

Gabriel Court Limited

# Gabriel Court Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Gabriel Court Limited is a residential care home without nursing, providing personal care for up to 44 older people, including those living with dementia and mental health needs. At the time of the inspection 36 people were being supported.

Gabriel Court has accommodation across two floors, in one adapted building (Bluebell unit) and one purpose-built building (Foxglove unit).

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

We observed there were insufficient staff to meet people's needs safely, particularly in the Bluebell Lounge which was the high dependency unit.

The registered manager had left, and the provider had recruited an interim manager swiftly to ensure the smooth running of the service. They were being supported by the operations manager to continue to drive improvement at the service. Recruitment for a new permanent manager was taking place at the time of our inspection.

Improvements had been made to the systems for safe medication administration. However, further information was required to ensure the PRN protocols guided staff to administer 'as required' medicines safely and consistently.

The provider's quality assurance systems and processes had been overhauled and improved to ensure they were more effective. This meant the managers and the provider had better oversight of the service. Many of these systems were newly implemented and needed time to become embedded into staff practice so they could be assessed for their effectiveness. Not all systems in place had been effective and had failed to identify staff deployment issues.

Improvements had been made to the fabric of the building to ensure it was conducive to effective cleaning. We saw flooring had been replaced and areas repainted, so they were more easily cleanable. The environment had been improved to ensure it was safe for people.

Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

Staff were appropriately recruited to ensure people were suitable to work at the service.

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's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service, and we found improvements had been made to staff training to ensure they had the skills and knowledge to provide effective care.

People were supported to eat and drink enough and staff supported people to live healthier lives and access healthcare services.

Staff felt well supported and said the management team were open and approachable. The service worked in partnership with outside agencies.

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 15 November 2022) and there were 3 breaches of registration in relation to Safe care and treatment; Adapting service, design, decoration to meet people's needs and Good Governance. Continued conditions were applied to the provider's registration. This service has been rated requires improvement for the last 4 consecutive inspections.

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 2 regulations but remained in breach of regulation 17 Good Governance. We also found a breach of Regulation 18 Staffing, at this inspection.

#### Why we inspected

We undertook this focused inspection to check that the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement.

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.

#### Enforcement and Recommendations

We have identified 1 continued breach of regulation in relation to Good Governance and a new breach of regulation in relation to staffing at this inspection.

#### Follow up

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

**Requires Improvement** ●

The service was not always 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?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Gabriel Court Limited

## 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 2 inspectors and an expert by experience. 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

Gabriel Court Limited 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. Gabriel Court Limited 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 no registered manager in place.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us 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 17 people using the service and had discussions with 4 relatives to gain their view of the service. We spoke with 11 staff including the operations and interim managers, deputy manager and 8 care and support staff. We also spoke with a visiting health professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and 14 medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

# 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. At this inspection, the rating 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.

### Staffing and recruitment

- We observed there were insufficient staff to meet people's needs, particularly in the Bluebell Lounge which was the high dependency unit. One person said, "There are not enough staff, this place is understaffed." A staff member commented, "We need another colleague in here (Bluebell Lounge) to be safe."
- We observed that 1 member of staff was always in the Bluebell Lounge, which was the providers policy, to ensure observations and to keep people safe. There were 12 people in the Bluebell Lounge, and we saw the staff member use the call bell to seek assistance on 2 occasions. On the first occasion assistance was sought to support a person who was soiled, assistance came after 11 minutes. On the second occasion assistance was sought to clean up a spillage, assistance came after 8 minutes.
- We observed 1 person who was left without observation for an hour. They spilt fluid over themselves but there was no interactions or support from the staff member.
- There were insufficient numbers of staff to support people at mealtimes. We observed 1 person walking with purpose and saw them take food and drink from 3 other people's plates and eat it. This went unnoticed by staff. We also saw 1 staff member supporting 2 people to eat their meals which did not ensure people experienced a positive dining experience
- We saw 1 person who kept trying to stand and was constantly asking for support. However, because there was only 1 staff member in the lounge, they were not able to provide the constant support the person needed to keep them safe and prevent them from falling. The staff member placed a table in front of the person to prevent them from getting up so they could stay safe until another member of staff arrived. We fed our observations back to the operations manager who agreed to increase the staffing in Bluebell Lounge with immediate effect.

The provider had failed to ensure sufficient staffing numbers were in place to keep people safe. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

At our last inspection we found the provider had failed to fully assess the risks to the health and safety of people using the service and people were not protected from the spread of infections. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

#### Preventing and controlling infection

- Improvements had been made to the environment to ensure it was conducive to effective cleaning. For example, flooring in toilets had been replaced, and carpets in bedrooms had either been deep cleaned or replaced. There was an ongoing plan to replace carpets on a phased basis with vinyl flooring to ensure flooring could be effectively cleaned.
- Handrails used to support people walking had been repainted, so they were easy to clean to prevent the spread of infection. We saw these being cleaned on the day of our inspection.
- At the previous inspection we found some mattresses were stained. An audit of all mattresses had taken place and those that needed to be replaced had been.
- There was a dry food storage room in the laundry area. At the previous inspection we found that some foods were stored on the floor rather than on a shelf to avoid contamination and to allow for cleaning. This had been reorganised so that all food stuffs were not stored on the floor.
- At the previous inspection we found that in the laundry area some of the walls and ceiling were covered with embossed wallpaper. This was peeling off in numerous places and was not easy to clean. The laundry area was due to be plastered the day after our inspection so the walls could be painted to make them easier to clean. We found the laundry area had been tidied and organised so there was a clean and dirty area to prevent the spread of infection.

#### Using medicines safely

- Where medicines were prescribed as and when required (PRN), guidance was available to help staff make decisions about when it was appropriate to administer these medicines. However, these needed to include further information about variable doses. For example, where a person was prescribed 1 – 2 tablets there needed to be guidance on when to give 1 tablet and when to give 2 tablets. This would ensure people's PRN medicines were administered consistently.
- We reviewed 12 medicines administration records (MARs) and found that there were two unaccounted gaps in these records over a two-week period. Medication errors had been identified by medication audits and actions taken. For example, some staff had been taken off the role of administration of medicines until they had further training.
- We found that staff were rotating topical medicines patches when applying these, for people who had been prescribed them. Patches were rotated according to manufacturer recommendations so that they were safe for people.
- Since our last inspection staff had attended medication workshops to improve their knowledge around the safe administration of medicines. Following the workshops staff had their competencies checked.
- There was a medication champion. They completed mini audits, weekly audits, and monthly audits of people's medicines and this had led to a reduction in medication errors.

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

- People were protected from the risk of potential harm. One person commented, "The staff are very kind, they look after me and keep me safe." Another commented, "They [staff] look after me, they are very kind. I get tired sometimes but they [staff] always help me."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One staff member commented, "I would go to the management if I had



any concerns and I know they would listen."

- The management team were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

#### Assessing risk, safety monitoring and management

- People had risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a risk management plan was put in place to reduce the likelihood of any falls.
- Risk assessments were reviewed and updated if there were any changes or incidents.
- Staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported.

#### Learning lessons when things go wrong

- The provider had implemented systems to monitor incidents and accidents so action could be taken to promote people's safety. Accidents and incidents were recorded and transferred onto an accident and incident matrix tracker. We saw that accidents and incidents were analysed to look for trends, with action plans and lessons learned which were shared with staff at 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 Requires Improvement. At this inspection, the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the provider had failed to maintain the premises to ensure a safe environment that met service user's needs. This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15

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

- Improvements had been made to the environment to ensure it was safe. For example, pressure equipment had been checked and serviced to ensure they were working correctly. Broken bedroom furniture had been replaced and the outside garden area had been cleared of rubble and debris.
- There was an ongoing refurbishment and decoration plan in place. We found numerous areas of improvement, for example, bedrooms had been redecorated and flooring replaced.
- Storage areas had been organised to ensure they were safe, and items stored securely.
- Portable Appliance testing (PAT) records showed, 4 items out of date from 2022. The operations manager explained that this used to be completed by the maintenance person who did several checks every week. The operations manager informed us they had appointed a contractor to do the whole service.

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

- An assessment of people's needs was completed before they went to live at the service. These were used as a foundation for people's plan of care.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability, and religion
- Daily handover meetings took place, so key information was passed between day and night staff to ensure consistency in care and support to people. This contributed to people receiving good quality, personalised care.

Staff support: induction, training, skills, and experience

- Improvements had been made to staff training. One staff member told us, "I've done all my mandatory training and moving and handling training." We observed 2 staff members's discussing manual handling training they had had that day. We asked them about the training, and they said, "It was really, really good, I feel more confident." And "We needed this, I needed this, it will help." Where staff training had expired refresher sessions were being booked for all staff to ensure they were up to date with their training.

- New staff completed an induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- Further improvements had been made in relation to supporting staff through the supervision and appraisal system. One staff member told us, "I get regular supervisions. My last supervision was a couple of months ago. It's supportive, there is a good work spirit." We saw a supervision matrix had been developed so staff had the dates they were going to have supervision meetings and could prepare for these.

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

- We received positive feedback about the quality of the food and people's dining experience. One person said, "The food is really nice, lots of vegetables," and another commented, "The food is nice and there is lots of it."
- Improvements had been made to care planning and risk management systems in relation to people's nutrition and hydration needs and we saw people's likes and dislikes were recorded.
- People had been assessed for their risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST).
- Staff referred people to their GP and worked collaboratively with the Speech and Language Team (SALT) and a dietitian when people had been assessed as being at risk. Staff followed guidance from health professionals to ensure people were able to have adequate food and drink safely.

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

- Staff worked together with health and social care professionals to ensure people received consistent, effective and timely care. This included regular communications and meetings, when required. One person told us, "They have called the doctor for me a few times when I'm feeling poorly."
- A record was kept of all visits to people by other health professionals and we saw contact with the people's GP's and district nurses, dieticians and the Speech and Language (SALT) team amongst others.
- A visiting healthcare professional commented, "When I come the team always share information about the residents. They work hard to promote better outcomes."

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 Mental Capacity Act (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.

- If needed, appropriate legal authorisations were in place to deprive a person of their liberty. We saw these were kept under review.
- The management team were aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

# 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 Requires Improvement. At this inspection, the rating has remained 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.

At our last inspection systems and processes were either not in place or robust enough to monitor the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

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

- Processes in relation to staffing had not been effective and had failed to identify staff deployment issues. We observed that people did not always have their needs met in a timely way.
- The registered manager had left the service and the provider had recruited an interim manager swiftly to ensure the smooth running of the service. They were being supported by the operations manager to continue to drive improvement at the service. Recruitment for a new permanent manager was taking place at the time of our inspection.
- People and relatives were not aware who the manager was or who to go to if they had a concern. One person told us, "I don't know who the manager is. I know things have changed but we have not been told." Another commented, "I have no idea who the manager is. I wouldn't know who to talk to. There are always new people (staff). I do not know who they are, and I don't know what happened to the others."
- A transition to an electronic system was in progress at the time of our inspection. This meant that some information was held electronically, and some was still available paper based. Staff told us they were getting used to the new system, which needed time to be fully embedded.
- The operations manager told us they had introduced a 'resident of the day' scheme. Staff told us this was still new to them, but it helped them to understand what people needed to improve their life and what could make a positive difference to them.
- Staff were expected to complete a record of all checks completed when a person was resident of the day. however, the records were not always fully completed. For example, care plans and risk assessments were required to be checked to ensure they were up to date but in the four examples we looked at these had been left blank. This scheme needed time to become embedded into staff practice.
- Improvements had been made to the systems for safe medication administration. However further information was required to ensure the PRN protocols guided staff to administer people's medicines safely and consistently.

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

- Staff were positive about the improvements that had been made at the service and the support they received. One said, "It's not just a job, it's a lovely place, with really good support." Another commented, "The managers are always willing to work together with us and listen. I've never had an issue that had not been dealt with right away."
- Previous audits and quality checks had failed to be effective at identifying areas for improvement. We found that improvements had been made to the systems in place to monitor the quality and standards of the service. The quality checks we looked at had been effective at identifying areas for improvement and we saw actions had been taken. For example, medication errors had been identified and action taken to remove staff from administering medicines until further training had been completed.
- Weekly updates on the improvements and progress being made at the service were sent to all interested parties and this included the Care Quality Commission (CQC).
- Systems had been improved to record and analyse accidents and incidents. We found that all accidents and incidents were recorded, wound charts were used to demonstrate where wounds had been sustained and there was a record of post fall observations. There was a monthly review/audit of accidents and incidents and an analysis to look for trends and themes.
- We found there were systems in place to learn lessons from accidents and incidents. For example, where 1 person had had a fall, they were assessed for a walking frame because their mobility had deteriorated. Another person had a blood test and a medication review.
- The operations and interim manager were aware of their regulatory responsibilities. This included submitting notifications to the CQC as required.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- Satisfaction surveys for people, relatives and staff had been completed but the operations manager told us that in light of all the changes they needed to send out another one and had devised a new, easier format. The operations manager did inform us that they had been encouraging relatives to leave feedback via social media platforms.
- Engagement with relatives had not previously been carried out in terms of relative's meetings. We saw that meetings had been arranged and were advertised throughout the home.
- Meetings for people using the service were expected to be carried out 2 monthly. These had been sporadic but plans for regular meetings had been put in place.
- Staff had regular meetings and supervision for all staff, which had recently been completed. This meant staff had a platform to raise their concerns, their ideas, and any training needs. The interim manager had introduced flash meetings held every day that included all heads of departments. These were used to discuss any changes or improvements needed within each different department.
- The provider had been working closely with the local authority and had been working through an action plan to drive inspection. We saw the action plan was regularly under review and updated when actions had been taken.
- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the Speech and Language Team (SALT), district nurses and people's GP's.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were either not in place or robust enough to monitor the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure there were sufficient staff to support people safely.