

The Gables Care Home Ltd

The Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Gables Care Home is a residential care home providing personal care to up to 21 people. At the time of our inspection there were 17 people using the service.

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

Some staff who administered medicines had not received formal training. People were supported by some staff who had not been recruited safely. Audits and quality assurance processes did not identify the concerns that have resulted in breaches of regulations.

We have made recommendations about the following concerns; people did not have access to over the counter medicines known as homely remedies. Staffing levels left people with limited oversight and interactions. Not all staff had received safeguarding training. Staff were not wearing face masks in line with Government guidance and there was no risk assessment to show any rationale for this or how risks to people would be lessened. Action resulting from feedback was not always recorded.

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.

People told us they were happy and safe. There was evidence that there had been lessons learned from previous inspections. Relationships with health professionals had ensured people received timely support.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 May 2022) and there were breaches of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 February 2022 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, fit and proper persons employed and good governance.

We carried out this focused inspection to check whether the Warning Notice we previously served in relation

to regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Gables Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation safe recruitment and the lack of robust processes to monitor the quality of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Gables Care Home

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.

This was a focused inspection to check whether the provider had met the requirements of the warning and requirement notices in relation to regulations safe care and treatment, good governance and fit and proper persons employed.

Inspection team

Two inspectors carried out the inspection on the first day. One inspector returned on the second day.

Service and service type

The Gables Care Home is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 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. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, shift leader, carer and administrator. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and reviewed a variety of records related to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

The purpose of this inspection was to check if the registered manager had met the requirements of the warning notice we previously served about the management of risk.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the registered manager had failed to follow robust recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The provider had not ensured all staff had suitable Disclosure and Barring Service (DBS) clearance before working at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had not ensured they obtained a full employment history for all staff and there was no evidence this had been discussed with the staff member.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This was a repeated breach of regulation 19(3) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received an induction and shadowed experienced staff. Not all staff had received training relevant to their role, such as moving and handling, medicines administration and safeguarding. The provider and registered manager took immediate action and arranged suitable training.
- Feedback from people on staffing levels was positive. They told us staff were responsive and attended to their needs. One person told us "[Staff] are very good" at answering the call bell. They praised one staff member saying they, "Make a lot of fuss over everyone and is really tender and caring."
- We observed the two care staff on shift worked continuously at times over three floors. This left people with limited interaction and limited oversight. The registered manager told us, they were in the process of advertising and recruiting additional staff.

We recommend the provider review staffing levels to ensure suitable numbers of staff are deployed to meet

people care and support needs.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Not all PEEPs held the correct information on which bedroom people resided in and how to safely support them to leave the building. The provider responded immediately during and after the inspection. They confirmed all the PEEPs had been reviewed and updated.
- Window restrictors were in place and operational to lessen the risk of avoidable harm.
- The provider had updated and replaced the emergency lighting throughout the home.
- The registered manager had introduced new procedures to ensure the exit doors remained alarmed to lessen the risk of people leaving the home unsupported.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the administration and storage of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager did not have any homely remedy medicines on site. One relative told us their family member did not have access to pain relief when they had a headache. A homely remedy is a medicine used to treat minor ailments. They are purchased over the counter. They do not need to be prescribed. They are kept as stock in a care home to give people access to medicines that would commonly be available in any household.

We recommend the provider consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

- One person lacked documentation on when to administer as and when required medicines. The registered manager and provider told us they would review and update the person's care plan.
- Administration of medicines records had not been consistently signed by staff. However, there was evidence that the registered manager had been reviewing documentation and was responding to these omissions with the staff members.
- Medicines and controlled drugs were stored safely. Controlled drugs are a drug or other substance that is tightly controlled by the government because it may be abused or cause addiction.
- The registered manager had introduced picture documents as a tool to communicate with people and assess their pain levels.
- The registered manager had ensured staff administering medicines had shadowed experienced staff members and had their competency reviewed, but had not received any formal training.

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager had not ensured all staff had received safeguarding training. Safeguarding training gives staff the skills and knowledge to recognise abuse and neglect and what actions to take to keep people safe and how to report their concerns.

We recommend the provider and registered manager ensure all staff receive current safeguarding training from a reputable source.

- Staff told us they knew how to recognise potential abuse and report any concerns.
- The registered manager followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm.

Preventing and controlling infection.

At our last inspection systems were either not in place to promote positive infection prevention practices or consistently followed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff and visitors were not required to wear face masks. The registered manager told us this was no longer mandatory, and staff wore masks when supporting people with personal care and support. Government guidance at the time of inspection was, 'Face masks should be worn by all care workers and encouraged for visitors in care settings and when providing care in people's own homes, irrespective of whether the person being cared for is known or suspected to have COVID-19 or not.'

We recommend the provider consider current guidance on the wearing of face masks and/or risk assess their decisions.

- We were not assured that the provider was consistently promoting safety through the layout and hygiene practices of the premises. There was a checklist for staff to sign to show they had cleaned the bathrooms. One bathroom had a build-up of dust and dirt in one area, but the checklist had been signed to say it had been cleaned. One bedroom had a build-up of black particles in one area. The registered manager told us they were without housekeeping staff and were recruiting to the post.
- The registered manager had supported people to receive their COVID –19 and Flu vaccinations.
- We were assured that the provider was using gloves and aprons effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that people could receive visitors in the home

Learning lessons when things go wrong

- The registered manager demonstrated they had learned lessons since the last inspection. However, not enough improvement had been made and they were still not meeting legal requirements.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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.

The purpose of this inspection was to check if the registered manager had met the requirements of the warning notice we previously served about the management of risk.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had failed to have effective oversight of the quality of care, risk and governance. There was also the potential for people to experience harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's systems to assess, monitor and improve the quality of the service had not been operated effectively and had not identified and addressed the shortfalls we found during our inspection.
- Personal emergency evacuation plans had been regularly reviewed. However, some of these documents did not hold up to date information or guide staff on how to support some people to leave the home safely. This meant the registered manager and provider could not be assured of the quality of the auditing processes and had not identified the issues we had found during the inspection.
- The registered manager did not consistently have oversight or monitor and improve the quality of the service delivered. Some audits were not documented as being completed.
- The registered manager and provider did not follow systems and processes to ensure the robust recruitment and training of staff.

We found no evidence that people had been harmed however, the registered manager and provider failed to have effective oversight of the, quality of care, risk and governance. The registered manager had failed to ensure records were accurate and up to date. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

characteristics

- The provider and registered manager used questionnaires to gain feedback on the service. However, when concerns had been submitted, there was no evidence these had all been investigated with proportionate action taken.

We recommend the provider follow best practice on the implementation and embedding of processes that allows feedback to be reviewed, recorded and any trends and risks identified.

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 registered manager and provider have continued to engage and been frank and co-operative throughout the inspection process.
- The provider had a policy and procedure to guide staff on their responsibilities and action they should take when something went wrong.

Continuous learning and improving care; Working in partnership with others

- Records highlighted the registered manager had worked proactively and advice and guidance had been sought from health and social care professionals when required.
- The registered manager showed a greater understanding of quality performance, risks and regulatory requirements than had been evidenced at previous inspections.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively. Audits did not consistently identify concerns and mitigate risks. 17(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not consistently operated effectively. 19(1)(2)(3)(a)