

Gable Healthcare services Limited

Gable Healthcare Services Ltd

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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Gable Healthcare Services Limited is a care agency providing personal care to people in their own homes. At the time of the inspection, the agency was supporting 15 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people could have their needs met. People were supported by staff who supported them to achieve their wishes.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People's care, treatment and care plans reflected their range of needs and this promoted their wellbeing. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough skilled staff to meet people's needs and keep them safe, with ongoing refresher and specialist training. Following this inspection, the provider said they would make improvements to how they were checking for staff competencies, when working with people with complex needs.

Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability may have. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as

appropriate.

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

Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 17 April 2019.

Why we inspected

This was the first inspection of this newly registered service.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gable Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager who was also the provider. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period notice of the inspection because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 7 September 2022 and ended on 29 September 2022. We visited the location's office on 8 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three relatives whose family members used the service. We also spoke with the provider, team leader and three care workers. We spoke with two professionals who work with the service. We reviewed a range of records. This included three people's care records and two medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff worked well with other agencies to do so.
- Relatives had no concerns about safety. A relative told us, "[The care worker], has kept [our relative] alive."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "I would report any concerns immediately and I know this is reported to the local council safeguarding team and to CQC."

Assessing risk, safety monitoring and management

- Risk assessments were based around people's individual support needs and were reviewed regularly, this helped to keep people safe from harm. These included ways to minimise the risk and interventions staff needed to take.
- People received a reliable service, which minimised the risk of missed or very late visits. The provider was in the process of introducing an electronic monitoring system which would identify if staff had not arrived at a person's property in a timely way. This meant the reasons could be considered and alternate arrangements made in real time.
- The provider told us any accident, such as a fall, was investigated to minimise the risk of further occurrence. A referral to a specialist healthcare service was made if appropriate.
- Staff were aware of procedures, such as what to do if they could not gain access to a person's property. This enhanced people's safety.
- People had individual evacuation plans in place to be used in the event of an emergency.

Staffing and recruitment

- There was enough staff to support existing care packages for people. The provider told us they had recruited more staff to meet increasing demand. However, they were mindful of delivering realistic care and balancing the risks for people.
- Relatives told us people were consistently supported by the same staff, with very few changes which people preferred.
- Recruitment checks were in place including, checking right to work details, employment history, references, notes from interviews and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store prescribed medicines safely.
- The provider kept appropriate records in relation to medicines support. These included the support needs of individual people, a list of their current medicines and records for staff to complete when administering medicines. Staff completed these in a timely manner and we found these to be completed correctly.
- Training records showed staff were given training in medicines administration and their competency was regularly assessed. This helped to ensure they were competent.

Preventing and controlling infection

- 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's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. The provider investigated incidents and shared lessons learned.
- Incidents and accidents were logged in a timely manner. The provider carried out investigation reports and reviews. These included a description of the event, areas for improvement and an improvement action plan. Action plans had an 'owner' responsible for ensuring these were followed up.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider completed an assessment of each person's physical and mental health when they started using the service.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support.
- The provider ensured people had up-to-date care and support assessments, including medical, psychological and mobility.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability may have such as, mental health needs, communication and positive behaviour support.
- New staff completed an induction which provided them with the necessary information and training needed to support people and perform their duties effectively. This consisted of the provider's required training, going through the organisations policies and procedures, the CQC regulations and being shadowed by an experienced care worker.
- Updated training and refresher courses helped staff apply best practice. Although the provider checked staff competency to ensure they understood and applied training and best practice, it was not evident how specialist training was followed up to check staff had gained the knowledge and competency required when working with people with a learning disability or autistic people. The provider said they would ensure this was now documented and make improvements in this area.
- Staff received support in the form of regular supervision, appraisal and recognition of good practice. A staff member told us, "It is good working for Gable Healthcare Services Limited."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. A relative told us, "[My relative], has gone from not eating to now eating and drinking."
- Some people were given assistance to eat. Details of the support the person needed, were detailed in their care plan.
- Records showed any concerns about a person's fluid or dietary intake, were closely monitored and reported as needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals by staff when they needed it.
- A record of health appointments was kept, this showed people had access to community healthcare services.
- The provider told us good links with local health and social care professionals had been established. This meant prompt medical advice or a home visit could be arranged when needed.
- Staff told us they could identify any signs of a person being unwell, due to supporting them on a regular basis. A member of staff told us, "We make sure they are comfortable and not suffering. We ensure medical input and oversight is in place."
- There were health assessments such as oral health assessments in place and health monitoring charts.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent to care was clearly documented and where people lacked the capacity to give their consent there was information as to who had the authority to act on people's behalf.
- Relatives told us staff requested consent before undertaking any care intervention. They said their relative was always asked what support they needed and they knew they could change their mind at any time.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented. Staff had completed training in MCA and the main principles.
- Records showed people's capacity to consent to aspects of their care, had been considered. This included any support a person needed with their personal care, and nutrition and hydration.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Relatives told us staff were caring and their relatives were treated very well. A relative told us, "[The care worker], is absolutely brilliant. We cannot fault [them]." Another told us, "The [care workers], have been great, and [my relative] gets on great with them."
- Staff demonstrated a good understanding of people's support needs but also about people's likes and dislikes, the things they enjoyed doing, their emotional responses and how best to support them. They received training in Equality and Diversity and Mental Health awareness, to develop their understanding in these areas.

Supporting people to express their views and be involved in making decisions about their care

- People were listened to and valued by staff. Relatives told us staff supported people to express their views using their preferred method of communication.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff supported them to make informed decisions about their day to day care and support. A staff member said, "Giving them options about their care and day gives you a connection to that person. We strive to understand them. Develop a relationship with them."
- Care plans were person-centred and contained details about people's likes and dislikes, their personal histories and the things they enjoyed doing.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us; people's rights were promoted. A relative told us, "[My relative] loves [their] care worker. [They] adore [care worker]."
- Staff told us ways in which they encouraged people to maintain their independence, by getting them to do small things to enhance their everyday skills. A staff member told us, "For example, we let them reach for a magazine themselves. Treat them like a person, I will then just read it for them if they wish me too."
- Staff were confident when talking about people's rights. They spoke about promoting privacy when providing personal care and respecting people as individuals.
- Respect for privacy and dignity was at the heart of Gable Healthcare Services Limited culture and values.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised care which was both pro-active and reactive in line with their care plans. The provider explained how they monitored people's changing needs through regular discussions and meetings with the people involved in supporting the person.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to action their wishes. Care plans were based around people's individual care needs and were reviewed regularly.
- Staff discussed ways of ensuring people's wishes were met and spent time with people understanding how they could be achieved.
- The majority of health and social care professionals were complimentary about the service and the staff team. A health and social care professional told us, "A person was discharged from hospital, without 24-hour care. I contacted Gable Healthcare Services Limited and the manager was there with a live-in care worker. [They] focused directly with the [person]. [They], told us, they would make it work. And they did. It was very stressful, but the [provider] stayed calm throughout."

End of life care and support

- People experienced a comfortable, dignified death.
- People and their families were supported to explore and record their wishes about care at the end of their life. Relatives told us they felt supported, empowered and listened to.
- The staff team worked closely with healthcare professionals, including palliative care specialists. A health and social care professional told us, "We work with Gable Healthcare Services Limited a lot. [Our team], has had numerous, very positive experiences with staff from Gable Healthcare Services Limited whilst providing end of life care in the community. Their care workers identify when people are dying, they recognise the signs and escalate when necessary."
- Staff had received palliative care training. Those staff with an interest and/or expertise in this area, were allocated to people requiring end of life care. Staff told us they received a debrief with the provider when a person died to ensure they were supported.
- A personalised care plan was in place for the last days of life. People's needs had been considered as part of the end of life care plan. The provider had taken account of language, communication, ability to understand and capacity when decisions are made.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication care plans, these detailed effective and preferred methods of communication, including the approach to use for different situations.
- There were communication sheets for one person, which consisted of clear statements typed in large print for staff use, to support the person's understanding of each care task. For another person a pictorial care plan had been created to assist them so they could point to what they wanted and needed with staff in their home.
- We shared good practice resources in relation to the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen interests.
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff ensured adjustments were made so people could participate in activities they wanted to and helped people to have freedom of choice and control over what they did.
- The provider told us that during the COVID-19 pandemic relatives were worried they could not visit their relatives. The staff team regularly checked on people and delivered food and drink and spent time with people, in addition to the commissioned care hours. Relatives told us this was very much appreciated.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and external organisations.
- There had been no formal complaints received by the provider in the past year from people or their relatives. Where concerns had been raised by other agencies, these were investigated by the provider in an open and transparent manner.
- People were asked if they had any concerns or complaints through regular care plan reviews.

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Governance processes were effective and helped to keep people safe, protect people's rights and provide good quality care and support.
- The provider understood and demonstrated compliance with regulatory and legislative requirements. They were supported by the team leader and received regular supervision and management support externally.
- The management team completed audits which were effective in identifying areas of improvement.
- The provider was in the process of introducing electronic care planning software to further improve the oversight of the care calls and to evidence performance, with all staff receiving training on the new software.
- Staff told us the provider was knowledgeable, gave clear leadership and was always available to provide support and advice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider told us they worked hard to instil a positive, transparent culture within the service. "The approach we take is that we are a learning organisation. If there is anything negative, we do not hide, we promote this and learn so that we improve our services to people."
- The provider worked directly with people and led by example. Staff felt respected, supported and valued by them, who supported a positive and improvement-driven culture. A staff member said, "We have good people around us; I always recommend the team we have."
- Staff told us they felt able to raise concerns with the provider without fear of what might happen as a result. Details of the provider's whistleblowing procedure was available for staff to refer to if needed. A staff member said, "[The provider] listens to you and understands if [staff] have any issues."
- The provider understood their responsibilities under duty of candour and the need to apologise when things went wrong.

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

- People, relatives, staff and healthcare professionals were encouraged to give their views about the service. This was in the form of informal conversations, quality review telephone calls and surveys. Feedback from

the surveys showed a high level of satisfaction.

- Staff recognised people's individuality and promoted this. This included staff supporting the family of a person who was unwell. The care worker was matched due to their shared language. This supported the person and their family at a very difficult time for them all.
- Staff spoke about the importance of language and people's preferences, ensuring they respected this from the first day of caring for them.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and desire for people to achieve the best outcomes possible. They had identified areas of improvement for the service. This included introducing new electronic care planning software for the staff and securing new ways of recruiting staff.
- The provider had recently introduced wellbeing plans for certain individuals and introduced hospital grab sheets for people, following recent local authority quality team feedback. Hospital grab sheets are to aid quick information handover to doctors in an emergency situation. This demonstrated a commitment to continuous improvement and learning.

Working in partnership with others

- The provider and the staff team worked well in partnership with health and social care professionals to give people using the service a voice and improve their wellbeing. We saw positive feedback from external professionals praising the staff team for supporting people and their families/wider community at the end of their lives.
- The provider was keen to undertake further networking with other local services, in order to keep up to date and share good practice.