

Cumbria County Council

# The Gables

## Inspection report

Cleator Moor Road  
Whitehaven  
CA28 8TX

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Date of inspection visit:  
30 September 2020

Date of publication:  
10 November 2020

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

The Gables is a residential care home providing personal care for up to 60 people who have needs associated with ageing or are living with a dementia related illness. At the time of the inspection 43 people were living at the home. The Gables is a brand new purpose-built care home with large communal areas and accessible gardens. There are four separate units, with smaller communal and kitchen areas and all bedrooms are ensuite.

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

People were very happy about the care and support they received and with the way the home was managed. People felt safe and were protected from harm. Staff understood how to protect people from abuse. Risk assessments were carried out to enable people to retain their independence.

The registered manager and staff were adhering to strict infection control practices and following national good practice guidance in relation to the COVID-19 pandemic. People, their relatives and the staff team felt very reassured by the measures in place.

There were enough numbers of staff to meet people's needs and ensure their safety. Extra staff had been made available to support people across the pandemic. The provider's recruitment processes ensured new staff were suitable to work in the home. Staff were well trained and supported for their role. They felt valued and enjoyed working at the home.

Everyone was very satisfied with the service. The home was being well-led by the registered manager and senior team. People's views about the quality of care were used to make improvements. Lessons had been learned and shared with staff, people and their relatives when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 01/05/2019 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about the management of falls. The first inspection since registration had also been delayed due to the Covid-19 pandemic. A decision was made for us to now inspect and examine those risks. We focused on the two key questions of Safe and Well-led. Targeted inspections do not change or give a rating. This is because they do not assess all the key questions or cover all the areas within a key question.

We found no evidence during this inspection that people were at risk of harm from this concern.

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 coronavirus and other infection outbreaks effectively.

Please see the Safe and Well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# 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. 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 Care Act 2014.

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

One inspector carried out the site visit and an Expert by Experience undertook telephone calls to people who used the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors undertook a desktop review of the evidence provided.

#### Service and service type

The Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC 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

We gave a short period notice of the inspection to undertake necessary checks to ensure the service was safe to visit and to enable the provider to collate information to support the inspection.

#### What we did before the inspection

We checked the information we held about the service. This included feedback, concerns, information

relating to investigations and notifications the service is required to send to us by law. We also asked for feedback from professionals about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We met with the registered manager, deputy manager and the provider's quality audit officer in the service. We spoke with six relatives and four staff members over the telephone. We checked the infection control arrangements and looked at some records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included care records and the management of people's risk and records relating to the operation and management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. We have not rated this key question, as we have only looked at the part of the key question we had specific concerns about and those that covered in infection control practices.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. Relatives we contacted had no concerns about the safety of their family members.
- People were kept safe by staff who had been trained to identify and respond to any safeguarding concerns.
- People's human rights were protected. The registered manager made sure staff knew how to keep people safe and to protect them from discrimination. Staff had access to appropriate training, policies and procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of developing pressure sores and weight loss.
- We had contact with local healthcare teams and social services who reported concerns about the management falls when the home first opened. We also had a higher number of falls being reported to us at this time than would be expected. Since then the service had worked effectively with these professionals, who now reported a more proactive approach in preventing and reducing falls. One healthcare professional told us, "They are now adopting a more preventative, holistic approach to falls with care plans and risk assessment being much more in-depth."
- The senior team discussed lessons learned with staff in supervisions and in team meetings. The registered manager and provider were evaluating incidents and falls to try to establish patterns so that they could take any necessary preventative action. This had included a review of the use of technology in the home to determine its effectiveness.
- Relatives told us that they were kept informed and this included with accidents and incidents. One relative told us, "They always let us know what is going on. They give us a call. When I go to the place, someone will always come over and give me an update."

Staffing and recruitment

- People received effective and timely care and support. The provider had well-established systems to ensure staff were deployed in the home in sufficient numbers and with the right skills. Relatives said there were enough staff to meet their needs in a timely way.
- The provider and registered manager had robust systems in place to ensure staff were of a suitable character to work in a care setting.

## Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.
- The registered manager and staff team had implemented government guidance in relation to COVID-19. Staff were observed following this throughout the inspection site visit.
- All the relatives we spoke to praised the home for the infection control precautions. One person told us, "The staff wore protective clothing and we have to have masks on. The space is washed down for the next visitors. Every precaution has been taken."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The registered manager and staff demonstrated a commitment to provide person-centred, high-quality care. Staff respected people's wishes and care was arranged around people's preferences and requirements. Management and staff knew people well and put these person-centred values into practice. This had been evident across the pandemic as the team strove to maintain activities for people and enabled safe visits and contact from relatives. This helped to promote people's well-being.
- Staff told us they enjoyed working at the home and received good support from the registered manager, deputy and supervisors. They were very proud of the way they had all pulled together and supported each other over the last few months.

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 ; Continuous learning and improving care

- The management team promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members. There was evidence management had spoken with people when things went wrong. One relative told us, "If there's any problems they will ring us up. When she stumbled on her chair, they informed us and said that they were bringing the doctor in."
- We saw recent audits and reviews were in place to ensure the safety and quality of the service. The provider had put measures in place to ensure that checks such as these had been allowed to safely continue across the pandemic. For example an audit was taking place when we visited to check people's medicines were being managed properly.

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

- The registered manager confirmed she received good support from the provider and had a supportive network with the other registered managers within the organisation. An additional post of a deputy manager had been created to assist with the management of this newly formed larger service.
- Staff understood their individual responsibilities and contributions to service delivery. The service had a team of supervisors who planned and organised care and gave care staff clear expectations and leadership.
- The registered manager was knowledgeable about their legal responsibilities. Any notifications they were obliged to make, had been made to CQC and the local commissioners.

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

- The registered manager actively supported people to be engaged in the development of the service. The service was monitored regularly by speaking with people to ensure they were happy. People felt listened to. One relative told us, "The manager gets to the bottom of any issue raised" and another said, "They are very interactive. Prior to the lockdown they liaised with us. Now they ring every day to tell me what's happening."
- Management and staff were committed to delivering person centred care that respected people's diversity and personal and cultural needs. We saw how one person with impaired vision had been supported to carry on an interest with the use of a very large touch screen computer screen.
- People and relatives told us that the service had adapted communications to keep them involved and fully informed across the COVID-19 pandemic.

Working in partnership with others;

- The service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses, GPs, occupational therapists and mental health teams. Many of these assessments and advice sessions had continued via the use of technology such as Zoom, WhatsApp and Microsoft teams.
- Staff had virtual training sessions presented by local PHE and healthcare practitioners.