

Five Focal Point Limited

# Five Gables Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 19 January 2017. Five Gables Care Home is registered to accommodate up to 16 older people who require nursing or personal care. At the time of the inspection there were 16 people using the service.

On the day of our inspection there were two registered managers in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our previous inspection on the 4 August 2015, we identified areas of concern in relation to how people's medicines were managed. This was in relation to people's medicine administration records (MAR) not always being fully completed and missing protocols for people who required 'as needed' medicines. During this inspection we checked to see whether improvements had been made and we found they had, in both of these areas. People's medicines were now safely managed.

Staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were continually assessed and reviewed. There were enough staff to keep people safe although some people and staff felt more staff may be needed during the morning. Action was being taken to address this.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards, had been followed when decisions were made about people's care. People were supported to maintain good health in relation to their food and drink. People's day to day health needs were met by staff with referrals to relevant health services were made where needed.

Staff were kind, caring and compassionate, understood people's needs and listened to and acted upon their views. People's privacy and dignity were maintained. Staff treated people with respect, although a small number felt staff could be a little impatient at times. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People were supported to take part in activities if they wished to. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. People's care records were regularly reviewed. People were provided with the information they needed if they wished to make a complaint.

The registered managers led the service well, were a visible presence throughout the inspection and were respected and well-liked by all the people we spoke with. People were encouraged and supported to maintain links with their local community. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements. Quality assurance processes were in place to ensure people and others were safe in the home.

## 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.

People's medicines were safely managed.

Staff could identify the potential signs of abuse and knew who to report any concerns to.

Risks to people's safety were continually assessed and reviewed.

There were enough staff to keep people safe although some people and staff felt more staff may be needed during the morning. Action was being taken to address this.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who completed an induction prior to commencing their role. They had the skills and training needed and their performance was regularly reviewed to enable them to support people effectively.

The principles of the Mental Capacity Act (2005), including Deprivation of Liberty Safeguards had been followed when decisions were made about people's care.

People were supported to maintain good health in relation to their food and drink.

People's day to day health needs were met by staff with referrals to relevant health services were made where needed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate, understood people's needs and listened to and acted upon their views.

People's privacy and dignity were maintained. Staff treated people with respect, although a small number felt staff could be

a little impatient at times.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to take part in activities if they wished to.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted.

People's care records were regularly reviewed.

People were provided with the information they needed if they wished to make a complaint.

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

**Good** ●

The service was well-led.

The registered managers led the service well, were a visible presence throughout the inspection and were respected and well-liked by all the people we spoke with.

People were encouraged and supported to maintain links with their local community.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements.

Quality assurance processes were in place to ensure people and others were safe in the home.

# Five Gables Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2017 and was unannounced.

The inspection team consisted of an inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed notifications sent us by the provider. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with nine people who used the service, one relative, two members of the care staff, the cook and both registered managers.

We looked at all or parts of the care records and other relevant records of ten people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

# Is the service safe?

## Our findings

During our inspection on 4 August 2015 we found that people were at risk because the provider had not always ensured the proper and safe management of people's medicines. We identified areas for improvement in relation to the records relating to 'as needed' medicines. These medicines are not administered as part of a regular daily dose or at specific times. We also identified gaps in people's medicine administration records (MAR) so we could not be sure whether people had received their prescribed medicines.

During this inspection we checked to see whether improvements had been made. We found they had. The processes in relation to the administration of as needed medicines now included protocols for their administration and the reasons were recorded as to why they had been administered. This reduced the risk of inconsistent administration of these medicines.

We saw improvements had been made in relation to people's MAR. In each of the seven records we looked at we saw these had all been completed correctly. The accurate recording of the medicines people had or had not taken reduced the risk of people experiencing avoidable harm.

People told us they were happy with the way their medicines were managed at the home. People told us they received their medicine when they needed it. One person told us staff always checked that they had taken their medicine.

People's MAR contained a photograph of them to reduce the risk of misadministration. Additionally details of people's allergies and their preference of how they liked to take their medicine were also recorded. We observed a member of staff administer people's medicine. They did so safely and patiently.

People's medicines were stored safely. People were unable to access medicines that could cause them harm. Regular checks of the temperature of the room and cupboard where the medicines were stored were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperatures recorded were within safe limits.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

All of the people and the relative we spoke with felt they or people living at the home were safe. One person said, "I do feel safe here." Another person said, "I know who to speak to if I was worried."

Processes were in place to reduce the risk of people experiencing avoidable harm. A safeguarding policy was in place. Staff had received appropriate safeguarding of adults training and understood who to report concerns to both internally and externally to agencies such as the CQC or local safeguarding teams.

People's care records contained assessments of the risks to their safety. All assessments were regularly reviewed, with any changes in the level of risk resulting in amendments being made to care plans to ensure they met people's current needs.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Regular servicing of equipment such as hoists, walking aids, gas installations, fire safety and prevention equipment and the lift were carried out. People had individualised personal emergency evacuation plans (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner.

The registered managers carried out regular reviews of the accidents and incidents that occurred at the home. These reviews enabled the registered managers to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence.

People gave their views on the number of staff available to support them. One person said, "You don't wait long [for staff to come when needed], I've got one of these [nursing call bell] I press it, and I don't hang around for long." Another person said, "The girls are good, I understand I'm not the only one here." Others also spoke positively about the staff but did feel staff could respond a bit quicker when they needed them.

The staff we spoke with felt the number of staff on duty was normally sufficient, but occasionally they felt more support was needed in the mornings when people needed most help. We raised this with the registered managers. They told us they had already identified this as a time of day when more staff may be needed and had plans in place to add another member of staff to the morning shift. This was due to an assessed increase in the support a particular person required. They told us an additional staff member will be added to the rota and they were also amending the hours for the management team to ensure more support was available from them earlier in the day. They told us they were confident this would reduce the risk of people experiencing a delay when they required support. Throughout the inspection we saw staff respond quickly to people when they needed them.

Safe recruitment processes were in place to reduce the risk of unsuitable staff members working at the home. These processes included criminal record checks. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity.



# Is the service effective?

## Our findings

The majority of people and the relatives we spoke with felt the staff were well trained and understood their needs. One person said, "When I've fallen they've been very good and I'm walking better, due to one of the carers who has encouraged me." Another person said, "Staff are good, I encourage them and I appreciate what they do." One person did say they felt staff could do more to understand their health condition but they also felt that staff cared for them well.

Staff received an induction when they first came to the home and regular training thereafter, to provide them with the skills needed to support people effectively. The staff we spoke with felt well trained. They told us they felt supported by the management team and they received regular supervision of their work. Records viewed confirmed induction, training and supervision had taken place. Staff were also encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQs) in adult social care. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

People's care records contained detailed guidance for staff to enable them to communicate effectively with people. Throughout the inspection we saw staff use a variety of skills and different methods to communicate effectively with people who were living with dementia. This included a patient and caring approach where people had become confused or disorientated. People responded positively to the way staff communicated with them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

In each person's care records we saw their ability to make decisions had been assessed and care plans had been put in place to ensure people were supported and cared for in a way that was in their best interest. These assessments included decisions about managing people's medicine and personal care.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for people whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for one of these people and saw the staff adhered to the terms recorded.

People told us they were generally happy with the food provided for them. One person said, "I've talked about the food I like and don't like, it's alright." Another person said, "The food's not bad." A third person said, "If you wanted anything they'd cook it for you."

We observed the lunch time meal being served. There were two sittings. The second sitting was introduced as some people had requested to eat together at a later time. The registered manager told us they were happy to accommodate this request.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service as well as their allergies. However this was not always stored in kitchen where it would be needed. The registered manager told us they would ensure this information was kept in the kitchen at all time.

People had access to fresh water, juices and hot drinks throughout the day. We saw people were regularly offered drinks and snacks and staff responded when additional requests were made.

Where people had been identified as being at risk of malnutrition or dehydration, a record of their food and fluid intake was completed to enable staff to identify significant increases or decreases in their consumption. People were weighed regularly and the input of GPs and/or dieticians had been requested to give guidance for staff to support people where concerns about their food intake or weight had been identified.

People's day to day health needs were met by staff. People told us they were able to see a number of external healthcare professionals if needed. One person said, "The GP comes in and the chiropodist and the hairdresser." Records showed people regularly saw their GP, dentist or other health or social care professionals where needed. We saw signs were placed in the home informing people when the next chiropodist appointment would be.

Where people had specific health conditions such as diabetes, detailed care plan information was in place to assist staff with supporting people safely and effectively.

## Is the service caring?

### Our findings

People and the relative we spoke with told us the staff who supported them were kind and caring and they enjoyed living at the home. One person said, "They're all lovely." Another person said, "It's marvellous, I'd recommend it [living at the home] to anybody." A third person said, "The staff are lovely and very kind." A relative said, "They are caring and good, it's like your own home."

Staff interacted with people in a kind, compassionate and caring way. We saw a staff member respond to a person quickly when they noticed they 'didn't look right'. They offered this person support and reassurance which had a positive effect on the person.

Although staff were busy throughout the day, they worked with a smile and interacted well with people. People responded positively to the staff with examples of light hearted banter and laughter observed, which showed people and the staff got on well.

People were supported by staff who had a good understanding of what was important to them. Information such as people's life history and likes and dislikes were recorded in people's care records. This information was referred to and used by staff when talking with people. Staff and people living at the home appeared at ease in each other company. One staff member said, "The care plans help inform you of what people like, but also just talking to people helps you get to know them."

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. Representatives of a local church attended the home on a regular basis to assist people with practicing their faith if they wished to.

People were encouraged to make decisions about their care and support needs and were regularly asked for their views in case they wanted to make changes. One person said, "I'm involved with the care planning, I've talked about what I like and don't like." The registered manager told us they had regular chats with people to find out if they were happy or wanted any changes made to their care. We saw both registered managers doing this.

People told us they were offered choices and staff acted on their wishes and we observed staff doing so. One person said, "The owner says you can have what you want, and can do what you want." This included where they wanted to sit or what they wanted for their lunch.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

We saw people were supported to be as independent as they wanted to be. People told us they were pleased with the way staff encouraged them with this. One person told us how much they had been helped

by a member of staff to try and improve their walking, which they felt was a good way of them trying to remain independent.

We observed staff treat people with dignity and respect throughout the inspection. People told us staff treated them with dignity and respect, although we were told of one or two occasions when staff had not always done so. For example, two people told us that staff could occasionally be a little impatient; however both of these people also praised the staff highly. We noted information for people about receiving dignified care from staff was displayed within the home.

People's privacy was respected within the home. We saw people request to be left alone and staff respected this. There was sufficient private space throughout the home if people wished to be alone, or to spend time with family and friends.

People's care records were handled respectfully. The majority of people's records were stored electronically. The laptop used to update people's records was available in public areas, however, password access was required, which ensured people's privacy was maintained.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with a relative visiting during the inspection.

## Is the service responsive?

### Our findings

People described the activities provided at the home. They felt there was enough for them to do and some could explain what activities they liked to take part in. People were encouraged to follow their own interests, with group activities such as chair exercises and motivational classes provided for wider group interaction. A staff member told us activities were provided at the home such as singers and entertainers.

One person told us they liked being able to do what they wanted to do. They told us they planned their day how they liked it. This included doing crosswords, puzzles and reading, as well as spending time with friends in the home and outside. Others told us they appreciated being left alone and were not forced to take part in activities.

We observed the registered managers taking the time to sit and talk with people which people told us they liked. Other staff did on occasions appear rushed and had limited time to spend with people. A staff member told us they would welcome more time to spend with people. However, the people we spoke with told us overall they were content with activities provided for them.

People's care records were person centred and contained information about what was important to them, their personal preferences and their choices with regards to their daily routines. Guidance was also available for staff in detailed in care planning documentation about how to support people in the way they wanted. Examples of which included, the support they wanted support with personal care. Staff had a good knowledge of people's preferences and could explain how they supported people in line with them.

People's care records were regularly reviewed. The registered managers spent time with people to gain their views. Records showed relatives had been invited to discuss their family member's care needs in more formal reviews. A relative felt staff responded to their family member's care and support needs well. We saw a staff member respond to the needs of a person who was unable to move independently. The staff member noticed the person was struggling to drink through a straw. A new straw was needed and was provided. This helped the person to maintain their ability to drink independently of staff support.

People were provided with a complaints policy within their service user guide, which was also displayed within the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies. We noted the layout of the policy may make it difficult for some people to understand. The registered manager told us they would review and amend this.

People told us they felt able to make a complaint if they needed to. One person said, "I've not made a complaint, but I'd tell a carer or someone a bit higher up." A relative spoke with told us they felt the staff and the registered managers would respond appropriately if they made a complaint.

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member said, "If someone said something to me I'd try to help, but I would also speak to the manager if I needed to."

We viewed the complaints register and saw just one formal complaint had been received. This had been responded to in a timely manner and in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

People and relatives were encouraged to become involved with the development of the service and they contributed to decisions made to improve the quality of the service provided. One person said, "They're [the registered managers] very open about things, we have meetings every now and then." Another person said, "I go to the residents' meetings and I say what I think."

Other processes were in place for people and relatives to give their views about the home. Results from a recent questionnaire showed people were happy with the care and support provided at the home, but one issue about the decoration in a certain part of the home being too dark had been raised. The registered manager told us they were addressing this and plans were in place to make the area lighter and more appealing. There was also a representative committee in place. This committee made up of people who used the service, relatives and external volunteers met regularly to discuss the service provided at the home. Action points from these meetings were then raised with the registered managers and the representatives of the provider, with clear deadlines in place to make the agreed changes.

Staff also felt able to give their views. Regular staff meetings were held and the staff spoken with also felt the registered managers were approachable and willing to listen to them. One staff member said, "They are lovely, I have no problem with either of them."

People and their relatives also spoke highly of the registered managers. One person said, "There are two managers, they don't just walk past you if they see you awake." Another person said, "The managers come in to chat every now and then." A relative said, "They've been very helpful, I can ask them anything and they will try and find out for me." We saw the registered managers actively engage with all people at the home, including relatives and staff.

We spoke with the registered manager and asked them about how they ensured people living at the home were encouraged to make and maintain links with their local community. They told us they encouraged people to attend a local 'friendship club' where people from within the local community met regularly to chat, have a drink and take part in activities. Information was also provided within the home regarding local events and if people expressed a wish to attend then plans were put in place to support people. This included requesting a community bus to pick up and drop off people from the home.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered managers had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered managers had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

Quality assurance and auditing processes were in place to ensure people who used the service, their relatives, staff and visitors were safe and the standard of the care and support provided was high. We reviewed some of these processes in areas such as medication and the environment and saw they were completed regularly, with agreed actions and areas for improvement reviewed to ensure completion.