

Making Space

Gables Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Gables Manor is a residential and nursing home providing personal and nursing care to 19 people with learning disabilities and/or autism at the time of the inspection. The service can support up to 20 people in one adapted building. There are two floors with bedrooms on the first floor and some ground floor bedrooms and communal areas.

The service demonstrated the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no identifying signs or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were happy living at the service. A person said, "The staff are nice; they are good to me." A relative told us how they could tell from the person's behaviour that they were content, happy and enjoyed participating in daily activities around the service.

People felt safe at the service and protected from the risk of abuse. Staff assessed risks to people's health and safety and took action to keep them safe. There were enough staff to support people. Arrangements were in place for the safe management of people's medicines.

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, although this was not always fully documented.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. The outcomes for people using the service reflected these principles and values. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff worked closely with other services to provide effective care and achieve good outcomes for people. People received a balanced diet based on their preferences. We have made a recommendation about monitoring people's weight and nutritional status.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. People were supported to access services outside the home and to participate in activities within the local community.

There was good leadership and management of the service. The quality of the service was monitored and when improvements were needed, action was taken to address these.

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 this service was Good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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.

Gables Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Gables Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had left the service and the current manager was in the process of completing their registration with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought

feedback from the commissioners of the service.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, a nurse, senior care worker, care worker, activities coordinator, handyman and the chef. We observed care and support provided in the communal areas of the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including the training matrix, quality audits, maintenance records, policies and procedures.

After the inspection

We reviewed additional information sent to us by the registered manager and spoke with two relatives of people using the service.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from abuse and avoidable harm. Staff completed training in safeguarding vulnerable adults and were knowledgeable about the actions they needed to take to report concerns and protect people. The manager was aware of their responsibilities for reporting and completed the necessary referrals to the local authority and CQC.
- People felt safe living at the service. One person said, "The staff keep me safe." Another person said they could trust staff to keep them safe and protect them from harm.
- Staff needed to use physical interventions at times to maintain people's safety, due to self-harming behaviours. Staff had received training to ensure this was done safely and with the minimal intervention possible. Records of all incidents were completed and were reviewed and discussed, to identify whether they could be managed better or differently in the future.

Assessing risk, safety monitoring and management

- Staff completed risk assessments that identified risks to people's health and safety and actions to be taken to reduce those risks, whilst not restricting them unnecessarily. For example, people needed differing levels of support to access the local community as they lacked awareness of road safety or safety when travelling in vehicles.
- Behavioural support plans guided staff to reduce people's distress or anxiety. Pro-active strategies were person-centred and effectively used by staff with positive outcomes for people.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

Staffing and recruitment

- Staffing levels were planned to enable staff to provide timely, person centred care. Some people required one to one support from staff and this was planned into the staff roster. People told us staff were there when they were needed and staff said they felt staffing levels were sufficient to enable them to meet people's

individual needs.

- Prior to the inspection, there had been a significant number of staff vacancies and the new manager had been actively recruiting staff to fill these. At the time of the inspection most of the vacancies were filled, although some staff had not commenced in the service.
- In the meantime, shortfalls in staffing were filled by agency staff who were familiar with the service and the client group. Steps were taken to ensure agency staff were trained and received a good orientation to the service.

Using medicines safely

- Processes were in place for the safe management of medicines.
- People told us staff gave them their medicines regularly. Processes were in place for the timely ordering and supply of people's medicines. Some people were prescribed medicines to be given if they had a prolonged seizure and staff had received training in the administration of this. There were clear protocols in place to ensure medicines that were prescribed to be given only as required, were given consistently and not over used.

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. Cleaning schedules were in place to ensure all parts of the service were cleaned regularly and we observed a housekeeper completing routine cleaning thoroughly during the inspection.
- Staff were aware of the precautions needed to prevent and control the spread of infection and used personal protective clothing and equipment appropriately.
- Independent audits of infection prevention and control were completed and we saw actions from the audits had been completed. Two staff were identified as infection control champions and attended network meetings to maintain their knowledge and skills and cascade their knowledge to others.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the manager reviewed and collated information from these monthly. They also provided a monthly report to the provider and a representative of the provider discussed these with the manager regularly.
- Accidents and incidents were discussed at staff handovers and in team meetings. Notes of team meetings showed that staff were encouraged to report all incidents and accidents and that learning from them was discussed.



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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Require Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff assessed people's individual needs and developed each person's support plans based on these. When other professionals had provided advice or guidance this information was included in people's care records. For example, a physiotherapist had provided guidance on deep breathing exercises for one person.
- Staff had access to up to date policies and procedures based on national best practice guidance. Staff said the provider sent emails to staff to inform them of new national guidance and safety alerts.

Staff support: induction, training, skills and experience

- Staff were supported in their roles and had regular supervision and appraisal. Staff said they could ask for additional training if they identified a need and this would be provided whenever possible.
- The staff training matrix showed that not all staff had completed their annual training updates. However, this was mitigated as we found that in the subjects with the lowest completion rate for e-learning, staff had completed face to face training on the same subject. The manager told us arrangements were in place to provide monthly face to face training in the future, following the transfer of the service to a new provider.

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

- Staff did not assess people's risk of malnutrition using an identified tool, although each person had a nutritional care plan. Staff weighed people regularly; however, they did not routinely document any weight gain or loss and their weight was not monitored in their care records. This included people with complex needs and those who received their nutrition through a tube into their stomach. We did not identify an impact on people from this, as there was no indication people had experienced unplanned weight loss and those eating orally had good appetites.

We recommend the provider consider current guidance about monitoring people's weight and nutritional

risk, to ensure that those who could be nutritionally at risk are reviewed regularly. The manager agreed to take immediate action to address this.

- People were provided with a balanced and nutritious diet based on their individual preferences. People told us they enjoyed the food and if they didn't like the meals on the menu, they could ask for something else. The cook was knowledgeable about people's food preferences and took these into account. They said, "I know (name) doesn't like fish so I will do them something else."

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

- Staff ensured people had access to input from a range of health professionals according to their needs. Advice from these professionals was documented in people's care records and incorporated in their care plans. People had regular access to podiatry and a dentist.
- People were encouraged to eat healthy diets and to undertake exercise such as walking or attending a gym to maintain their health.
- Staff completed oral health assessments and people's care plans contained information about how to maintain their oral hygiene. The service had an oral health care champion.

Adapting service, design, decoration to meet people's needs

- The environment was suitable for the needs of people using the service. The decoration and furnishings provided a homely environment and people's bedrooms were individually decorated with space for personal possessions.

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 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found the appropriate applications had been submitted and authorisations gained. When conditions were attached to the authorisations, these were monitored and the conditions were met.
- Mental capacity assessments and best interest decisions were documented in care records when restrictions were in place to keep the person safe. We saw evidence of the involvement of professionals in decision making to ensure decisions were made in the person's best interests. However, best interest decisions in relation to some specific aspects of care such as the management of a person's medicines were not always documented, although staff were able to explain how the decisions were made in the person's best interests. The manager said they would review and rectify this immediately.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 had good relationships with staff and were relaxed and happy in their company. A relative said, "(The person) is so happy, they don't want to come home. They are contented and cheerful whenever we visit." Another relative said, "Generally (my family member) is very happy." A person we spoke with said, "I like it here best. It's a good place to live."
- Staff were kind and caring. We observed that at times people sought reassurance from staff who were attentive to their needs and wishes.

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

- People were offered choices and supported with their preferred routines. Staff were knowledgeable about people's routines and offered people choices in a way they could understand. They took time to understand people's gestures and expressions to interpret their wishes and then checked they had understood correctly.
- A relative told us staff always kept them up to date and involved them in decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. Staff understood the importance of maintaining people's privacy and dignity and care plans contained appropriate information and guidance.
- People were encouraged to be as independent as possible and care plans contained information about the support people needed and the things they could do for themselves. Some people were supported to keep their room clean and tidy and some people assisted with housekeeping and food preparation tasks within the service. A person told us they assisted the handyman with maintenance tasks and another person was helping to redecorate their room.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People were supported to maximise their potential and live a full and varied life. We were told of people who had become much more settled since coming to the service and risks associated with their behaviours had reduced. Positive feedback about the difference the staff had made to one person was received from their independent advocate.
- Staff had an excellent knowledge of people's care and support needs and things that were important to them. They described the signs they recognised that indicated a person was becoming distressed and the support people needed to effectively manage their behaviours and promote their independence.
- Care plans generally contained a good level of information about people's care and support needs and their personal preferences and routines. However, there were some inconsistencies and the level of detail was variable. The manager said they had identified this themselves and had plans to review all care plans imminently.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and care plans contained information about the way the person communicated, any aids they required and how some people communicated in non-verbal ways, such as by the use of gestures and signs.
- Information was available in easy-read format and large print. Staff said most people were unable to read, although they understood simple verbal information and staff adapted their communication to meet each individual's needs. We saw this was effective during the inspection.

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

- Staff supported people to maintain relationships that were important to them. They facilitated visits from relatives and took people to see relatives who were unable to come to visit them at the service.
- People were encouraged to participate in activities that interested them and try new activities. They had opportunities to socially engage with others in the local community and several regularly attended social clubs for people with disabilities. Some people had attended football matches, some visited a local animal sanctuary and several people enjoyed visits to local pubs and cafes.
- A new activities coordinator had been appointed and they had a wealth of ideas to extend the range of opportunities for people based on their individual preferences.

Improving care quality in response to complaints or concerns

- Complaints were recorded, investigated and responded to in line with the complaints policy.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, staff described how they had supported a person at the end of their life in the recent past. They liaised with other professionals to ensure the person was comfortable and their wishes were followed.



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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During the inspection we found staff were keen to share and promote the positive aspects of the service and were also willing to be open and acknowledge where further improvements could be made.
- Several staff and a relative spoke about the recent challenges faced by the service due to the turnover of managers and their differing management styles. Staff were very positive about the leadership provided by the new manager and the support they received. A member of staff said, "(The manager) lets us do our jobs and trusts you, but is there if you need him."

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 manager had a good understanding of the requirements of the duty of candour. A relative said they were always kept informed of any issues and changes and staff were open and honest with them.

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

- There was no registered manager in post at the time of the inspection. The previous registered manager had left the service and a new manager was in post. Their application to become the registered manager had been received by the CQC and was being processed.
- Accountabilities within the organisational structure were understood by all the staff we spoke with. New senior carer roles were being introduced and staff were clear about the responsibilities of the new role.
- The provider and the manager carried out regular audits to monitor the quality of care provided and bring about improvements. We saw actions were identified from the audits and these were addressed.

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

- Staff and people using the service felt engaged and involved. The service was in the process of being transferred to another provider. All the people we spoke with felt they were kept informed throughout the process.
- Regular staff meetings were held and notes from these meetings showed a wide range of topics affecting the service and people using the service, were discussed and staff views were gained. In the same way, meetings were held for people using the service and their feedback obtained on a range of issues.

Continuous learning and improving care

- The manager and staff were enthusiastic and committed to improving the quality of care provided.
- There was organisational oversight of the service with visits from the regional manager to review the quality of the service provided. Monthly reports were reviewed by the provider to ensure they maintained an understanding of performance and quality issues.

Working in partnership with others

- Staff consulted with other health and social care professionals and worked with them to meet people's individual needs.
- The service was collaborating with other professionals in implementing a national initiative to stop the over prescribing of some medicines for people with a learning disability. This was resulting in decreases to people's medicines and an improved quality of life.