

# Mrs Gail Helen Curzon & Dr Robert Neil Curzon

# The Gables Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

We carried out an unannounced focused inspection at The Gables on 25 October 2016. This was due to issues we had at the 'sister' home of The Gables, Harker Grange Nursing Home, which had resulted in the commission removing this homes registration status. We wanted to ensure that similar issues were not present at The Gables.

At the last inspection in February 2016 The Gables were rated as 'Good' overall with the safe domain receiving a rating of 'Requires Improvement'. At the February inspection there was one breach of Regulation 12 (Safe care and treatment). Following the inspection the registered provider wrote to us and sent an action plan saying how and when they intended to make the improvements needed to meet the regulation. The breach of regulation was met at this inspection.

The service had a registered manager in post at this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager had previously been the business manager at the home and had been in the process of registering when we were last at the home in February 2016. The previous registered manager was still working at the home as part of the care team.

The Gables Care Home accommodates up to 21 people who need accommodation for their personal care needs. The home provides short and long term care. The home is a semi-detached property with bedroom accommodation being located on three floors. Currently there are 15 single rooms and three shared rooms. The upper floors can be accessed via a passenger lift. There is a large communal lounge and dining area and a conservatory. The ground floor communal area had been refurbished and redecorated and the conservatory replaced since our last inspection. There were 19 people living at the home at the time of our inspection with one person occupying a double room to themselves.

We found that improvements had been made to the home since our last inspection and that the issues experienced at the 'sister' home were not in place at The Gables.

The management of falls had been a concern at the homes previous inspection. We found that processes were now in place to manage, prevent, record and report falls and potential safeguarding issues.

The management of medicines had recently transferred to an electronic system. Staff had received the appropriate training and were positive about the new system in place. We found that people received their medicines on time and in a safe manner. We made one recommendation regarding the storage of controlled drugs.

The home was fully staffed and staffing levels were not raised as an issue by anyone we spoke with and were

observed to be sufficient to meet the assessed needs of the people living in the home.

At the time of our inspection the home were transferring care plans and associated documents to an electronic care planning system. Whilst we found care plans to contain some good information they were difficult to navigate and were not always person centred and reflective of people's most up to date needs. We have made a recommendation about this.

We found evidence of audits taking place although some areas were not formally audited such as infection prevention control and care planning. We have made a recommendation about this.

Meetings were held for people living in the home, their relatives and staff which meant people had an opportunity to learn about developments in the home and have an input.

The morale and the culture within the home was observed to be positive and staff we spoke with confirmed this to be the case.

We saw evidence that the home maintained the premises and equipment via servicing and appropriate maintenance processes being in place.

## 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.

Systems were in place to recognise, record and report potential safeguarding issues.

There were enough suitably recruited, qualified and trained staff to care for the assessed needs of the people within the home.

Good systems were in place for the management of people's medicines. Controlled drugs needed to be stored correctly and in line with current guidance.

Care plans needed to be more person centred and reflect people's current needs better.

### Is the service well-led?

Good ●

The service was Well-led.

We found evidence of audits taking place. Some audits needed formalising and other areas needed formal audits introducing.

Formal surveys were sent to people living at the home, relatives, staff and visiting professionals and the results were shared with these groups of people.

The culture of the home was observed to be positive and staff we spoke with confirmed this to be the case.

# The Gables Care Home

## **Detailed findings**

### Background to this inspection

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

This focused inspection took place on 15 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors, one of whom had been involved in the inspection of Harker Grange Nursing Home, a sister home to this service in Cumbria.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan from the previous inspection in February 2016. We spoke with the local authority contracts and safeguarding teams and looked at the notifications made to CQC and safeguarding referrals that had been made.

During the inspection we spoke with six members of staff including the registered manager and one of the owners of the home. We observed staff interaction with people living at the home and spoke informally with people living at the home throughout the day. We observed medicines being handled and discussed medicines handling with staff. We looked at records that related to the management of the service and regarding how quality was being monitored within the home.

# Is the service safe?

## Our findings

At our previous inspection in February 2016 we had some concerns about how the home managed falls and the reporting of potential safeguarding issues to the local authority. We also found that some incidents which were reportable to the Care Quality Commission had not been. Following our last inspection the provider had submitted an action plan detailing how these issues would be rectified.

At this inspection we saw that systems were now in place to effectively recognise, record and report any potential safeguarding issues. We had also received notifications appropriately in line with the provider's regulatory duties. Accident records were completed to a good standard and then collated within a spreadsheet and logged as safeguarding referrals where appropriate. The registered manager told us that he reviewed potential safeguarding issues, accidents and injuries to look for patterns and if people needed referring to other services such as the falls or community mental health team.

Staff we spoke with knew the correct processes to follow if people had experienced an unwitnessed fall including if people had a potential head injury or visible skin tears. The home had an accident reporting policy and procedure in place that dealt mainly with accidents at work but forms were in place for all types of accidents. We directed the registered manager to the HSE guidance regarding accidents and health and safety in care homes. The registered manager had printed the guidance off prior to the end of our inspection.

Since our last inspection the home had invested in an electronic medication recording system that used hand held devices and barcodes to record and monitor people's medicines. The system would also eventually inform the homes ordering and stock control when it was fully implemented. The system had only been active for ten days on the day of our inspection. We were told there had been a few teething issues with the system which had meant the implementation of it had been delayed by a month but that there had been no administration errors since it had been brought in as a live system.

We observed the senior carer administering people's medicines in the morning and at lunchtime. They explained the new system, how it worked and what training they had received. Each member of staff had their own personal identification number (PIN) to access the system and this also showed who was responsible on any given day for administering people's medicines. They told us that they had received training by the company and then the trainer had shadowed them the first time they had completed a medicines round. We found staff to be knowledgeable about people's medication needs.

Each person had their own individual profile and the system highlighted in red when a person's medicine was due. At the time of our inspection some people's medicines were not barcoded as the system had only been in place for ten days and the ordering cycle needed to catch up. However this was only for a small number of medicines such as inhalers. Paper records could be printed off the system if people needed them for medical appointments. We observed the senior carer administering medicines and saw that once a person had received their medicine that the system then turned green to indicate as such.

The system did cater for people who needed controlled drugs (CD) but in line with NICE guidelines the home also had a CD book in place. At the time of our inspection one person was receiving CD's. We found that the CD cabinet used was not appropriate. Whilst it was locked and within a locked cupboard the CD cabinet itself needed to be more robust and rag bolted to the wall.

The home was fully staffed and staffing levels were not raised as an issue during our discussions with people or staff themselves. The home did not use agency staff. We were told the last time agency was used was over two years ago. Staff turnover was low with many of the staff we spoke with having worked at the home for several years. The home had one current staff vacancy which equated to a fortnightly shift of six hours. This was being covered by the existing staff team. Staff we spoke with were knowledgeable and knew the people they cared for well.

We reviewed six people's care plans. At the time of our inspection the home were transferring care plans and associated documents to an electronic care planning system. As the home had only just transferred their medicines administration processes to an electronic system the decision had been made to delay the transfer of care plans to the new year.

We found care plans to contain the majority of the information needed however they were difficult to navigate and were not always person centred and reflective of people's most up to date needs. For example the home had recently submitted a deprivation of liberty (DoLS) form for one person but their mental health needs care plan stated 'no changes' when reviewed following this submission. Another person's files stated they needed 'pressure relief' however there was no guidance for staff on how to carry out this instruction. There were other similar examples also in other areas of people's care plans where information did not always match up.

People's care plans also needed to be updated to reflect people's personal interests and life histories. Activities care plans contained little detail in some circumstances. Daily notes were also not always reflective of people's activity or behaviour.

We recommend that when care plans and other documentation are transferred to the new electronic system that this is used as an opportunity to fully review everyone's care plans to ensure that they are up to date and person centred.

We observed staff interaction with people which was seen to be very positive. At lunchtime people were assisted to the dining area or served their lunch at an occasional table in the living area or served lunch in their room. Staff were attentive and made sure everyone had meals and drinks of their choice and enough to eat. The atmosphere was seen to be positive and the atmosphere was sociable with good interactions between people and staff. Only one main meal was served however if people did not like what was offered an alternative was found. Staff were observed to wear suitable personal protective equipment (PPE). Different coloured PPE was used for food service and personal care.

At the previous inspection personal emergency evacuation plans (PEEPS) were beginning to be put in place. We saw during this inspection that PEEPS were in place for all the people living at the home indicating the level of support they needed to be safely evacuated from the home in case of an emergency.

## Is the service well-led?

### Our findings

The service had a registered manager in post. The registered manager had previously been the business manager at the home and had been in the process of registering when we were last at the home in February 2016. The previous registered manager was still working at the home as part of the care team which was positive in terms of continuity.

We found evidence of audits taking place including medicines management and infection prevention control (IPC). We found the home to be clean, tidy and odour free. The home had made improvements downstairs since our last inspection including replacing the conservatory, redecorating and refurbishing the downstairs living and dining area and making repairs to the roof. However we found little in the way of formal audits or monitoring in relation to IPC other than visual checks carried out by the registered manager.

We recommend that a formal auditing system is put in place for IPC and that guidance is sought from the local authority IPC team. Other areas would also benefit from formal auditing processes such as staff training and care planning.

We viewed the results of the latest resident survey which was returned in July 2016. Questionnaires were split into the five CQC ratings domains of safe, effective, caring, reactive and well-led. Three returns were received and comments were positive. A further questionnaire had also been received by one relative and again the responses were positive. Five staff surveys had been received in addition to residents and relative surveys. Three were sent in anonymously. The three anonymously completed surveys were critical of management and communication within the home. We were told that these issues would be addressed at the next team meeting by the registered manager. The last team meeting had taken place on 2 September and the next one was due in December 2016.

We saw evidence that residents meeting took place with the latest meeting having taken place on 13 October 2016 shortly prior to our inspection. Relatives were also invited to residents meetings. The registered manager told us that they talked to people on a daily basis to ensure that people were satisfied with their care and had everything they needed. We found the home to have a pleasant atmosphere and saw that people felt comfortable talking to staff and requesting assistance.

Staff we spoke with had no concerns regarding the management of the home. They told us that the registered manager was approachable and visible within the home. Staff told us that morale and the culture within the home was good and it helped that the former registered manager was still part of the care team. They also told us that they felt comfortable challenging the registered manager if they felt they had a better idea or opinion. The only concerns we had from staff were with the introduction of the new electronic medicines and care planning systems. They did however feel the systems were being introduced at the right pace and they had the necessary training and support needed.

We saw evidence that the home maintained the premises and equipment. We found current service



certificates for gas safety, electrical equipment including recent PAT testing, the passenger lift, legionella and hoists.

Links were in place with external professionals such as district nurses, GP's and social workers. We saw evidence within people's care plans of the involvements of other professionals and that their advice and guidance was followed.