and staff at risk of infections. However, the registered manager told us they were reviewing the cleaning rota to ensure it was more effective.

● There were sufficient amounts of personal protective equipment (PPE). This meant staff had access to PPE which could be used to prevent the transmission of infections.

● Staff had received training in infection control. This meant they understood how infections spread and what actions to take to prevent them.

Using medicines safely

● Information in people's care plans were not always in line with the protocols for 'as required' (PRN) medicine. For example, in 1 person's protocol it stated the wrong maximum dose they could have in 24 hours. This put people at risk of not having their medicine safely managed or administered.

The provider failed to ensure risks relating to the health, safety and welfare of people and the environment were robustly managed, monitored and assessed. 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.

● Topical medicine administration records (TMAR's) which are records containing instructions where topical medicines should be applied on the body were not in place. However, staff had good knowledge of people and how to keep their skin healthy and intact.

● Medicines were stored safely and locked away. This meant people were protected from the risks of exposure to medicine not meant for them which could have serious implications to their health.

● Robust procedures were in place to ensure the safe management of medicines when coming in and out of the home. This meant prescribed medicines were available for people who required them.

● Medicines were safely administered by competent staff. Staff who administered medicine had to undertake competency assessments with the nurses to ensure they could administer medicine correctly. This meant people's medicines were being managed by trained and confident staff.

Staffing and recruitment

● There were enough staff deployed to meet people's needs. We saw staff supporting people appropriately when they needed assistance. A family member told us, "[There are] plenty of staff there, [relative] has a designated carer each shift and one to one all shift."

● Safe recruitment processes were in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people. Thorough checks including Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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.

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.

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

- People's needs were assessed before they started using the service. Support plans mostly reflected people's needs; however, information was not always easily accessible. For example, risks associated with restrictive intervention was in a person's care plan but not in their risk assessment where it was most relevant. This meant guidance for staff was not always easy to find.
- Staff had good knowledge of the people they supported. We observed staff providing person-centred support to people in line with their needs and preferences. A relative told us, "They're with [person] all the time, [staff] let [person] do what they want to do. [Person] gets preferential treatment being ill they pulled out all the stops to make sure [person] doesn't go back to hospital, a success."

Staff support: induction, training, skills and experience

- People were supported by staff who had received training in line with their roles. Staff told us that training was good and gave them the skills and knowledge they needed to support people effectively and keep them safe.
- New staff completed induction training which ensured they were introduced appropriately to the procedures, culture and values of the service.
- Staff received regular supervisions. A staff member told us there were regular supervisions but also chats in between where they could request more support or just talk. This promoted staff's well-being and instilled a culture of valuing and supporting each other.

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

- People's diet and nutritional needs were being met. Systems were in place to record and monitor people's weights which meant actions could be taken swifty if any significant changes were noticed.
- There were options available at mealtimes and people were able to choose what they wanted to eat. A person told us the food was good. A family member told us their relative was happy with the food on offer and could request alternatives if they wanted something different.
- Staff ensured people on modified diets were receiving food that was in line with their assessments. A family member told us, "I've been there when they brought [food] out, they do special things for [relative], not solids."
- Staff supported people to understand more about maintaining a healthy diet and how to make healthy choices. The registered manager told us a person had an underlying health condition, so they encouraged them at mealtimes to make healthier choices and promoted healthy alternatives instead of second portions and puddings.

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

● People were supported to access external healthcare services when needed. Care records confirmed people were regularly seen by doctors and other healthcare services. The registered manager told us they had a good relationship with the local GP who would often support people more flexibly to suit their needs and reduce distress.

● People's complex behaviours and medicines were regularly monitored by a health professional who visited the service. This meant people benefitted from professionals' oversight without potentially distressing situations in more clinical settings.

● Families told us, people were accessing health services when required. A family member told us, "They have [their] own doctors' surgery that they use, they contact doctors or ambulance straight away. If [relative] goes to hospital staff stop at the hospital all shift and then next staff on shift goes, always a familiar face with them. They have health people, dieticians, they do regular blood tests and check medicines to keep stable, they go to the dentist."

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

● There were areas in the building that required repair and renovation. The registered manager told us they had plans for repairs but there was no formal action plan in place.

● Bedrooms were personalised and people we spoke with were proud of their own private spaces. This promoted people's sense of ownership and self-worth.

● People had access to private space and communal areas. There was a large, shared garden that was well maintained so people had access to a safe, outside space. A family member told us, "[Relative] walks around the grounds on their own. [There is] a big garden space with places to sit, swing, play football, benches and chairs."

● The provider made adjustments and alterations to the building when there had been identified benefits for people. For example, a shower was installed in a person's bedroom to reduce distress associated with their routine. Furthermore, a gaming room had been created so a person could enjoy using their computer without the identified risks of it being in their room.

● Improvements were ongoing and managers told us they were going to create a sensory and activity room. This meant there would be more safe and supportive spaces for people to use that could potentially help them to learn and develop their coping skills.

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.

● MCA assessments had been completed where required. Where possible, people were included in best interest decisions which ensured they retained control over decisions being made about them.

● Where applicable, the management team had ensured authorisations for DoLS were in place for people whose liberty was being deprived. There were no conditions in authorisations at the time of our inspection.
● Throughout the inspection we observed staff providing choices to people. We observed staff listening and respecting people's decisions which promoted independence and self-worth.

Good

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.

This is the first inspection in this domain for this registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Respect and inclusion was promoted by staff and managers. It was evident through observations that people were supported in a respectful and inclusive way which enabled them to have choice and control over their lives. However, in some records we found information that could have been written in a more respectful way.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating. Staff were knowledgeable about how people communicated and in a dignified way supported people to communicate to others.
- People were supported by staff who treated them with kindness and respect. A family member told us, "[Staff have] care and compassion and understanding. [Staff] treat [relative] as a human being not a number."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was always upheld. Staff treated people as individuals and care plans reflected people's personalities and individualism. However, consideration was needed in some records to ensure information was personalised and respectful. A family member told us, "They don't belittle [relative], [relative] has never said and they would."
- We observed staff being respectful to people's privacy. For example, a nurse ensured a person had complete privacy when prescribed creams were applied.
- People were encouraged to maintain and develop their independence where possible. Staff told us they always try and motivate people to do as much for themselves as they can by using prompts instead of physical support. They told us, "When people can do something, I encourage them."

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

- People had good relationships with staff. We saw kind and positive interactions where people were working with staff to plan what they wanted to do. For example, a person was reminding the registered manager about potential plans to have a hot tub installed.
- People were encouraged as much as possible to plan how they wanted to be supported. For example, a person was able to tell staff how they wanted to be supported when they were distressed and agreed certain strategies to keep them safe.
- Staff encouraged people to be involved in planning their activities. A family member told us, "The main [staff] who work with [relative] are very good, understanding, they do planner for the week with [relative]. One to one from when [relative] gets up until they go to bed."

Good

Is the service responsive?

Our findings

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

This is the first inspection in this domain for this registered service. This key question has been rated 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

- People received person-centred care which met their needs and preferences. Care plans provided guidance for staff on how to support people in line with their needs and wishes.
- People had allocated key workers and nurses who worked with them to ensure care and support was being provided in the way they preferred. Care plans were then updated in line with reviews and conversations to ensure information was relevant and reflective of people's choices.
- Staff encouraged people to take part in person-centred activities. For example, 1 person had a volunteering job at the library because they had an interest in books and their hobby was reading.
- Relatives were involved in decisions around people's care and support when required. The registered manager told us although families were involved when that's appropriate, they ensured a balance was maintained so people's decisions were at the forefront as they mattered the most.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. Care plans included guidance to staff on how to effectively communicate with people.
- Easy read information was used when people needed it. This helped to aid understanding, so people were more able to make informed decisions. For example, the provider's complaints procedure was in an easy read format to ensure it was more accessible for people who used the service.

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

- People were supported to develop relationships. The registered manager told us they facilitated people's relationships as much as possible whilst keeping them safe. For example, a person had been referred to a healthcare professional to see what they understood about sexual safety and to identify areas they needed more support with.
- We observed people being supported to maintain important relationships. The registered manager told us people's friends or relatives were always welcome to visit which supported people's health and wellbeing.
- People were supported with a range of activities. Some of these activities provided people with opportunities to meet people and develop relationships with others. This meant people were protected

from loneliness and isolation.

Improving care quality in response to complaints or concerns

● Family members told us they felt able to raise any concerns and could approach the registered manager directly. They felt confident in raising concerns. One family member told us, "I would speak to the [registered manager]. I spoke to them about finances before, they're good and they come back if they can't sort it out. No complaints."

Requires Improvement

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. At this inspection the rating has changed to requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits of incident forms were not effectively carried out to ensure incidents had been managed safely. The provider's incident forms did not prompt staff to record important and relevant information so managers could review them. Although managers had a good knowledge of people, the review process was mostly based on assumptions as the incident forms did not include the required information. This was not a safe or effective system to ensure staff were appropriately managing difficult situations in people's best interests.
- The provider's quality assurance systems were not always effective. For example, when staff had used restrictive practice on people, reviews were not always sufficient to confirm appropriate strategies had been used. This meant people were at potential risk of unjustified physical interventions.
- The provider's policies stated a post incident review should be completed within 72 hours of an incident. Although the registered manager told us they completed these, they had not recorded them so there was no evidence reviews were carried out to learn from incidents to improve outcomes in the future.
- Post incident observations were not recorded by staff following restrictive interventions. The provider's incident forms did not request staff to record this information. This was not in line with the provider's policies and did not promote safe support for people.

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

- People were at risk of abuse as referrals had not been made for agencies to investigate when required. Unexplained marks or injuries had not always been reported to the local safeguarding team and the Care Quality Commission were not always notified. Although the registered manager had a good knowledge of what their responsibilities were, they had not achieved full oversight of records created by staff, like body maps, which meant these incidents had been missed.

The provider had failed to follow their own policies and procedures in relation to restrictive interventions. The provider had not appropriately monitored people's records in order to improve the quality of the service and to keep people safe. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was receptive to all feedback during the inspection and open and transparent throughout the process. Action was taken immediately when feedback was provided on some areas identified for improvement.

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

● Some language used in care plans was not always dignified. We saw in 1 person's care plan, 'I am not one for cramming myself full of food.' Although staff used informal language in some people's care plans, which had not been picked up by the registered manager's audits, it did not reflect the way managers and staff spoke to people which we observed during inspection. Family members told us relatives were treated with dignity and respect.

● Staff told us they felt valued, supported and enjoyed their work. One staff member told us, "Managers are really good because they're approachable. The office is always open and you can talk to them. 100% support."

● Staff meetings were held regularly by the management team to discuss any improvements in the quality of care. This promoted communication and encouraged feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were comfortable communicating with staff and asking for support when required. During the inspection there was a relaxed atmosphere in the home, and we observed people positively interacting with staff.

● Family members told us they received questionnaires from the provider so they could give feedback about their family members care and support. One family member told us, "If we've got a concern or recommendation, [registered manager] takes this on board and listens."

● The registered manager worked in collaboration with relevant agencies, including health and social care professionals. People's care records also demonstrated partnership working with health and social care professionals.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	The provider had failed to ensure risks relating to the health, safety and welfare of people and the environment were robustly managed, monitored and assessed.

The enforcement action we took:

Warning notice was issued.

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	The provider had failed to follow their own policies and procedures in relation to restrictive interventions. The provider had not appropriately monitored records to improve the quality of the service to keep people safe.

The enforcement action we took:

Warning notice was issued.