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The Gable

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection on 15 January 2015. The Gable provides accommodation and support to people with a learning disability. The service can accommodate up to six people. At the time of our inspection five people were using the service.

At our last inspection on 19 July 2013 found there were no breaches of regulations or concerns identified at the visit.

There was a registered manager in day to day charge of the home. 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.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may lack capacity to make safe decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal

Summary of findings

framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need. Staff had received training about the MCA and DoLS and had a good understanding of the procedures to follow. We found there had been no DoLS applications, however, the registered manager was aware of the process if this was found necessary in the future.

People living in the home told us they felt safe there and did not have any concerns about the way they were supported. One person told us, "We all get on and the staff are like our family." A relative said, "I have never had any worries about my son being here. The quality of care provided by the staff is not seen that often. They really do care." People living in the home were given easy read guidance about how to report abuse and had received information and advice about keeping safe in the local community.

Staff members communicated with people effectively. Staff treated people in a caring, kind and respectful way. They knew the people they cared for and supported well and always used people's preferred names.

People were involved in deciding what food and drink they had. They were supported to access healthcare services to maintain and promote their health and well-being. They were encouraged to make their rooms at the home their own personal space. People and their relatives had been involved in the development of their care plans which were reviewed on a six monthly basis, or more frequently if required.

People were supported in a range of interests, both as during activities together or on an individual basis, which suited their needs. They were encouraged to take part in activities outside of the home to enable them to access their local community.

There were enough qualified, skilled and experienced staff to meet people's needs. For staff already employed by the service all necessary checks had been completed before new staff members had started work at the home and they had completed an induction programme when they started work. Staff members received training in areas that improved their capability in providing care and support to people who lived at the home and had regular supervision and appraisal meetings with the manager at which their performance and development were discussed

Staff members were able to demonstrate a good understanding of procedures in connection with the prevention of abuse. Risk assessments in respect of the home and the provision of care and support to people had been undertaken, regularly reviewed and steps taken to reduce any on-going risk.

The provider had systems in place to ensure that medicines were administered and disposed of safely. All medicines were stored securely.

The provider had an effective system to regularly assess and monitor the quality of service that people received and an effective complaints system.

Summary of findings

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.

Risk assessments had been undertaken depending on each person's individual needs and support plans were in place to ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

People told us staff supported them with their medication safely and on time.

There were sufficient numbers of care staff available to ensure people received support when they needed it. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Good



Is the service effective?

The service was effective.

The service worked in accordance with the principles of the Mental Capacity Act (2005).

People were supported by staff with meal preparation if they needed it. Other people could prepare their own meals with minimal support

Staff were diligent in ensuring any health needs people had were met.

Staff were well supported through induction, supervision, appraisal and on-going training.

Good



Is the service caring?

The service was caring.

People were well cared for. We observed that staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

A relative spoke positively about the care and support received by their family member. They said they had opportunities to express their views about the care and support their family member received.

Good



Is the service responsive?

The service was responsive.

People were encouraged to take part in activities and access their local community.

Good



Summary of findings

People and their relatives had been involved in the development of their care plans which were reviewed on an annual basis, or more frequently if required. Care plans recorded people's likes, dislikes and preferences.

There were systems in place to manage complaints. People told us that they knew how to complain and felt confident that staff would respond and take action to support them. A relative said they would be comfortable raising their concerns.

Is the service well-led?

The service was well led.

The service had an open culture where people were encouraged to express their views. Staff were knowledgeable about the best ways to respect people's dignity.

The provider regularly assessed and monitored the quality of the service to ensure care was to a good standard.

All levels of staff have clear lines of accountability for their roles and responsibilities.

Good



The Gable

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, and to provide a rating for the service under the Care Act 2014.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioners, to seek their feedback on the quality of the service provided, but we did not receive a response to our request. No concerns had been raised by people who used the service, their representatives or other agencies since we completed our last inspection of this service in July 2013.

We reviewed the information included in the PIR along with information we held about the service.

This unannounced Inspection took place on the 15 January 2015 and was carried out by one adult social care Inspector. During the visit, we spoke with five people living at the home, a relative, one support staff and the registered manager.

We examined in detail the following documents and records: two care plans, five Medication Administration Records (MAR), staff duty rota, training records for all staff, staff recruitment records and monthly audits that had been completed by the registered manager. We also looked at policies and procedures in relation to the following – safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) risk management, plans to respond in an emergency, recruitment and selection and medication.

Is the service safe?

Our findings

People told us they felt safe and staff were available to offer support when needed to help them maintain their independence. One person said, “I like living here, we all get on very well, and staff are here when we need help with things.” Another person told us, “The staff are very good. They make sure that we have everything we need.” A relative we spoke with said, “They look after everybody so well. It gives me peace of mind that they are all safe and encouraged to be as independent as they can be.”

We spoke with a staff member about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one member of staff told us how they had supported a person to travel independently using public transport. Risk assessments in respect of the home and the provision of care and support to people had been undertaken, regularly reviewed and steps taken to reduce any on-going risk.

We found that the staff recruitment procedure was robust and reflected current legal requirements. This ensured only suitable people with the right skills were employed by this service. However, the registered manager told us that the service had not recruited any new staff over the last five years, we were therefore not able to assess any current recruitment records.

Staff told us that they worked flexibly to support people at times that suited the people who used the service. For example, staff were available to support people with leisure activities at weekends and also at times when people needed support with personal care. People who used the service said that there was sufficient staff to support them in their activities.

We looked at the way the staff managed the medicines for the people living at the home. We saw that medicines were stored safely within a secured locked medication cupboard. Senior staff, who had received training in medicines administration and management, dispensed the medication to people. Staff told us that an external provider delivered the training; they then had a competency based assessment at the service, undertaken by the provider.

We reviewed five medication administration records and found these to be in good order. Medication was clearly prescribed and dated. The service did not have any controlled drugs at the time of our inspection.

Is the service effective?

Our findings

People were supported by care staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. People who lived at the home told us they felt staff knew what they were doing and how to look after them. One person said, “The staff take care of me.” A relative we spoke with told us “All the staff here are excellent, really good at their jobs.” The member of staff we spoke with told us they felt they had received all the support and training they needed to effectively carry out their roles and responsibilities as a care worker.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and is in place to ensure people are looked after in a way which does not inappropriately restrict their freedom. We saw policies and guidance were available to staff about the MCA and DoLS. We saw staff had undertaken relevant training and knew the key requirements and their responsibilities.

A member of staff told us they had received training to understand their responsibilities under the MCA. They were able to describe how they supported people to ensure their rights to make decisions were maintained. They knew when best interest decisions were needed and who should be involved in the process. Staff and the registered manager told us that none of the people using this service presented with behaviours which required them to be restrained, although they confirmed all staff had been trained to use physical intervention strategies in a safe way. No DoLS applications have been made.

Staff had effective training. This indicated staff had been able to undertake training in key aspects of their role, such as learning disability awareness, food hygiene, first aid, health and safety, moving and handling, prevention and control of infection control, fire safety, equality and diversity, and person centred care planning. One staff told

us they felt they were given enough opportunities to continually refresh their existing knowledge, as well as learn new skills. Staff we spoke with told us they had sufficient opportunities to review their practice and continually look at their personal development. Staff files we looked at showed there were regular team meetings and individual supervision sessions with the registered manager, which all staff were expected to routinely attend.

The feedback we received from people about the quality of food they were offered at the home was positive. One person told us “the food is good”. We looked at the food menu for the week, which we saw was clearly visible in the open-plan kitchen and available in an easy to read pictorial format. The staff member and the registered manager were able to tell us what people’s food and drink preferences were and demonstrated a good understanding of people’s specialist dietary requirements. Care records we looked at included information about people’s food preferences and nutritional risk assessments.

People were supported to maintain good health and access to healthcare services when required. Care records we examined each contained a Health Action Plan as recommended by the Department of Health for people with learning disabilities. We saw people’s health care needs were well documented in their Health Action Plan and any contact with health care professionals recorded. Records showed people received visits from a range of healthcare professionals such as GPs, district nurses, speech and language therapists, podiatrists, opticians and dieticians.

The registered manager told us all five people who lived at the home were registered with a local GP surgery. Staff gave us a good example of how they had recently made referrals to all the relevant health care professionals in response to one person’s deteriorating health condition. Records we looked at indicated these referrals were appropriate and made in a timely way by staff.

Is the service caring?

Our findings

People living at The Gable told us they were happy with the standard of care and support provided at the home. They said staff were always kind and treated them with respect. A relative told us, "I am 100% happy with the care my relative receives at the home... I can't fault the place or any of the staff." During our inspection we saw staff interacted with people in a very caring, attentive and compassionate manner. We saw staff used enabling and positive language when talking or supporting people who lived at the home.

Staff involved people in planning and making decisions about their care, treatment and support. People told us they had meetings with staff to decide what activities they were going to do each day, the meals they planned to eat, and where they might like to go on holiday that year. Records we looked at indicated staff held regular group and individual meetings with the people who lived at the home to make sure they received the care and support they needed and wanted. One person told us, "I asked to do art classes, and the staff arranged it for me". We saw bedrooms were personalised to reflect the tastes and interests of the people who occupied them. One person told us staff had helped them choose the colour their bedroom had been painted.

Staff were able to communicate effectively with people. Staff told us they often used pictures or photographs to help people understand what they could expect from the service and what choices they had regarding their daily lives. Staff showed us information people who lived at the home had been given which we saw was available in both a written and easy to read pictorial format.

People's individual needs were recognised and documented within the care plans and staff were able to tell us how they met people's needs on a day to day basis. For example what time people liked to get up, how they preferred to spend their time, and what activities they liked doing.

Staff we spoke with were able to explain that each person living at the service had different routines. For example they knew people liked their own personal space and preferred not to sit together at meal times. They were able to demonstrate how people liked to engage in different activities for example one person liked to watch certain television programmes as well as the attendance at various outside day centres and activities.

The staff we spoke with explained how they supported people to have the privacy they needed. They told us that personal care was always provided in the privacy of people's bedrooms or the

bathroom and that support staff knocked on doors before entering. Staff respected people's privacy and dignity.

Staff understood the importance of confidentiality and they confirmed personal information was only shared with others on a need to know basis. They told us that privacy, dignity and compassion were standing agenda items which were discussed at every team meeting. This meant the registered manager had taken steps to ensure people's privacy and dignity was understood and promoted by staff.

Is the service responsive?

Our findings

People were supported to be involved, as much as they were able to, in the assessment of their needs. We looked at care records for two people who lived at the home which showed staff had assessed people's care needs. The care plans were personalised and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, one care plan we examined included information about how this individual liked to spend their time, their food preferences and dislikes, and what social and leisure activities they enjoyed participating in. Staff told us they found care plans to be useful documents that gave them clear instructions about how to support people and meet their needs and wishes. Staff demonstrated a good understanding of people's wishes and preferences, and we saw they were respected in relation to the care being provided.

It was evident from discussions we had with people who lived at the home and their relatives that they felt staff actively encouraged them to remain involved in planning and reviewing the care provided. A relative told us, "The manager always invites me to attend my son's care plan reviews and lets us know straight away about any changes in his care." We saw care plans were regularly reviewed and updated accordingly to ensure they remained current and always reflected people's needs and wishes.

People had access to education and activities that were important and relevant to them and were protected from social isolation. One person who lived in the home told us "I enjoy going to the local college". Another person said "I never get bored here". Another person told us he attended three different clubs during the week. A relative told us they felt their family member had enough opportunities to choose to engage in a wide range of interesting social activities in their local community. This was confirmed by staff who told us they regularly supported people to attend social clubs and college classes in the area. During our inspection we saw a range of leisure resources were available in the lounge such as films, music, books, board games, puzzles, and jigsaws. One person who lived in the home told us they liked to watch films or listen to music in their bedroom.

People told us staff supported them to be as independent as they wanted to be. One person said, "I sometimes go out shopping for food with staff." Another person said, "Staff help me make my own snacks." This showed people were encouraged to maintain and develop independent living skills.

People who lived in the home and relatives told us the management and staff regularly sought their views about the care and support provided at The Gable. One person told us, "The staff always listen to me and help me when I need it." It was evident from records we examined and discussions we had with staff that people who lived at the home had regular opportunities to express their views. This was through daily contact with staff, one-to-one sessions with their designated key-worker, and group house meetings with their fellow peers. The same person gave us an example of improvements they had requested be made to the interior décor of their bedroom, which we saw was taking place.

A relative we contacted also said they felt involved in assessing the service and helping to make improvements. We saw returned annual satisfaction surveys which the provider had invited relatives to complete. The feedback provided by relatives who had participated in the 2014 survey had been analysed by the registered manager, which showed that overall people were satisfied with the care and support their family members received at the home.

A relative we contacted directly also told us they had never needed to make a formal complaint about the home and felt confident that any grievances they might have would be taken seriously and acted on. The relative said, "I'm in regular contact with the manager and I wouldn't think twice about letting them know if I wasn't happy with the care my relative received."

We saw the home had a complaint procedure which clearly outlined the process and timescales for dealing with complaints. Staff told us people who lived in the home and their relatives were given a copy of the provider's complaints procedure. This information helped people understand how they could make a complaint if they were unhappy with the service they received and how they could expect the registered manager to deal with any concerns they might have.

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported by the provider and regularly met with managers from other services in the group.

Relatives felt the home was well run and were very complimentary about the registered manager. One relative said, “The manager is excellent and always on hand to talk to if we have problem.” and “I have no complaints about the way the home is managed... The manager works well and all of the staff have a lot of experience between them.” One member of staff said, “The home is extremely well-led by the manager who knows what she is doing.” This showed the registered manager remained visible and could demonstrate good leadership.

There were systems in place to regularly assess and monitor the quality of the service. This was to help ensure high quality care was delivered. Quality assurance

measures included checks of the medication systems, support plans, money, staff training, infection control and the environment. There was evidence these systems identified any shortfalls and that improvements had been made. All accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement.

The registered manager told us that in addition to the audits undertaken by staff who work directly in the home, regular quality monitoring and support visits were also regularly carried out by the registered provider. Further audits had been undertaken by a qualified pharmacist. We saw that overall the results of the audits undertaken were positive.

Staff told us they felt the home had an open and supportive culture and were confident about raising any issues they might have with the management. One member of staff told us, “The management would support us”. We looked at the minutes of various team meetings held in the past 12 months and saw that topics had included the safe handling of medicines, incidents and the changing needs of people who lived in the home.