Healthcare Homes Group Limited

The Gables

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

About the service: The Gables is a residential care home that is registered to provide accommodation and personal care to a maximum of 43 people. At the time of our inspection, 30 people were living there, some of whom were living with dementia. Accommodation was provided over four floors.

People's experience of using this service:
Auditing processes were in place to enable the service to identify where improvement was needed and in the main these were effective. However, we found some further improvements were needed to ensure risk assessments and care plans were accurate and sufficiently detailed.

People's end of life wishes were not always documented fully so staff knew how to deliver care effectively, and we have made a recommendation about this.

Staff gained consent before assisting people with their care. Improvements were needed to ensure the service was fully adhering to the principles of the Mental Capacity Act 2005. Best interests decisions were not always in place where people lacked capacity to consent to some restrictions.

We have made a recommendation that the provider reviews best practice guidance to ensure that the building is designed and decorated in a way that supports people living with dementia.

Staffing levels were in the process of being reviewed by the provider. The registered manager had identified a need for extra staff at night. Following our inspection, an additional staff member was added, and we were informed the provider was also reviewing staffing levels during the day to ensure they were adequate. We observed that staff were available to people when they needed assistance.

People told us and we observed that staff were kind and caring in their interactions with them. Staff knew people well and used effective techniques to reassure people.

The registered manager and provider were responsive to feedback from the inspection, promptly taking action where needed to improve. They were open and transparent and created a culture which was friendly and welcoming.

Staff understood the need to keep people safe from abuse and what was required to do this. Recruitment procedures were robust to ensure staff were suitable for the role.

Health care professionals were involved in people's care and referrals were made promptly.

Rating at last inspection: At the last inspection the service was rated 'Good' (Report published 15 December 2016).

Why we inspected:
We inspected this service in line with our inspection schedule for services currently rated 'Good'.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule.

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

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 Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our effective findings below	**Good**
Is the service caring? The service was caring Details are in our caring findings below	**Good**
Is the service responsive? The service was responsive Details are in our responsive findings below	**Good**
Is the service well-led? The service was well-led Details are in our well-led findings below.	**Good**

The Gables

Detailed findings

Background to this inspection

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

Inspection team:
One inspector, one assistant inspector, and one expert by experience carried out this inspection. 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:
The Gables is a residential home that is registered to provide accommodation and personal care to a maximum of 43 people. At the time of our inspection, 30 people were living there. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service, two relatives, and one visiting

healthcare professional to ask about their experience of the care provided. We carried out observations of people receiving support and spoke with the registered manager, deputy manager, operations manager, and four care and catering staff who worked at the service.

We looked at five care records in relation to people who used the service. We reviewed medicine administration records for five people. We looked at four staff files as well as records relating to the management of the service, recruitment, policies and systems for monitoring quality.

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 as good. At this inspection we have rated this key question as requires improvement. This was because some aspects of the service were not always safe. Action was however taken promptly to rectify this.

Assessing risk, safety monitoring and management

- People's care plans included risks that might affect them in their daily lives, such as choking, pressure ulcers and falls.
- We found that in practice processes were in place to mitigate risks to people, but some assessed risks did not have a corresponding care plan so staff had clear guidance. This included risks associated with choking, falls and diabetes. Following the inspection, the operations manager told us this was being addressed immediately and relevant information had been added.
- There were several steep staircases around the service which did not have a gate to protect people from the risk of falling. Staircases had not been risk assessed to identify if these were needed. However, following our feedback the operations manager told us that the Health and Safety advisor would visit the service to assess the potential risk.
- There was a fire risk assessment, and emergency plans were in place to ensure people were supported in the event of a fire.
- Equipment such as hoists, and slings had been serviced to ensure they were safe to use.
- Water systems were monitored to prevent the risk of legionella. The service had experienced difficulties with eradicating bacteria over several months and had informed us about this. The main source of the bacteria had now been isolated, and the service were closely monitoring this. The most recent water sample showed that no bacteria was detected.

Using medicines safely

- The service had recently changed their pharmacy and this had impacted on the timely delivery of medicines. Whilst the service had taken action to try to address this we found one person had not received one of their medicines for three days. We recommended the service made the local authority safeguarding team aware, which they did promptly.
- Two out of the five medicine administration records we looked at contained gaps. For one person these gaps were because their MAR had not been updated when the directions for their medicines had been changed.
- Where people were prescribed a variable dose of medicine, staff did not always state how many tablets had been given, which meant stock checks were not always accurate.
- Medicines, including controlled drugs, were stored securely, guidance was in place for the administration of 'as required' medicines, and staff had their competency to administer medicines regularly assessed.

Staffing and recruitment

● Staffing levels did not always meet people's needs. One person said, "Never [enough staff]. There's often a delay during the time they're [staff] putting people to bed though they come reasonably quickly at other times. Another said, "The staff are very busy but there are very few times when they don't come if you call them. They usually come and tell you if they're in the middle of something and how long they'll likely be." A staff member told us, "It's not great, it takes a bit longer to get people washed and dressed, so some people have to wait."
● Whilst staffing levels had not been increased at the time of our inspection, the registered manager had already identified this need. They arranged with the provider following the inspection that additional staffing was to be put in place between 8pm and midnight. The operations manager confirmed they would review this alongside overall staffing levels to ensure people's needs were being met.
● Our observations were that staff were available to people throughout the day and were visible in communal areas of the service.
● Suitable recruitment procedures were followed. Records showed that appropriate checks were in place before staff started work.

Preventing and controlling infection
● Staff completed training in infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.
● The service had received a five-star food hygiene rating. This is the highest award that can be received and demonstrated food was stored and prepared appropriately.
● The service was clean, tidy, and had no malodours.

Systems and processes to safeguard people from the risk of abuse
● The provider had safeguarding systems in place and staff received training in safeguarding adults.
● We asked people if they felt safe. One person said, "Oh yes. I have sight problems and the staff are particularly good when they move me around. Already I feel they are listening to me. I'm very settled here. This will be my last home I'm sure." Another told us, "Totally safe, yes. Oh yes, the staff are easy to talk to."

Learning lessons when things go wrong
● There was a system in place to make sure that all incidents and accidents were reviewed regularly, and any trends or patterns were identified.
● Good practice was shared within the company, so lessons could be learned across the providers locations. Lessons learned was a standing agenda item at the services' daily handover meeting.
● The registered manager had taken swift action to prevent a recurrence concerning a failure of one staff member in their duties. This resulted in a full audit of the service by the registered manager.

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 this key question was rated as good. At this inspection we found this key question remained good. 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 needs were assessed before they moved into the service. We observed the registered manager explaining to a social worker that they could not admit a person without having undertaken an assessment of their needs to help ensure the person's needs could be met.
- Care records contained information related to people's medical history, personal care, medicines, mobility, nutrition, and communication. Recognised assessment tools were used to determine levels of risk.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role, which included safeguarding, the MCA, medicines, moving and handling, first aid, and food hygiene. One person told us, "The staff are trained well. They [staff] never attempt anything beyond their bounds."
- There was an induction process for new staff, which included training, spot checks, and shadowing of experienced staff.
- Staff received supervision and appraisal sessions. The supervision matrix showed staff had a different type of supervision every other month, either themed, observation, or one to one supervision with a yearly appraisal.

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

- People told us staff supported them well to maintain a balanced diet. One person said, "I have issues with some food. I have tried but I cannot cope with eating a roast dinner. We [staff and person] discussed what to do and the home have allowed me to have a fridge in my room. I do enjoy a sausage roll [from a café] and having the fridge means I can have things like that brought in for me. The home have been very understanding." Another said, "The food's excellent. You get a choice of main meal. I had the curry today which was very good. There's a trolley that comes around twice a day with drinks and snacks. There's always squash in a jug in my room."
- The cook confirmed with us that they were aware of people's dietary needs. They told us, "They [people] have good food, and [provider] doesn't really clamp down budget wise, they do have good food and there's plenty of it. I do make lovely birthday cakes, and I decorate them myself. If they [people] request something I do my best to accommodate."
- We observed the lunchtime experience in the dining room. Tables were set with table cloths, napkins, cutlery, glasses, jugs containing squash, and condiments. There were twelve people seated at four tables.
- Staff appeared to know people's likes and dislikes but still checked on whether vegetables were required. Extra gravy was given to one person as this was a favourite. Staff checked that people were still happy with their meal choice (ordered earlier in the day).

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

● Some areas of the service were designed in a way which supported best practice guidance for people living with dementia and/or a visual impairment. For example, bathrooms had contrasting coloured handrails and toilet seats.

● People's bedrooms were personalised. The provider encouraged people to bring furniture, pictures and other important items with them to help them feel at home.

● However, walls in the corridors were sometimes bare, with the occasional picture. There were no interactive wall hangings or memorabilia from past times which might interest people as they walked around the building and help spark conversations.

● A staff member told us," The way it's set out, (décor) we used to have more pictures of residents around and they would stop and look, and more tactile decorations they can touch. It's a bit of a 'no' you can't touch the decorations." Another said, "The back lounge could be a bit bigger. They [management] are talking about it anyway, last year they were talking about it. It's like a doctor's room rather than an actual lounge."

●We recommend the provider reviews best practice guidance in relation to ensuring the environment meets the needs of people living with dementia and/or visual impairment.

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

● Staff supported people to access health and social care professionals, such as GP's, district nurses and social workers. One health professional told us, "I have no concerns at all, [deputy manager] knows everything that's happening in the service. Very timely referrals, and staff always know what is going on and are available. Documentation is always here, they seem to be very organised."

● People told us their health needs were met. One person said, "I feel so much better since coming here. The staff have to put cream on my rash, which is getting a lot better now. I went into hospital from the last home I was in and the nurses couldn't believe the mess I was in with my skin." Another said, "Yes you can always be seen by a doctor or nurse if necessary. The staff sort it all out."

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● The registered manager kept a log of DoLS applications, so they were able to monitor this. There were 11 applications in total, two of which had been authorised. Conditions outlined were routine, and the registered manager was aware of the need to alert the local authority when needed.

● Where people lacked capacity to consent to their care, capacity assessments were in place, along with any best interests decisions. However, we did not always see that restrictions such as bed rails or room sensors had associated capacity assessments and best interests decisions. The registered manager told us this

would be put in place promptly.

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

At our last inspection we rated this key question as good. At this inspection we found this key question remained good. 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

- All of the people we spoke with told us that staff were kind and caring. One person told us, "Respectful and patient. That describes the staff here. It's a difficult job to do. Lots of demands for not a lot of pay." Another said, "The staff here are very good I assure you. They [staff] listen and do what's asked of them." A third told us, "Patient, endlessly patient. Always good to me. Kind and considerate, they definitely are."
- We observed kind and helpful interactions between staff and people. For example, we saw a staff member quietly offer a person who was sleeping a cup of tea. They woke up a little dazed and the staff member spent several minutes reassuring them and helping them to wake up before offering the tea. Staff spoke to people respectfully and had a good rapport.
- Visitors were welcomed to the home, and there were no restrictions on when they could visit. One person's relative said, "The staff are friendly and kind and always speak to us when we come. We usually get offered a drink too."

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

- People had the opportunity to take part in 'residents meetings' where they could give their views. One person told us, "I generally go to the resident's meeting. We talk about activities, food and other stuff." Another said, "There are meetings here where we talk about things; the care, the food, what we do. The manager took a few of us for an ice cream on the seafront when people asked to get out more. He paid as well!"
- People were supported to express their views and make decisions about their care. People were aware of having a care plan. In one care plan we reviewed we could see that the person had written parts of this themselves.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on the door before entering people's rooms, and staff spoke politely with people. One relative told us, "I get asked to go out of the room if [relative] needs the staff to do anything. I'm happy they're safeguarding [relative's] privacy."
- People's independence was promoted. Staff knew people's abilities well and this was reflected in care plans. One person told us, "I choose to be independent mostly. The staff respect this. I get out of bed when I'm ready and go to bed when I want to." Another told us, "The staff know me well. I've been in here years and everyone knows my needs. I keep as independent as I can." A relative said, "The staff encourage [relative] to walk around as much as they can. There's so much respect in this home."
- Staff understood confidentiality and the importance of keeping people's information safely. Care plans

were stored securely to ensure that only people who needed to access the information were able to.

Good

Is the service responsive?

Our findings

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

At our previous inspection we rated this key question as good. At this inspection we found this key question remained good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People's care records contained information on how they liked to have their care delivered and included areas such as falls, memory, personal care, communication and night routines. These helped staff to deliver person-centred care.
● Some minor improvements could be made, such as ensuring old information is removed from care plans and updating more promptly changes to people's care needs. For example, one person's thickening agent (used in drinks) had changed, but this wasn't reflected in the care plan.
● Despite the improvement needed in some documentation, our observations were that people received care that met their needs because staff knew them well. This was also supported by a daily handover of information to staff coming on to the next shift.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Peoples care plans made reference to how they communicated. This included how staff could support people in the most effective way.
● Information was available in accessible formats when required. For example, the residents guide and annual quality survey were available in large print and could be produced in braille if needed.
● The registered manager told us one person who previously lived at the service was deaf and communicated using sign language, so staff used a communication board with them. They told us that for any meetings that took place, they accessed an interpreter to ensure they understood the content of meetings.

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.
● There was a full-time activity co-ordinator working in the service. The activity co-ordinator led chair-based exercises gathering people in the lounge. People seemed to enjoy this and were given assistance where needed during exercises.
● After the exercise activities staff brought out a board game and engaged the people in playing the quiz and memory game. There was a good level of engagement and support from the staff.
● We asked people if they thought there was sufficient activity for them to participate in. One person said, "The staff are very good, I'd like a game of Bingo more often I guess. The games that often get played are stupid card games. They [staff] could think of better things for us to do, we're not children." Another said,

"There could be a bit more as there are occasionally gaps with nothing on." A third said, "I'm quite happy with it, and we get asked what we want to do."

● We saw from minutes of the resident's meetings that people were regularly asked their views on activities taking place in the service. There was a residents meeting held in the late afternoon of our visit. This was run by the activities co-ordinator and was arranged to gather ideas for the forthcoming programme of summer activities.

End of life care and support

● People's care plans contained a section on their preferred priorities for end of life care. However, these were not always person centred. Some plans just contained factual information, such as if they had a 'do not resuscitate' order in place, and that their end of life care remained 'current'.

● Staff had not received training in end of life care. The registered manager had taken steps to try and source this training externally but had been unable to. They raised this with the training department highlighting that there was a need for this.

● We saw in practice that relevant professionals had been contacted about people's end of life care, and anticipatory medicines were in place for people as required.

● We recommended that the service reviews best practice guidance for end of life care, and where appropriate, discusses end of life preferences with people or their representatives.

Improving care quality in response to complaints or concerns

● The service had a complaints procedure for people and relatives to raise concerns. The complaints procedure included details of agencies that complainants could contact if they were not happy with the provider's response

● The complaints procedure was discussed at the relative's meetings that were held in the service, and the registered manager welcomed feedback. People told us they would feel confident to raise any concerns. One person told us, "I'd speak to [registered manager]." Another said, "[Registered manager] would listen I'm sure."

Good

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 as good. At this inspection we found this key question remained good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

●The registered manager and provider understood their role and responsibilities. They kept up to date with changes through working with the local authority and links with other professionals and organisations.

● Staff understood their roles and responsibilities and were well supported by the provider.

● The registered manager and provider completed regular audits to ensure the quality of the service provided.

● The registered manager and provider were receptive and open to our recommendations. They took immediate action to address issues identified at our inspection and contacted us the day after our visit to update us on actions taken.

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

●The management team were looking for volunteers from residents, relatives, and staff to set up a 'Gables choir'. They had also sent an email to relatives, asking if they would like to help develop a 'Friends of the Gables' group, or help with activities and events.

● Regular resident and relative meetings were held in the service. We saw that action was taken in response to people's feedback via these meetings.

● The registered manager had begun sending a monthly email to relatives, so they knew what was happening in the service.

● Feedback surveys were sent to people and relatives annually. These were analysed and actions plans put in place to address any areas where improvement could be made.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;
Continuous learning and improving care

● The provider understood duty of candour and was able to evidence this to us following a recent incident that had occurred in the service.

● The deputy manager shared their knowledge of dementia by holding 'dementia friends' workshops at relative meetings, and supported staff to increase their knowledge.

● The provider had oversight of any accidents, incidents, near misses and falls which happened in the service. They considered what happened and whether there were any themes they could address, to reduce the risk of harm to people.

● Regular checks were in place to ensure other aspects of people's care were maintained. For example, there were regular checks of beds, air mattresses and call bells.

Working in partnership with others

● The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.