

East Sussex County Council

The Gables

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

The Gables provides personal care, support and accommodation for up to five people with learning disabilities. This unannounced inspection took place on 21 September 2016. At the time of the inspection five people were using the service.

We last inspected The Gables in January 2014. The service met all the regulations we checked at that time.

The service has a registered manager. 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.

Staff understood how to protect people from abuse. Staff assessed and reviewed people's needs and put plans in place on how to support them. Staff identified risks to people's health and had sufficient guidance on how to manage those risks safely. The service recorded and monitored accidents and incidents to identify how to minimise the risk of reoccurrence.

There were sufficient staff on duty to meet people's needs. Staff were recruited safely. Managers were supportive and approachable and encouraged a culture of learning and staff development.

Medicines were managed appropriately and administered by competent staff. Staff knew each person well and understood how to meet their needs. Staff encouraged people to do as much as possible for themselves.

Staff provided people's care and support in line with the requirements of the Mental Capacity Act 2005 (MCA). People consented to the care and support they received. Decisions were made in people's 'best interests' if they were unable to do so.

Staff were supported to develop their knowledge and skills to meet people's needs. Staff received specialist training on working with people with learning difficulties. Staff had regular supervisions on their performance and agreed on development plans.

People were treated with kindness and compassion. Staff respected people's privacy and dignity. Staff were polite to people and communicated effectively with them. People and their relatives were involved in planning and making decisions about their care and had input in review meetings. Care plans were person centred and reflected individual's preferences. Staff supported people to pursue their hobbies and interests.

Staff upheld people's dignity. They appropriately supported people in line with the Deprivation of Liberty Safeguards (DoLS).

People had access to the health care they needed. People were supported to have enough to eat and drink. Staff followed professional guidance regarding people's nutritional needs. Staff knew people's food likes and dislikes and met their preferences.

The registered manager sought people's views about the care they received and used their feedback to develop the service. Staff supported people to make their views and wishes known. People and their relatives were happy about how staff supported people. People and their relatives knew how to make a complaint and felt confident to raise a concern with the registered manager or staff.

The service carried out checks and audits to monitor the quality of care provided to people. The registered manager took action to address any areas that required improvement.

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. Staff knew how to identify abuse and understood their responsibilities to protect people from harm.

There were sufficient staff to meet people's needs.

The provider used a robust recruitment process to ensure staff were suitable to work with people. People received their medicines safely as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received regular supervision and appraisal to monitor their performance and development needs.

Staff had the knowledge and skills to provide effective care to people.

Staff supported people in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had a choice of healthy food and home-made meals which they enjoyed. People's health needs were met.

Is the service caring?

Good ●

The service was caring. Staff supported people in a kind and caring manner.

Staff knew people well and understood how to communicate with them about their choices and preferences.

People could make choices about how they wanted staff to support them. Staff took into account their views.

People were treated with respect and their dignity and privacy upheld by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which met their individual needs. Staff promoted people's preferences and ensured people were as independent as possible. People and their relatives were involved in the planning of people's care.

People were supported to make their views and wishes known. People knew how to make a complaint.

Staff encouraged people to undertake activities they enjoyed at the service and in the community.

Is the service well-led?

Good ●

The service was well-led. People said the service was well run and the quality of service was good. The registered manager was available and approachable to people and staff. Staff felt well supported in their role.

There were robust quality assurance systems in place to develop and drive improvements at the service.

There was a positive culture at the service. Staff encouraged people to feedback about their experience of using the service and promoted open communication.

The Gables

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 checked whether the provider was 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 inspection took place on 21 September 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used all this information to inform the planning of the inspection.

During the inspection we spoke with two people using the service. We spoke with eight staff including a team leader, operations manager and six members of care staff. We looked at care records and medicine administration record (MAR) charts of five people. We reviewed management records of the service including incident reports, safeguarding concerns and audits to monitor the quality of the service. We viewed records relating to five staff including training, supervision and appraisal records. We checked feedback the service had received from people, their relatives and healthcare professionals.

We undertook general observations and formal observations using the short observation framework for inspections (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from three relatives and five healthcare professionals.

Is the service safe?

Our findings

People were safe at the service. One person's relative told us, "I have no worries about the care [relative] receives. I have confidence with staff."

The provider had taken steps to ensure people were protected from the risk of abuse and neglect. Staff understood the types of abuse and were able to explain how they would support people if they thought anyone was at risk of harm or abuse. Staff knew what action to take if they had any concerns for people's well-being or safety.

Staff understood how to alert external agencies if the service did not adequately address their concerns of abuse to protect people from harm. Staff were aware of the whistleblowing policy and how to use it to ensure people were protected from the risk of abuse. A member of staff told us, "I am confident the manager would look into allegations of abuse. I would not hesitate to raise the issue with authorities such as CQC if nothing was done about poor practice."

People were safe from the risk of avoidable harm. The registered manager identified risks to people's health and safety and to the staff supporting them and managed these appropriately. Staff knew about the risks to people's safety and had guidance on how to manage the risks. Staff received regular updates about people to ensure they all were aware of how to support people as their day to day safety and care needs changed. Staff had updated people's risk management plans to ensure they met their current risks.

The service involved other healthcare professionals about people's safety and agreed on how to support them safely. For example, staff had assessed a person at risk associated with eating. A referral was made to a speech and language therapist (SALT) for advice and guidance in managing this risk. Staff developed a plan on how to support the person with their eating based on the recommendations of the SALT. We observed staff supported the person in line with the care plan.

Staff supported people to live safely. We spoke with staff about people whose behaviour when distressed sometimes challenged the service. Staff understood the signs a person was becoming distressed and used this knowledge to support them. Records showed a detailed risk assessment of a person's behaviour which included guidelines for staff to follow when making the person feel safe. For example, staff told us they supported a person to move away from other people and engage them in things that interested them. Staff were able to do this as they knew what made the person anxious and were able to reassure and distract them.

Staff knew how to keep people safe in an emergency. The registered manager had identified the support people required to evacuate the building and put in place guidance for staff about how to do this safely. Personal Emergency Evacuation Plans (PEEP) were in place for all people. The service carried out regular fire and evacuation drills to ensure people and staff knew what to do in the event of a fire. Staff had contact details for management so they could ring if they needed support in case of an emergency or any situation that could disrupt the service.

Staff managed risks to reduce accidents at the service to keep people safe. Staff recorded and accidents and incidents and notified the registered manager and provider. The registered manager analysed the records to check patterns and discussed this at team meetings to ensure staff learnt from those events and minimised further risks to people. The service involved a physiotherapist to support people with their mobility concerns. For example, people who were at risk of falling when moving were assessed and provided with appropriate equipment such as a hoist and handling belt to reduce the risk of injury. Staff supported people as advised by healthcare professionals. They had updated people's risk management plans to reduce the risk of incidents occurring.

There were sufficient staff to meet people's needs. We saw staff were able to meet people's needs and respond to their requests for support without delay. Staff told us the rota was clear and issued in advance which ensured they were available for each shift. Rotas showed all planned and sickness absences were adequately covered. Staffing levels were determined by assessing each person's needs and the support they required. Additional staff supported people who were unwell and to attend hospital appointments to ensure they received safe and appropriate care.

New staff were suitable to work with people living at service. The provider used a safe and robust recruitment and selection process. Records showed appropriate checks were made before staff started to support people. This included pre-employment checks, Disclosure and Barring Service (DBS), written references, applicant's identity and right to work. DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who need care.

People's medicines were managed safely. The registered manager carried out assessments on the support people needed with managing their medicines. Staff had clear guidance about how to support people safely with their medicines. Staff supported people with their medicines only after they were assessed as competent to do so.

The service protected people from the risk of the misuse of medicines. Medicines were safely stored and kept securely at the service. The management team carried out regular checks on Medicine Administration Record (MAR) charts and stocks of medicines to ensure people were receiving their medicines as prescribed. Staff maintained clear records of the medicines administered to people. Mar charts we looked at were fully and accurately completed. We checked medicine stocks for three people and these corresponded to the balances recorded on their Mar charts.

We saw a member of staff talk to a person about their medicine so they knew how their medicines would help them. Records showed staff followed the provider's medicine policy and 'as required' protocol when they administered medicines to people. Staff were clear on what they needed to do in the event of making an error with a person's medicines. One member of staff told us, "I would inform their GP, emergency services and my manager for advice and that the person could receive appropriate help."

Is the service effective?

Our findings

People received care from well trained staff. One relative told us, "People are looked after very well. I don't have any worries. The staff seem well qualified for their work."

Staff had an induction when they started to work at the service. Induction training included staff getting to know the people they would be supporting, understanding policies and procedures, medication training and observation on the job. The registered manager reviewed new staff's performance during probation to ensure they could undertake their role before confirming them in post.

Staff received training which enabled them to meet people's specific and individual needs. One member of staff told us, "The training has all been really useful." Other comments included, "The manager encourages us to develop by asking questions on how we work and observing our practice" and "We have a wide range of training, and each of us leads on specific areas such as health and safety or communication. It's all focused on the needs of the people living here." Staff had received training in safeguarding adults, first aid, safe handling of medicines and infection control. Staff attended courses on meeting specific needs of people living with epilepsy, end of life care and mental health awareness. Records showed staff received specialist training in 'promoting positive behaviour support' and 'promoting active support' for people living with learning disabilities.

Staff had regular one to one meetings with their managers to review their performance and develop in their role. One member of staff told us, "Supervision is an ideal time to talk about any challenges at work and the help I might need to improve." The registered manager observed staff practice's about how they provided care to people such as using a hoist and supporting people to eat and drink and ensured they had the appropriate support. Staff had an annual appraisal and review of their training needs. The registered manager followed up and implemented action plans and objectives.

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 be 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.

People gave consent to care and treatment. Staff had received training on the principles of the MCA and understood their responsibilities. Staff understood they could only deprive people of their liberty when authorised to do so. The service met the requirements of DoLS. The registered manager had made DoLS applications to the local authority and received authorisations. Staff supported people in line with the authorisations.

Staff explained to people what choices they had and supported them to make their own decisions. Staff used appropriate communication methods to support people to make decisions about their care. For example, staff explained how they used pictures and easy read material to show people the options they had. Staff put information on boards around the service to support people to make choices about the day to day living such as going out, activities and food offered at the service. Staff gave people enough time to respond to ensure people were making decisions and their rights were respected.

People received meals, which were in line with their needs and preferences. One person told us, "The food is nice." One relative commented, "We have seen the food served to [people] at The Gables and it looks to be good, nutritious and appetising." Staff identified people's likes and dislikes in relation to their diet. Staff offered people choice by showing them different picture of foods and preparing what they liked. Staff understood they could contact the GP and dietician for advice in relation to people's nutritional needs should this become necessary.

People had a choice of drinks, fruit and refreshments. For example, during our inspection, we saw a person had access to the kitchen and prepared their own refreshments when they wanted to.

People had access to the healthcare services they needed. Staff involved health care professionals to ensure people's health needs were met. Staff asked the GP to visit people when they were unwell. Staff maintained up to date records of visits and what care people had received from healthcare professional such as GPs, physiotherapists, chiropodists and speech and language therapists. The registered manager ensured staff followed guidance given to promote people's health. People attended regular appointments with health professionals and staff supported them to make follow up visits.

People were referred to specialist health care professionals to meet their more specific needs. For example, records showed staff had involved an occupational therapist (OT) in identifying risks to a person with a physical health condition. The person's care plans showed staff had followed the guidance of the OT to support the person effectively.

Is the service caring?

Our findings

People told us the service was caring. One person told us "I like living here. Staff care about me." Another person said, "Lovely [staff] and very friendly."

We saw staff talked positively with people and showed a kind and caring manner. Conversations between people and staff were relaxed and friendly. Staff supported people calmly and with respect when they became anxious. For example, we saw one person who was anxious and staff reassured them and spoke to them in an engaging manner. Staff told us they knew people's preferred way to receive reassurance when they were anxious. People enjoyed a good rapport with staff.

Staff knew people well. Staff were able to describe the individual needs of people who used the service and understood how they wished to be supported. Care records contained information about people's life history and preferences. We observed at lunchtime that a person was supported to eat their meal with adapted cutlery. Staff took into account and supported people with their diverse needs.

People were involved in making decisions about their care. People received input and support from healthcare professionals such as the learning disability and mental health teams, social workers and their relatives were appropriate to help them make decisions about their care and support. One person we spoke with told us "I'm always told what's going on." People were assigned a keyworker with whom they had regular meetings to discuss any changes to their health needs and ensure they received the appropriate support. People had access to advocacy support when they needed it. For example, people were supported by an advocate to understand a discussion of a possible move.

People received the support they required to maintain relationships with their relatives and people who mattered to them as they wished. Photographs and records showed some people went out on trips with relatives and staff. The service held functions for people to celebrate special occasions such as birthdays or any milestones in their lives. Staff organised parties for people and supported them to invite people important to them.

Staff kept people's information about their health and well-being secure and confidential. Staff understood the need to respect people's confidentiality. Records showed staff shared information with other healthcare professionals involved in people's care as appropriate.

People were offered care and support in a dignified way which maintained their privacy and confidentiality. Staff knew how to ensure they respected people's dignity. One member of staff told us, "We knock on [people's] bedroom doors and wait to be called in. We talk to people in private about their health and treatment." Another member of staff said, "I make sure I shut the door and draw the curtains before helping people with their personal care."

Staff recognised people's strengths and encouraged them to be independent where possible in relation to managing their health conditions. One member of staff told us, "We encourage [people] to do as much as

they can for themselves. [People] will tell us or show what they are able to do." We saw an individual schedule for each person who used the service, which included personal care, being involved in preparing meals and doing their laundry. Care records showed staff supported people according to the support they needed to complete tasks.

Staff knew people's end of life wishes and had plans in place to ensure they respected their choices. One member of staff told us, "We talked with [Person's name] about their end of life care. Everything they wish to happen is recorded." Records showed staff had identified people's wishes for their end of life and said they would support a person die with dignity.

Is the service responsive?

Our findings

People received support that met their individual needs. Staff assessed people's needs and developed plans on how they should provide their care and support. Records showed staff involved people and relatives in planning their care and support. Assessment records contained people's information on their health, personal history and preferences and described what support they required from staff. This enabled staff to plan and deliver people's support in a manner that promoted them to be as independent as possible. For example, staff encouraged people to undertake tasks that promoted their personal hygiene and well-being such as tidying and cleaning their room. Records showed how people spent their time in and out of the service and the activities they enjoyed and what was important to them.

People received care and support appropriate to their needs. Staff regularly reviewed people's individual care to make sure they understood their needs. Care plans were up to date and staff made changes when required. For example, we saw that plans were updated when people's needs changed in relation to their mobility. People received appropriate support with any physical disabilities they had. When people used equipment, such as a walking frame and a wheelchair their records explained how staff should support them to use it safely. Care records showed staff had updated people support and care plans as appropriate.

Staff supported people to engage in meaningful activities and social events according to their interests and preferences. One person told us how much they enjoyed going out for a meal or a shopping trip. People were happy about the activities available to them at the service and in the community. There were enough staff to engage people in activities of their choice. Records showed a variety of activities which included group and one to one activities. For example, there was an activity plan in place including attending a day centre during the week. At weekends staff supported people in the community including going shopping. Staff supported people to maintain relationships important to them and ensured that people could call or email their family or friends when they wanted to.

People were able to do various things which interested them. One member of staff told us, "We enjoy seeing how people have developed since they came to live here." Staff told us people enjoyed meeting up with people from the provider's other local services. People were positive about the activities provided at the service. Photographs on display showed people doing things they liked to do such sight- seeing. Staff understood sometimes people preferred to spend their time quietly, enjoying sitting in the garden, chatting to staff, listening to music or watching television.

The service held meetings with people and their relatives to discuss their welfare and changes they would like to see and any planned improvements. One person told us, "We have meetings and [staff] do listen to what we say." The registered manager listened to them and acted on their concerns. The meetings were used to enable people to ask about any additional support they wanted or changes they wished to make. This included making decisions about redecorating the service, discussing the menu, communication with staff and the choice of activities available to them.

People knew how to raise a complaint. One person told us, "I like it here. I have no complaint." Staff had one

to one meeting with people and discussed how to raise a complaint or any concerns they had. The service had an easy read complaint process with pictures so people understood the ways they could raise any concerns they had.

Relatives told us they also contacted the registered manager by email and telephone to discuss concerns about people and the service. They said the registered manager was responsive to their concerns.

One relative told us they were confident staff would listen to them and take action to resolve a complaint if they ever raised one and said, "I have confidence in all the people that I deal with." Staff were clear about the complaints process and knew how to support people if they wanted to make a complaint about the care they received. There had not been any complaints in the past 12 months.

Is the service well-led?

Our findings

People, their relatives and staff said the registered manager was approachable. One relative told us "I have no worries at all about how the manager runs the place". One member of staff told us, "The manager is hands on and readily available for advice and listens if we have any issues". A healthcare professional told us, "The place is well organised and run well".

There was a registered manager in post at the time of inspection. Staff said the registered manager promoted an open and inclusive environment. One member of staff told us, "[The registered manager] is all for the [people] and how we can better their lives." One relative said, "[The registered manager] is so helpful. We've been to annual review meetings and she stands up for people's welfare."

The registered manager understood their responsibility in relation to their registration with CQC and had ensured the service submitted statutory notifications as appropriate.

Staff said they felt valued at the service. One member of staff told us, "We always get a thank you from management and relatives when we help people achieve their goals." The operations manager had written to staff saying, "Thank you all for the hard work, support and commitment to the service and everyone living at The Gables." Staff told us they embraced the provider's vision and values of communicating effectively with people to empower them to be as independent as possible.

Staff had accurate and up to date information on people's needs and the support they required. The registered manager regularly reviewed people's records and ensured staff documented appropriately the support and care they had given.

The registered manager and provider encouraged and valued feedback from people and their relatives. People and staff gave feedback through discussions at people's reviews, meetings and service user forums. For example the provider had carried out a consultation with people, staff, their relatives and stakeholders about a proposed plan for a purpose built service. At the time of our inspection, the operations manager told us a site had been identified and building work was in progress. People were excited that when the works were completed they would have larger sized bedrooms with en-suite bathrooms. Their views were considered and a decision had been made to build a more person friendly building. A staff survey report of 2016 showed a high rate of satisfaction with the working relationship between staff and managers and the quality of training provided at the service. The service had set up interactive client information boards following feedback from a people's meeting.

The registered manager monitored the quality of service and carried out improvements when necessary. The operations manager had oversight of the service and in liaison with the registered manager developed a service improvement plan. They regularly reviewed the plan to ensure they followed up on previously identified issues. The operations manager carried out spot check visits to the service to ensure people consistently received a high standard of care.

A compliance visit of February 2016 by the operations manager showed checks on staffing, support plans, training and activities at the service. Their report showed people received a high quality of care. The provider's contracts and purchasing team regularly reviewed service performance and gave positive feedback about the quality of care people received. The September 2015 audit showed the registered manager sought to continually improve the quality of the care people received and had acted on their recommendations.

The registered manager carried out regular audits on medicines management and made improvements in line with the provider's policy. The service worked closely with their local pharmacist in relation to medicines management to ensure people received their medicines as prescribed. There were no issues identified at the latest monitoring visit which showed the service followed guidance and good practice.

The registered manager organised meetings to enable staff to make suggestions on improving the service. Records of the meetings emphasised the importance of treating people with respect and maintaining their dignity. Staff were able to make suggestions on improving the service and felt comfortable raising issues outside supervision if they needed to. Staff told us communication was shared appropriately within the team.

The service enjoyed a close working partnership with community groups, charities and local health organisations to support people's care provision and service development. For example, the service had arranged for input from a GP and district nurses in relation to the care and support of people with learning disabilities. Staff at the service had enrolled for an 'I Care Ambassadors' role which meant they were part of a national team of care workers who talk about what it's like to work in social care and provide mentoring for new care workers. The provider had signed up to provide health and social care apprenticeship to enable potential staff to contribute to the care sector and get a qualification in the process.