

M & S Care Limited

Seven Gables

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Seven Gables is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Seven Gables is registered to provide care for up to 25 people, including people living with mental health needs and dementia. At the time of the inspection, there were 12 people living at the service.

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

People told us they felt safe and cared for living at Seven Gables. We found improvements had been made and sustained, which meant people received safe care from a staff team that knew them well.

Staff had received training in safeguarding and understood their responsibilities. People were protected from abuse and there was an open culture, where staff supported people to have regular conversations where they could express any concerns.

Medicines were managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly audited to identify any areas for development and improvement. Staff had access to medicines policies and procedures as well as best practice guidelines.

Recruitment practices were safe and there were sufficient numbers of staff available to meet people's needs. Quality assurance processes were robust, risks to people and the environment had been assessed and work was being carried out where action had been identified as being required. People had access to appropriate equipment where needed.

Infection, prevention and control processes and up to date policies were in place. The provider, registered manager and staff adhered to the latest government guidance in relation to infection, prevention and control.

Based on our review of safe and well led we found 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.

Staff worked well as a team and had developed positive relationships with people and knew them well. People, their relatives and external professionals told us the staff were caring and knowledgeable.

The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. People, their relatives, staff and external professionals told us the registered manager was knowledgeable and supportive, which meant the home was well led.

The provider and registered manager had systems and processes to monitor safety and quality within the home and were committed to ongoing development.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 19 January 2022).

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 regulations.

This service has been in Special Measures since 30 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service between 27 August and 2 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, risk management, staffing, recruitment, dignity and governance.

We undertook this focused inspection to check they 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 Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Seven Gables

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

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, including notifications.

Notifications are information about specific important events the service is legally required to send to us. We received feedback from the local authority and external 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 six people who used the service about their experience of the care provided and three relatives. We spoke with seven members of staff including the registered manager, a senior manager, senior care staff, care staff and domestic staff. We received feedback from three external professionals.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and all staff records in relation to training. A variety of records relating to the management of the service, including safeguarding, quality assurance records, policies and procedures were reviewed.

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 sought feedback from external health professionals and reviewed a recent report by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people had been assessed and recorded within their care plan. The registered manager was proactive when people's needs changed, and risk assessments were reviewed and updated when needed. These provided staff with a description of any risks and guidance on the support people required. For example, where people required equipment to assist them to move, information about what equipment they needed and how to safely use it, was contained within their care plan. However, information about risks within people's care plans needed further development, to ensure staff could easily find and understand it. We discussed this with the registered manager and provider who gave us assurances care plans were being continually developed and a new care plan system was going to be implemented to improve access to clear information. Nonetheless, we found due to the consistent staff team and them knowing people well, people's safety was not impacted.
- Daily care records demonstrated risks were managed in a way to ensure people were able to be as independent as possible and could enjoy activities they liked doing. Where people required monitoring of specific needs, appropriate recording charts were in place.
- Staff clearly understood people's needs and how to meet them. For example, staff we spoke with were able to describe how to support people who had pressure relieving equipment or used walking aids, in line with assessed their needs. An external professional told us, "Staff know the clients [people] and their needs well. I do not have any concerns at this time."
- Risks relating to the environment and the running of the service were identified and managed effectively. These included gas, legionella, and infection control. However, the provider had identified some environmental risks that required action to resolve and had an action plan in place with clear timescales. For example, they had identified that action was needed to improve fire safety in the service and work was scheduled to commence and be completed in a timely way. Risk assessments were in place, which included additional measures to mitigate risks until the work was completed. In addition, work was being carried out to improve bathroom facilities within the service and update décor in people's rooms.
- People had a personal evacuation plan in place, to describe what support they required in the event of needing to evacuate the building in an emergency.

Using medicines safely

At the last inspection the provider had failed to ensure risks relating to the management and administration of medicines were safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and they were no longer in breach of Regulation 12.

- Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. The provider and registered manager had worked closely with external health professionals to improve medicines safety and ensure systems in place were effective. They continued to seek advice and support to ensure the systems used were robust.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. The competency assessment was completed twice a year or more frequently if needed.
- Protocols were in place for medicines prescribed to be administered on an 'as required' (PRN) basis. PRN medicines were reviewed to monitor how much of the medicine was being administered and to ensure they were being taken appropriately.
- Safe systems were in place for people who had been prescribed topical creams.
- Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Audits of medicines were undertaken to identify any discrepancies with stock levels and ensure records of administration were fully completed.

Preventing and controlling infection

At the last inspection the provider failed to ensure infection prevention control systems were robust to mitigate risks to people from infections. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- We were somewhat assured that the provider was using PPE effectively and safely but there had been some confusion over when staff needed to wear face masks. We discussed this with the registered manager and provider and signposted them to the latest government guidance and resources. During our inspection, this was resolved, and staff were wearing face masks as required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to receive visitors into the home and could meet with them in their rooms or in communal areas. All relatives we spoke with confirmed they were able to visit and that safe procedures were in place.

Staffing and recruitment

At the last inspection the provider had failed to supply sufficient numbers of qualified, competent skilled staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

At this inspection improvements had been made and they were no longer in breach of Regulation 18.

- There were enough staff to meet people's individual needs and provide person centred care. Where people rang their call bells, we saw staff attended to these promptly, which records confirmed. One person said, "Staff come when you call the bell. Sometimes if it's busy they may pop in and let you know they will be along when they have finished what they are doing, but it's never too long." A relative told us, "The staff work longer shifts now, and can be busy at the weekend, but there does seem to be enough."
- The provider employed domestic staff and kitchen staff to ensure the environment was clean and people's nutritional needs were met. However, they were continuing to recruit to these roles. This meant care staff were filling in gaps to work in the kitchen at weekends. Staff had received food hygiene training, and the registered manager told us they were using agency staff to provide additional care, when permanent staff had to work in the kitchen at the weekends. Following our inspection visit, the registered manager told us they had recruited additional staff to support the kitchen.
- The registered manager told us they reviewed staffing levels by looking at each person's individual needs and how much support they required. This helped to ensure staffing levels met the needs of people in the service.

At the last inspection the provider had failed to ensure fit and proper persons were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008.

At this inspection improvements had been made and they were no longer in breach of Regulation 19.

- The provider had a recruitment process in place to help ensure staff they recruited were suitable to work with the people they supported. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and could talk to staff if anything was worrying them. One person said, "I feel they [staff] know me well and I can really talk to them." Another said, "The staff are pretty good and if I was worried, I can talk to them or the [registered] manager."
- The provider had policies in relation to safeguarding and whistleblowing and staff had received training based upon these.
- Staff understood types of possible abuse and how to identify these. One staff member said, "I would report any concerns to the [registered] manager and I know they would do something. If they didn't, I would report to the local authority safeguarding team or CQC if I needed to."
- The registered manager and provider were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.

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 found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager and any themes or patterns were identified, and action taken promptly. In addition, the provider had oversight of all accidents and incidents and reviewed when action was required to prevent a reoccurrence.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings. Where risk assessments or care plans were updated as a result of incidents, staff read them to ensure they understood any changes.

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider failed to ensure dignified and respectful care was delivered at all times. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 10.

- The staff team and registered manager understood the importance of developing a person-centred culture in the service. It was clear that improvements had been made, as staff knew people well and we observed friendly supportive conversations between people and all staff. In addition, the provider had moved the registered managers office from the top floor of the service to downstairs. This meant the registered manager was visible to people and staff and they were able to effectively monitor the culture within the service and engage with people regularly.
- The service's systems ensured people received care which met their needs and reflected their preferences. The registered manager led by example, treating people as individuals and encouraging people and staff to be involved in what happened at Seven Gables.
- People told us they trusted the registered manager and found them to be very involved and easy to talk to. One person said, "I feel I can always talk to them [registered manager] and they listen and do something about it."
- Relatives were positive about the management team, the staff and the level of care provided. One relative said, "We are always welcome, the staff know [relative] well and they always tell me they are happy. The [registered] manager also seems very good." Another said, "[Registered manager's name] is a very professional senior manager and [Head of Care's name] is exceptional as the senior carer."
- Staff told us they felt things had improved since the registered manager had started and they enjoyed working in the service. Staff wanted to continue to develop a supportive and empowering culture for the people living there. One staff member said, "Things have changed a lot here, people are much happier and it's a good place to be." Another told us, "[Registered managers name] has made such a difference, he is really committed to getting things right and is so interactive with the residents [people]."
- The provider had employed a head of care to provide activities for people. Activities were provided both morning and evening, seven days a week and this had improved outcomes for people. Activities included chair exercises, pampering sessions, games and gardening. In addition, day trips out were being planned to local seaside towns and church services were provided in the lounge on a Sunday, via video links to an online religious service.

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

At the last inspection the provider failed to operate effective systems to assess, monitor and ensure the quality of the service. This was a breach of Regulation 17 of the health and Social care Act 2008 (regulated Activities) Regulations 2014

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17.

- The registered manager had the skills, knowledge, and experience to perform their role and understood the service they managed. They recognised where further development was needed and were supported by the provider with action plans to achieve this.
- There were quality assurance procedures in place, which included audits of care plans, infection control, medicines, the environment and accidents and incidents. These were completed by the registered manager or senior care staff and the provider had oversight of these. CQC had been notified when required of events and incidents that had occurred at the service.
- There was a team of senior carers who had received training and support to develop their role. This meant they could take some responsibility for management of the service when the registered manager was not there.
- Policies and procedures were in place to aid the smooth running of the service. Processes were in place to ensure these policies and procedures were available to and understood by staff.

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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents or if concerns were raised, people and their relatives were kept informed and apologies made where required. This demonstrated a transparent service.
- The registered manager and provider were open with us and continued to make improvements where needed, to ensure ongoing service development.

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

- The staff team were motivated and supported, which meant people were cared for by staff who knew them well and had the skills to meet their needs.
- Effective communication between the registered manager, and staff team supported the ongoing improvement and development of the service for people. Staff understood their roles and were provided with clear guidance of what was expected of them at each shift. A staff member said, "The [registered] manager always includes us and asks our views about things, it means we feel valued." Another said, "[Registered managers name] is brilliant, he always listens."
- People told us the staff treated them well and respected their choices, although sometimes could forget to speak to them with patience, if they were busy. We discussed this with the registered manager who told us they continually monitored staff interaction with people. They said, "It is important that every person here feels valued and we work hard to make sure we have time to listen and address any problems."
- Staff meetings had been held regularly. Meetings were used to provide information, such as any changes planned, training, sharing best practice and introducing new activity ideas. Minutes were kept and showed where issues or suggestions were raised, action was taken.
- The registered manager had recently held a 'residents [people] meeting' and told us they planned to do this regularly. The meeting record demonstrated people were asked their views on recent activities such as Easter events, the food menu and day trips out. This helped inform plans for future events such meal planning and a Jubilee celebration they had held. In addition, people's views were sought using a survey.

These were person centred and used pictures and symbols to support people to understand what they were being asked and to express their views. The last survey demonstrated people were happy with the service they received.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept clear records to show how they monitored the service and made improvements when needed, based on their observations and feedback from people, external professionals and relatives. One external professional told us, "I find all the staff to be helpful and responsive. They have contacted us in a timely manner for help and support when needed and put into place recommendations, including purchasing equipment."
- The provider and registered manager had an active action plan to demonstrate where they had identified any improvements or development was needed. This had clear time scales and the improvements made since the last inspection were clear to see.
- The registered manager told us they were developing working relationships with other local care homes and the GP surgery to enable them to build a strong support network. An external professional told us, "The registered manager is really keen to engage with the practice [GP surgery], we have just reinstated the [local care homes] Managers meetings, which he will now attend across our care homes in the [local area]."
- The registered manager had worked hard to develop positive relationships with external health and social care professionals and sought advice and support where needed. One external professional said, "I have been so impressed with the new Registered Manager. Now when I go into the home, it feels like a home the patients [people] are happy again and looked cared for."