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The Gables Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 24 October 2016 and was unannounced.

At our last inspection on 20 and 22 January 2016 we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to safe care and treatment, staffing, responding to complaints, fit and proper people employed, quality assurance and notification of significant events. We rated the service as inadequate and placed it into special measures. At this inspection we found the provider had made the required improvements and concluded the service was no longer in breach of any regulations.

The Gables Nursing Home is located in a residential area of Pudsey in Leeds, and is close to local amenities. The home provides nursing, residential and dementia care to a maximum of 23 older people. On the day of our inspection there were 15 people using the service. There was a registered manager in post when we inspected. 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.

People told us they felt safe living at the home, and we found staff understood safeguarding and their responsibilities to report any concerns about people's safety. Risks associated with care and support were well documented and contained guidance for staff to show how these risks could be minimised.

The provider carried out appropriate background checks before employing staff, and we found they were deployed in sufficient numbers to provide care and support safely. Accidents and incidents were managed safely; however, we found the information relating to actions taken was not always stored with the record of the incident.

Medicines were managed safely. Storage was secure and medicines were kept at appropriate temperatures. Records we looked at showed staff recorded when medicines were taken or refused. There was good guidance in place to ensure people got pain relief when this was needed.

Staff received training at induction and during their employment which ensured they were supported to be effective in their roles. Further support was given through a programme of supervision meetings and an annual appraisal.

People were supported to access a range of health and social care professionals. We saw advice from health professionals was incorporated into people's care plans.

The provider ensured people who could not make decisions were appropriately supported within the requirements of the Mental Capacity Act (2005). Assessments of people's mental capacity was assessed for

specific decisions and, where needed, best interests decisions were made on their behalf.

People received a choice of meals and were able to have drinks and snacks throughout the day. We saw nutritional risk was assessed for each person on a regular basis.

We saw people who used the service had good relationships with the staff, and observed caring practice throughout our inspection. The registered manager and staff were knowledgeable about people they supported, and we saw care plans contained information about people's likes, dislikes and preferences. Care plans were regularly reviewed, and people told us their involvement in the process was welcomed.

There were procedures in place to ensure concerns or complaints raised with the registered manager were acted on appropriately. We found information relating to the management complaints was not always filed in one place.

People had access to a planned programme of activities, and during our inspection we saw people enjoyed their participation.

We received good feedback about leadership in the home. We were told the registered manager was approachable and prepared to listen to suggestions. There were effective processes in place to ascertain, monitor and improve the quality of the service.

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 safe.

The provider had taken appropriate action and was now meeting legal requirements in this area. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

The management of medicines was safe. Staff received appropriate training and their competency was regularly checked. People received their medicines when they were needed.

The provider ensured full background checks were conducted when recruiting new staff and we saw staff were deployed in sufficient numbers to ensure care and support was safe.

Accidents and incidents in the home were reported and the information acted on appropriately, including making notifications to the CQC and safeguarding authorities.

Requires Improvement ●

Is the service effective?

The service was effective.

The provider had taken appropriate action and was now meeting legal requirements in this area. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

Staff received training at induction and during their employment to ensure they were able to be effective in their roles. There was also on-going support in the form of supervision meetings and an annual appraisal.

The provider ensured people's mental capacity for making decisions was appropriately assessed, and where people did not have capacity best interest's decisions were made.

People were appropriately supported to ensure they were not at risk of malnutrition. People had choice and appropriate support at mealtimes.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they had good relationships with the staff, and we observed caring practice throughout our inspection. Care plans contained information about people's likes, dislikes and preferences.

Staff had a good approach to protecting and respecting people's privacy and dignity.

Good ●

Is the service responsive?

The service was responsive.

The provider had systems in place to ensure concerns and complaints raised were acted on appropriately.

Care plans were based on assessments of people's care and support needs, and were kept up to date by regular review and consultation with people.

People had access to a programme of activities. A member of staff was employed to lead these and we saw people joining in and enjoying a range of activities on the day of our inspection.

Good ●

Is the service well-led?

The service was well-led.

The provider had taken appropriate action and was now meeting legal requirements in this area. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

We received good feedback about leadership in the home. Staff told us the registered manager was approachable and listened to their suggestions.

People and their relatives had opportunity to contribute to the running of the home through regular meetings with the registered manager.

There were systems and processes in place to measure, monitor and improve the quality of the service.

Requires Improvement ●

The Gables Nursing 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.

The inspection took place on 24 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience who had experience of supporting someone living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, including previous inspection reports and enforcement action, notifications of significant events made by the provider and feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

The provider completed a Provider Information Return (PIR) before the inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of our planning for the inspection.

There were 15 people using the service on the day of our inspection. We spent time speaking at length with five people and two visiting relatives. In addition we spoke with the registered manager, a member of the nursing team, three care staff and the cook. We made observations of how care and support was provided to people and reviewed records relating to people's care and the general running of the home. We looked in detail at four people's care records and associated medicines records, staff files, training and staff support records, audits, policies, and records of accidents and incidents.

Is the service safe?

Our findings

At our last inspection in January 2016 we found breaches of regulations relating to safe care and treatment, fit and proper persons employed and staffing. We found the provider was not ensuring safe management of medicines, did not have enough staff to meet people's needs and had not carried out adequate background checks when recruiting new staff. We rated this domain inadequate. At this inspection we found the provider had taken action and was now meeting legal requirements. Although we saw improvement had been made, we have not rated this key questions as 'good'; to improve the rating to 'good' would require a longer term track record of consistent good practice.

In the PIR the provider told us, 'Staff are trained in all aspects of mandatory training. If any service user is at risk the staff and families are made aware, and this is documented in care plans. We are ensuring that the adequate number of staff are on duty each day.'

People told us they felt safe living at The Gables Nursing Home. One person told us, "I don't feel unsafe, I'm not backward in coming forward and I'd tell them point blank." We spent time looking round all areas of the home including the lounge, dining room, shared bathrooms and toilets, and some private bedrooms. We saw people lived in a clean and well maintained environment, and saw records which showed the provider had ensured that servicing of equipment and fittings was kept up to date.

Staff we spoke with understood the principles of safeguarding and we saw records which showed they received training in this area. They were able to tell us about the type of abuse people in the home may be at risk from, and told us they had a duty to report any concerns. One member of staff said, "We have to protect people. It's about making sure their voices are heard." Staff told us they would report any concerns to senior members of staff or the registered manager, and said they were confident appropriate action would be taken. They were also aware they could contact external bodies such as the local authority or Care Quality Commission if they felt their concerns were not being acted on. This process is sometimes referred to as 'whistleblowing', and staff we spoke with said they had been made aware of this during their training.

We looked at the recruitment records of five members of staff. We saw these included application forms, records of interviews and background checks including two references and clearance from the Disclose and Barring Service (DBS). The DBS is an organisation which holds information about people who may be barred from working with vulnerable people. Checks made with the DBS help employers make safer recruitment decisions.

People who used the service and their relatives told us there were enough staff in the home. One person said they hoped there would be more staff if people moved into rooms that were empty at the time of our inspection. A relative of someone who needed regular assistance to change their position said they were sure the person received all the support they needed. They said the staff were "Efficient."

We saw the registered manager matched the staffing of the home to the care and support needs of people using the service. We spent time making observations in the service and saw people received prompt

attention to requests for assistance, and saw staff had time to spend chatting to people. Staff we spoke with told us they felt they were deployed in sufficient numbers to be able to meet people's needs safely. They said they may need to be present in higher numbers if the home were full, but told us they thought the registered manager would recognise this and act appropriately.

People's safety was further protected because risks associated with their care and support needs had been identified and clearly documented in their care plans. Documentation was kept up to date with a monthly evaluation and included guidance to help staff understand how to minimise these risks. For example, we saw care plans contained risk assessments for falls, prevention of pressure ulcers, contractures, choking, general safety and managing money.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Although we found the registered manager was responding to this information, it was not always clear within the accident/incidents analysis what action had been taken. The registered manager told us they recorded the information in people's care plans, but would in future record what action had been taken within the accident/incident analysis. This would mean record keeping would be clearer.

We looked at the systems and processes in place to ensure people's medicines were managed safely. We spent time checking the storage of medicines and saw this was secure and well organised, with room and fridge temperatures checked daily. Only medicines which required refrigerated storage were kept in the fridge. Some medicines contain drugs which require additional secure storage and record keeping. These are often known as 'controlled drugs'. We looked at the arrangements for the management of these and saw they were kept in a locked cabinet with up to date records showing what had been administered and by whom. We saw stocks of controlled drugs matched these records.

We looked at the medicines administration records (MARs) of four people and saw they were completed with no gaps, and when we checked stocks of medicines belonging to three people we found they matched these records. We saw staff kept a running total of each medicine as they administered it, meaning any discrepancies would be identified at the earliest possible opportunity. MARs included a photograph of the person to assist staff identify who each medicine belonged to, and were printed with any prescribing instructions such as frequency and timing.

Staff who administered medicines were appropriately trained, and we saw their competency was regularly checked. Some staff did not administer medicines but did apply creams and lotions to people when this was required, and we saw they had training appropriate for this area of people's care. There were records for these medicines, also known as 'topical medicines', which identified each topical medicine, where on the body this should be applied and how often. We saw on two days there were gaps on the topical medicines administration records (TMARs) of three people. We spoke with the registered manager about this during the inspection. They found records relating to why the TMARs were incomplete had been made in the nursing notes, and said they would make changes to ensure any failure to apply a cream, for example, if someone refused, was recorded on the TMAR rather than in another record.

Some medicines are prescribed to be administered as-and-when, for example for pain relief. These are also known as PRN medicines. We saw MARs included separate instructions for PRNs which included the maximum daily dosages and time which should elapse between each dose. In addition there was guidance for staff to help identify how someone may indicate they were in pain if they were not able to communicate this directly. For example, some people showed they were experiencing pain through changes in body language and emotional state.

Is the service effective?

Our findings

At our last inspection in January 2016 we found breaches of regulations relating to safe care and treatment, staff training, supervision and appraisal, and failure to make statutory notifications to the CQC. We rated this domain inadequate. At this inspection we found the provider had taken action and was now meeting legal requirements. Although we saw improvement had been made, we have not rated this key questions as 'good'; to improve the rating to 'good' would require a longer term track record of consistent good practice.

In the PIR the provider told us about how they would ensure the service was effective; 'Staff competencies and supervisions will take place more regularly to ensure that all staff are trained and following correct procedures to maintain the safety and well-being of all residents. Obtain feedback from Healthcare Professionals and implement action plans as required.'

Staff we spoke with said they had access to a good range of training at induction and throughout their employment, which enabled them to keep their skills up to date. One member of staff told us, "After my induction I felt prepared for my role. I had training, spent time shadowing staff and I was able to say whether I felt I was ready to start working in the team." Another member of staff said, "I have had a lot of training, including fire training, moving and handling, mental capacity and safeguarding."

The registered manager told us they had recently completed a staff training audit, and they had produced a training record, which recorded when staff had completed training. They told us the training record still needed to be 'tweaked' to show training that was still required and when training had been booked for staff. The registered manager showed us they had started to make changes to the training record during the inspection.

We saw an autumn/winter mandatory staff training schedule was displayed, which included Dementia awareness, personal care, de-escalation techniques, Mental Capacity Act, infection control and oral hygiene.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision and this was in line with the provider's supervision policy. The registered manager told us all staff had received an annual appraisal, although they had not yet updated their supervision and appraisal records to show this. We received an updated record after the inspection.

We saw people's care and support needs were effectively met, and the provider was ensuring people had access to other health and social care professionals when this was needed. Care plans contained contact details of health and social care professionals who were involved in each person's care. We saw records which showed people had received input from a range of people including GPs, speech and language specialists, opticians and podiatrists. We saw any referrals were made in a timely way, and any advice received as a result of any consultation was incorporated into the person's care plan. We discussed records

of falls with the registered manager and identified one person who may have benefitted from a referral to a specialist falls team. The registered manager told us they would make the referral after the inspection.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw care plans contained a series of mental capacity assessments to determine how specific decisions should be made where people lacked capacity to do so for themselves. These included decisions relating to removal of call bell cords to prevent risk of harm, use of bed rails, 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions and consent to photography. Where people were unable to make their own decisions in relation to these specific matters we saw records which confirmed a best interests decision had been made involving, where appropriate, family members, health and social care professionals and an independent mental capacity advocate (IMCA).

We observed people being asked before any care or support was given, and where possible we saw choice was offered. Five people who used the service had a DoLS in place. We saw there were no conditions attached to these. The registered manager had a system in place to ensure renewals for DoLS authorisations were submitted in a timely fashion.

People's care plans showed their nutrition and hydration needs were considered, with weights monitored and tools such as the Malnutrition Universal Screening Tool (MUST) were appropriately used. The MUST is used to calculate people's body mass index and identify people who are at risk of malnutrition. No one using the service at the time of our inspection was at such risk. The cook told us they fortified meals, for example, by adding cream to mashed potatoes, to ensure people received sufficient calories to maintain their health.

We made observations during the lunch service. People were offered drinks and a choice of main courses. One person asked for an alternative and we saw it was provided for them. People who did not want to go to the dining room were able to eat in the lounge, and we saw people who needed assistance to eat their meal received discreet help. People had access to snacks and drinks during the day.

Is the service caring?

Our findings

In the PIR the provider told us, 'We work with residents in a person-centred way and respect their dignity at all times. Staff have knowledge of the residents' likes and dislikes, so that they have individual care rather than one way of working'.

People and their relatives spoke positively when asked about whether the staff in the home were caring, and our observations confirmed this was the case. We saw one person who needed to leave the lounge shortly after being served with a cup of tea. When they returned a member of staff noticed the drink was still there and offered to replace it with a hot one. One person told us, "They [the staff] are very caring, can't fault them."

Care plans contained information about people's lives, interests and significant relationships which would be of use to staff to help them form meaningful relationships with people who used the service. People and their relatives were involved in writing of care plans. One person described the process undertaken before their relative moved into the home. They said, "they listened to me and my concerns [about the person's care needs]."

We made observations of staff practice during our inspection and saw caring, friendly interactions which people clearly enjoyed. We saw staff adapted their tone, volume and level of familiarity with each person, and concluded they knew people well. People were relaxed around staff and other people who used the service, and we saw people chatting with each other and staff throughout the day.

Information in people's care plans contained detail about their likes, dislikes and preferences for care and support, and we saw staff knew how to provide personalised support for people, and they and the registered manager could tell us about their care and support needs when asked.

The home operated a keyworker system for the people who used the service, when asked, the registered manager explained the role, saying it involved mainly ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives. They also told us, in future, people's keyworkers would be involved in reviewing the care plans.

We saw people were well presented in neat clothes, and observed that personal care such as hair styling and shaving had been carried out. Staff had a good approach to maintain people's privacy and dignity; for example, we saw they knocked on people's doors and waited to be invited into rooms, and they told us about the importance of being discreet about asking people if they needed assistance.

People's rooms were personalised and contained items they had chosen to bring from home. The registered manager told us they planned to redecorate rooms to people's individual tastes, and had discussed this with the provider. They had completed work on three empty rooms to demonstrate the potential impact, and we saw these were attractive and well presented. The registered manager told us, "This will be an on-going process. In the future when people are planning to move into the home, their room will be

redecorated to their taste before they arrive."

Is the service responsive?

Our findings

At our last inspection in January 2016 we found a breach of the regulation relating to complaints. We found the provider was not recording some concerns raised in line with their policy. We rated this domain 'requires improvement'. At this inspection we found the provider had taken action and was now meeting legal requirements.

People we spoke with told us they had no concerns about the care and support offered in the home, but confirmed they knew how to make complaints if they felt this was necessary. One person's relative told us, "If I wasn't satisfied with the home or had any concerns [name of person] wouldn't be here."

The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. We saw a copy of the complaints procedure was displayed on the noticeboard in the entrance to the home. We saw some concerns were recorded in records of communication with families within people's care plans. We saw there had been a meeting arranged for a date after our inspection to discuss the matter with the person's relatives in greater detail. We looked at the records of two formal complaints the home had received. We saw the complaints had been responded to appropriately and within the given timescales. However, it was not always clear within the complaint record what action had been taken. The registered manager told us they recorded the information in people's care plans, but would in future record what action had been taken within the complaints record.

We saw people's care plans contained a record of an assessment carried out before they started to use the service. This meant the service had ensured people's care and support needs could be met. This assessment had been used to write a range of individual care plans which showed how those needs would be met. These plans were detailed and included information covering epilepsy, medicines administration, use of specialised chairs, communication, body temperature, skin integrity and mental capacity. We saw evidence people's preferences were recorded, for example in one medicines care plan we saw information relating to the type of drink they preferred to take their tablets with.

When we spoke with staff about how they understood people's needs they told us they took much of the information from the care plan, and referred to this if they did need to check on detail about people's care and support needs. Care plans and risk assessments were kept up to date with regular reviews, and people we spoke with said they felt they were able to make suggestions where necessary, and told us when they had spoken with the registered manager he had listened and ensured care plans were updated appropriately.

We saw people living at the home were offered a range of social activities. We saw a noticeboard in the entrance of the home displayed the weeks up and coming events at the home. We saw activities included arts and crafts, coffee morning, film event, singing and outings. On the day of our inspection there was a member of staff whose role was to lead activities, and we saw they were a strong presence in the home and engaged with people well. They led a number of activities and we saw people enjoying joining in. Alongside

the planned programme we saw a number of occasions where the member of staff saw opportunities to enhance people's day, for example encouraging people to join in with singing before lunch and playing games in the afternoon.

Is the service well-led?

Our findings

At our last inspection in January 2016 we found a breach of the regulation relating to quality assurance. The provider was not assessing and monitoring the quality of the service provided. We rated this domain inadequate. At this inspection we found the provider had taken action and was now meeting legal requirements. Although we saw improvement had been made, we have not rated this key questions as 'good'; to improve the rating to 'good' would require a longer term track record of consistent good practice.

There was a registered manager in post when we inspected. They had registered with the CQC in September 2016.

We received good feedback about leadership in the home. Staff said they found the registered manager approachable and prepared to listen to them, and they felt the service was well-led. Staff we spoke with said they had seen a large amount of improvement since our last inspection and spoke about their work with pride. One member of staff told us, "The [registered manager] has made a lot of changes. From what it was there has been a massive improvement. It's all about quality of life for people." Another member of staff said, "At first it was hard, but [name of person] has learnt to communicate with us, and he has the residents' best interests at heart. Now we understand what his vision is and we share it."

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives' meetings and talking with people and relatives. We saw there were a number of audits in place, which included medication, health and safety, kitchen area, safeguarding referrals and infection control. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. For example, we saw the registered manager had completed a 'home presentation' audit in October 2016, which stated action taken was three bedrooms had been painted and one wall had been wallpapered. We looked at the three bedrooms and all of them had been redecorated.

Staff told us they felt consulted in the running of the home, and said they could influence the running of the service when appropriate. One member of staff said, "[The registered manager] listens when we talk about the residents. He knows we know them and he listens to our suggestions."

The registered manager had sent out staff questionnaires in August 2016. We noted responses were mostly positive. One comment included, 'I have not worked here very long but up to now working is both satisfying and enjoyable'. Although, one comment stated, 'lack of communication between certain management and staff. Staff sometimes seem to be rushing to get things done on time so not enough one to one with residents'.

We saw monthly staff meetings took place, which included discussion on documentation, personal hygiene, health and safety, training, time sheets and breaks. We also saw managers and health and safety meetings were held on a regular basis. We saw a resident and relatives meeting was held in September 2016, to discuss Christmas activities.

We saw the registered manager had sent out resident and relative questionnaires in August 2016. We noted responses were mostly positive. Some comments included, 'There has been so many changes in the past year it has been quite worrying but I feel it is now getting better and the new staff are very caring and capable and the needs of my mum are met', 'I think the service is improving now the staff are settle. It was not good with all the changing staff'; 'Every care is taken of [name of person]. He has settled well and is on good terms with all the carers. I am always made very welcome whenever I visit [name of person] and I now feel I can stop worrying so much about him. Thank you for all your care' and 'I find the staff polite and friendly. The home is always clean and tidy. The food is exceptionally good and nutritious. [Name of person] is content and well looked after. She chats easily with the staff and they respond to her'.