East Sussex County Council

The Gables

Inspection Report

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Summary of findings

Overall summary

The Gables is a care home for up to five people with learning disabilities. At the time of our visit there were four people living at the home.

The home had a registered manager who was responsible for the day to day operation of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home and has the legal responsibility for meeting the requirements of the law with the provider.

People said that staff respected their privacy and dignity and we saw staff supported people discreetly and in an unhurried way. However, the staff at the home used the lounge as a cut through to access another home at the end of the garden, and this impacted on people's right to privacy. We have told the provider about this and they agreed to take action about these concerns.

We saw there were opportunities for people to be involved in decisions about their care. Support plans provided a comprehensive picture for staff about what support people needed and how they wanted it delivered. Records showed that risks that people may experience were assessed and measures implemented to minimise the risk of harm.

We observed staff were kind and caring, and relatives and people we spoke with confirmed this. We saw that staff interactions with people were good, but could be improved with those people who were non-verbal.

People undertook activities suited to their own preferences and needs. However, we found that activities did not always take place due to shortfalls in staffing and availability of transport.

People had opportunities to express their views through house meetings, reviews or through surveys, and we saw examples of this happening in practice.

A staff structure was in place and staff felt supported by this. Staff told us that they had access to a programme of essential and specialist training and training records showed that where staff had not undertaken training they had been booked onto courses to address this.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. Where people were unable to make complex decisions for themselves the home had considered the person's capacity under the Mental Capacity Act 2005.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?
The service was safe.

People who were able to told us they felt safe living in the home. Relatives told us they felt their relative was safe. Staff had received training in how to protect people from harm and knew the processes they needed to follow to keep people safe or to report abuse.

Staff demonstrated awareness of the Mental Capacity Act (MCA) 2005, but needed a better understanding of when it was appropriate to use it. The Mental Capacity Act 2005 protects the rights of people who are not able to make decisions about their care.

We saw that risk assessments were comprehensive and took account of people's individual needs. They were in date, and there was evidence that they were regularly reviewed.

The premises were well maintained and regular checks of equipment and services were undertaken. We found the home was clean and infection control procedures were followed.

Are services effective?
The service was effective.

Care plans were personalised and reflected people's needs and how they were to be supported. There was a lack of social history background in files viewed but staff were beginning to gather this information and recognised how important it could be in helping them with their support of people.

Staff told us and we saw that people were consulted about their food preferences and choice of meals. Records showed that risks associated with food and drink were appropriately assessed and recorded and we saw that staff acted upon this.

Records showed that people were supported to maintain good physical and mental health. Staff supported people to access routine and specialist healthcare appointments. A hospital passport form was completed for each person to inform hospital staff about them and was available to support hospital admissions if needed. Staff had the right knowledge and skills to support people.

Are services caring?
The service was not always caring and improvements were needed.

Summary of findings

Although people told us that staff were kind and respectful and respected their privacy and dignity we observed several examples of poor practice, in which a person was talked over by a staff member and in another example custom and practice had allowed use of the lounge as a cut through for people and staff from another home. The impact on the people in the home had not been considered. The provider representative stopped this immediately once it was pointed out.

We observed that staff assisted people with their care needs at a pace to suit the individual concerned. People were provided with equipment to aid their mobility or their independence with eating their meals.

People were provided with opportunities to express their views, and pictures of reference were used on activity boards in people's rooms, but it was less clear how the views of people who were non-verbal were obtained using alternative methods of communication.

Staff ensured people's confidentiality was protected.

Are services responsive to people's needs?

The service was responsive to people's needs.

People undertook activities that they had expressed a preference for and staff showed a commitment to providing opportunities to take people into the community and maintain community inclusion.

Staff demonstrated an awareness of people's diverse needs and how these might be better supported.

A pictorial complaints policy in a format that suited people's needs was in place but not displayed for visitors. Relatives said they knew how to complain and who to. Records showed that the home responded to complaints promptly and could evidence consultation with others to seek resolution in the best interest of people using the service. Relatives said they were made to feel welcome and regular visiting arrangements were in place.

Are services well-led?

The service was not always well led and improvements were needed.

Staff we spoke with told us that whilst they felt supported by their manager and colleagues they did not always feel supported by the organisation and morale was low. Since July 2013 there had been a change to the core staff team who worked at the Gables, with three vacancies still outstanding at the time of inspection. A staffing risk assessment was in place and this was kept under review.

Summary of findings

The provider had been slow to fill posts, but had tried to mitigate the impact on people by bringing in agency staff and staff from other homes that had some knowledge of people. However, we saw that there was an impact from the changes in that staff did not demonstrate a well-developed understanding of peoples' background histories and some people's communication needs, and this could mean their support for some people was more task based.

Staffing levels were sufficient for the dependency of the people supported but staff said they felt pressured to do all their shift tasks in addition to supporting four people with varied needs.

At the time of inspection there were sufficient experienced staff available, some of whom were agency staff but were familiar with people's needs.

Systems were in place that enabled people to express their views about the home through one to one meetings with staff, or completion of surveys, however, records of meetings were not always documented and surveys had not been completed on a regular basis and analysis of these was not available to see how this had influenced service development.

Staff demonstrated a good understanding of the incident reporting process and there was learning from incidents that had occurred, however progress to implement changes as a result of incident investigations was slow and some measures to mitigate risks and protect people from harm were not in place.

Summary of findings

What people who use the service and those that matter to them say

We spent time speaking with the people who could tell us about their experience of living in the home. Because some people were less able to express their views we also spent time observing interactions between people in the house with each other and with staff. We saw that in the majority of cases staff were kind and respectful of people's privacy and dignity. We saw staff managing care tasks discreetly. We asked people if they felt staff respected their privacy and dignity and they told us "yes they do and I really like it here."

We asked people if they were happy with staff people told us "I like them I like everybody", another person said "yes I really like them here."

We spoke with representatives of three families of people living in the home. They told us that they were happy with the care their relatives received. They said they felt well informed and found the staff responsive to any concerns they had and that action was taken to address these.

The Gables

Detailed findings

Background to this inspection

We visited the home on 2 April 2014. Before the inspection we reviewed information we held about the home. We asked the organisation to complete an information return about the home and they provided this at the inspection.

The inspection team consisted of two inspectors and an expert by experience and their supporter who had experience of using learning disability services. We carried out this inspection under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection under Wave 1.

We found that the home was well maintained and provided a comfortable and homely environment for people to live that had been adapted to meet their needs. People's bedrooms were personalised to reflect their individual interests and tastes.

We met all four of the people living in the service. We were able to speak with three who were able to tell us about their experience of care at the home. We spoke with two substantive staff members (one in depth) and two agency staff. The registered manager was not available but we spoke with a covering manager and two provider representatives about how the home operated and the recent changes that it had experienced.

We spent time observing care in the lounge although only one person spent most of their time there. We looked at all areas of the building which included people's bedrooms, the kitchen, bathrooms and shared areas. We also spent time looking at records which included people's care records and records relating to the management of the home. We spoke with staff about their knowledge and understanding and how they worked with people on a practical day to day basis.

Following the inspection visit the home sent us further information to help inform our findings and we spoke with relatives of three of the people living in the service.

At the last inspection in January 2014 there were no concerns highlighted.

Are services safe?

Our findings

People we spoke with told us they felt safe. Relatives we spoke with told us they felt their relative was safe. Staff demonstrated clear knowledge of safeguarding adults and knew what to do, and who to report to, if they suspected abuse. Staff told us they received safeguarding training when they first started work, and thereafter received two yearly refreshers. They said they had their competency regarding safeguarding re-assessed on an annual basis by the provider. The staff training record showed that nearly all of the staff team had completed safeguarding training and others were booked to attend courses.

Staff told us that they completed online training in respect of Deprivation of Liberty safeguards (DoLs) and the Mental Capacity Act (MCA) 2005. We saw that five out of seven staff had received MCA 2005 training. There were also appropriate policy, guidance and assessment tools in place to inform and support staff.

Provider representatives and the covering manager confirmed that none of the people living in the home were subject to a Deprivation of Liberty Safeguards authorisation at the time of the inspection. There was evidence however, in people's files that restrictive physical interventions (RPI) had been put in place to protect people from harm. For example a lap belt for a wheelchair to prevent the person from tipping out when they leaned forward.

These RPI's were shown to have been discussed with people as a part of an assisted decision making process, however, these records needed further clarity as to whether the persons mental capacity had been fully considered. This was important because we found an example of a person who had fallen as a result of removing a lap belt. Staff said the person understood the consequences of doing so but this had not been recorded as part of the decision making process and actions to be taken as a result.

We visited all areas of the home and looked at cleaning schedules. There were gaps in recording; however the home was visibly clean and tidy. On the day of the inspection all areas and equipment examined were clean. We were told that additional tasks were the responsibility of support staff. Although we found the home and equipment used were clean, records confirming that other cleaning tasks to be completed by care staff were not always recorded as done, and this may indicate that some tasks may not be completed.

Records we looked at showed that the home had a number of policies and procedures relating to infection control. Provider representatives told us these were in the process of being reviewed but more urgent information was circulated immediately. We were told that there was a member of staff with lead responsibility for infection control who was responsible for keeping staff updated.

An infection control audit was undertaken six monthly and we saw that the last one had identified a number of areas where things needed improvement. Records and our observations showed that action had been taken to address any such shortfalls. For example, new pillow protectors and a shower chair had been purchased. Staff we spoke with were able to give examples of good practice in relation to infection control. For example, how they disposed of any clinical waste. We saw that people's care plans included recognised good practice guidance, such as NHS catheter care. People in the home had access to liquid soap and hand gels were kept filled. We observed staff using personal protective equipment effectively.

Some people used a range of equipment to support their care needs. Equipment used by people was serviced in line with manufacturer recommendations but at the time of the inspection not all records that showed servicing schedules were available, however a provider representative was able to confirm outstanding servicing details after our inspection. We saw that gas and electrical installations were routinely serviced.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at the staff training record and saw that staff were provided with a range of essential and specialised training to ensure they had the right skills and knowledge to meet the needs of people living in the home. Where staff were overdue training we saw that they had been booked onto the next available courses.

We spoke with two agency staff that were very familiar with the people in the home and their support needs. They told us that they had worked at the home for several years, they knew people's routines and how the home ran. They said they received updated training from their agency on a regular basis.

Due to the changes in the core staffing, team members were still familiarizing themselves with people's backgrounds. Social histories were not available although staff were starting to gather some information which was important. A new staff member told us they had recently discovered some information from a relative that gave insight into the person's behaviour, and this would be added into the persons support plan.

A new care plan format had been introduced in February 2014. This included information 'at a glance' that was used to inform agency staff. We looked at three care plans which were comprehensively detailed and personalised to reflect each person's care and support needs. Staff told us that people in the home were involved to some degree in the development and review of their care plans. Records showed that preferences expressed by people at review or at other times were taken forward and acted upon.

It was unclear from discussions with staff and records viewed whether the home actively promoted independence for people. However, we did observe that a person was asked by a staff member to use a vacuum cleaner to clean part of their room; however this was not recorded in their care plan as part of a programme of skills development. In records viewed we did see that another person was supported to use public transport by staff. Although this had been successful there was nothing in the records to indicate this was to be repeated or expanded upon.

Staff told us that people were involved in choosing their evening and weekend meals for the week through discussions and the aid of pictures. Staff said where people were unable to communicate they used the pictures and also staff knowledge of each person's likes and dislikes. Relatives were also sometimes consulted. Menus showed that people had a varied diet. A menu picture board was used to inform people what was for the evening meal.

We saw that most risks associated with people eating and drinking had been assessed and guidance about how to manage these risks incorporated into people's care plans. For example, where people needed to drink sufficient quantities to reduce the risk of poor skin integrity a fluid chart was in place so this could be monitored and managed. Records showed that people were referred to nutritional specialist where appropriate. For example, one person had recently seen a dietician who had drawn up an agreed action plan. We saw that this was available in the kitchen and that staff followed this guidance when preparing the person's lunch.

When we spoke with staff they told us that people were supported to attend routine and specialist healthcare appointments, and we saw that contacts with doctors were clearly recorded in people's files. One person we spoke with told us that they were unwell, when we spoke with a staff member we were told that this issue had been referred to a specialist to assess and we saw recorded evidence of this.

We saw that each person had a 'This is me' care passport; this gave at glance information to hospital staff in the event of an admission. One of the people in the home told us that the doctor came in regularly to check on them. They said "he came here and saw me and everything is ok".

Are services caring?

Our findings

We observed that staff were kind, caring and respectful to people. For example we observed staff setting up a foot spa for one person with poor mobility, care was taken to ensure this was placed safely in an area where other people would not be at risk of falling and staff assisted the person to move to the new area.

We saw an example of poor practice where a staff member did not uphold the dignity of a person, and spoke about them in front of others.

During the course of our inspection we spent time in the lounge and observed that this was sometimes used by people who were not resident in the home or designated staff. There was an accepted practice that this could be used as a short cut to another home which is connected through the garden and vice versa. This meant that sometimes the privacy of the people living in the home could be affected. When we drew this to the attention of the provider representatives, they made immediate changes to stop this happening.

We noted that one of the people that lived in the home became particularly upset because a person from the other home had been allowed to wait in their lounge. Staff tried to be kind but were clear that the other person was allowed to be there and staff supported the person who was upset to their room to calm down. These arrangements did not take account of the impact on the people in the home and whether they had a say in who came in or not. We drew this to the attention of provider representatives who agreed that this was something they would review immediately.

When we asked people whether they thought staff respected their privacy and dignity, one person told us “yes they do and I really like it here”. We saw that when staff needed to provide personal care support people were taken to their room discretely for this to happen. We spoke with a relative who told us they were very happy with the care their relative received and always felt able to talk with staff if they had concerns. They did not expect to be informed about everything but thought staff judged when it was appropriate to call them.

We saw that where possible staff sought to find equipment to help people with their diverse needs and independence for example one person received a pureed diet and could eat this independently because they had been provided with an appropriately angled spoon to help this.

A review of daily reports indicated that staff wrote about people respectfully. We saw examples of where staff protected the confidentiality of people in the home, for example redirecting callers who were not known to staff rather than confirming the presence or not of people living in the home.

Staff told us that people had opportunities to speak with them either on a one to one basis or at resident meetings. We saw minutes of resident meetings and staff said these occurred regularly. However it was unclear how the views of those people who were non-verbal were obtained.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People undertook activities that reflected their personal preferences, hobbies and interests. People were offered a range of social activities during the week which could include time at home, doing a preferred activity like art, or having a hand massage or going out either locally or further afield. Staff used pictures to aid people living in the home to make choices about their day to day activities and meal choices. People had activity boards in their rooms, but the provider may wish to consider ensuring these were completed so that people had a clearer understanding of what they were doing from day to day.

The home staff had recognised that there was a need to provide greater access and inclusion into the community for people, and was looking into ways this could be achieved. Motors had been purchased for manual wheelchairs to make it easier for staff to take people out due the hilly nature of the surrounding streets.

We spent time in the lounge and saw that there were enough staff to provide for people's needs. Contacts between people who could vocalise their needs and staff were good. Staff demonstrated an awareness of people's needs and this was improving as staff came to know people better. Staff understood the body language used by some people who were unable to vocalise their needs, but their contacts with them were more often task based or reactive. When we spoke with a relative about someone with these needs they said that staff interactions were enough for what the person could cope with and would allow without becoming agitated, they felt that staff judged this well.

We saw that the home had a complaints policy in place which explained people's right to complain and how to do so. This was also available in a pictorial format that met people's needs but this was not displayed for visitors to see. We viewed the complaints log and saw that the home kept a record of all minor concerns and complaints raised. We saw that actions taken were clearly recorded and that complaints or concerns were acknowledged in a timely manner. This showed that complaints were responded to appropriately. Records showed that the home kept a record of positive feedback and compliments from families and other professionals.

We noted that for one complaint from a relative, the home had consulted with other professionals to seek a solution to issues raised that impacted on the security of the home for all the people living there and looked at their best interests. Deprivation of Liberty Safeguards had been taken into consideration but discounted, and a way forward had been discussed and agreed with professionals and the family who had raised the issue. This showed that the home involved people and sought their input to improve the lives of people in the home and reduce the risk of harm.

Staff told us that everyone had relatives involved in their care and did not have separate advocates. Records showed that family contacts were happening regularly, and this was confirmed with relatives we spoke with. People were also supported to spend time at home with their families or to go out with them for the day. Staff told us that families were involved in decisions about their relatives care. We saw examples of where relatives had been party to decisions made regarding actions as a result of reviews, and in conversation relatives told us they were invited to and consulted at reviews.

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Are services well-led?

Our findings

In discussion with staff we found that most had been in post as core staff for only a short while. This was because since July 2013 there had been a complete change to the core staffing at the home. To mitigate the impact of these changes on people, the provider had brought in staff from other services that had knowledge of the home and people; they also used agency staff who were familiar with people. A number of staff initially brought in to provide interim cover had been confirmed in these posts and were now employed at the home.

At the time of our visit there were three vacancies. These comprised a team leader post which was temporarily filled, and a further 1.5 care worker posts were also vacant. There were on-going agency cover arrangements to supplement the vacancies. However, the provider had been slow to fill these posts permanently, and this impacted on the ability of the staff team to bond and embed so that they provided a stable support for people in the home.

We discussed the causes and effect of this significant change in staffing with provider representatives and staff present. We were informed that to ensure that people at The Gables continued to receive a good level of care and support all the staff that had transferred to the home from elsewhere were experienced and well trained in working with people with similar needs. This had included agency staff that were at times providing on a shift with four staff 50% of the staffing cover.

Staff who had been redeployed to this home said they felt supported at a local level but morale was low. Staff confirmed they were invited to attend and participate in consultations about structural changes happening again within the division, or when decisions were made. However, they said that they did not feel engaged in the process. They said they received regular supervisions each month which they found helpful. Supervision enables staff to receive support and guidance about their work and discuss on-going training needs.

Staff felt staffing levels were safe but said they sometimes felt pressured to do all the things they needed to do, and support the people living in the home. For example, we witnessed a staff member offer one of people in the lounge a drink, 30 minutes elapsed before we reminded staff about the drink which had not been provided.

The provider had developed a risk assessment regarding staffing at the home. We saw this was kept under review. This made clear that shifts were to have an equal balance of agency and home staff to ensure people in the home had familiar staff available to support them. Rotas showed that for the majority of shifts the home was able to adhere to this. For the odd occasions where this had not been possible the home had ensured agency staff familiar to people were used. Staff spoken with demonstrated an awareness of how to contact other staff that were on call or at other services if an emergency arose and extra staffing was needed.

Staff told us that more staff had been recruited who could drive a vehicle to take people out. However changes to the availability of vehicle time meant that a vehicle was now shared with another home staff said this hampered their ability to be spontaneous in the activities they offered outside the home.

Staff told us that people had opportunities to express their views in various ways, through surveys, in one to one meetings, in house meetings and through reviews. It was unclear how the views of people who were non-verbal were being gathered in the absence of recorded one to one sessions. We saw that surveys had been conducted previously but the last ones we were shown took place in 2012. We were told there had been more recent surveys but these could not be found or any analysis of these. When we spoke with relatives however they told us they felt well informed and felt able to express their views at any time.

We saw that staff meetings were held and staff reported these were monthly. We viewed meeting minutes for 15 February and 26 March 2014, and noted that meetings covered a range of topics including updates relating to individual people's needs, changes to recording or care plan formats, changes to structures and infection control updates. Staff meetings were not well attended by staff although there was an expectation that they would attend a percentage of meetings.

Records showed that the home had dealt appropriately with an emergency incident that required people to be moved out temporarily. As a result of this incident the emergency plan had been reviewed and staff now had a clear contingency plan in the event of further emergencies.

Staff demonstrated an understanding of the process for incident reporting. We looked at incident recording for the

Are services well-led?

period August 2013 to the 2 April 2014. Records showed there had been ten incidents during this time period. We noted that two similar incidents had occurred for the same person and a staff member told us of a third near miss. The person had capacity to understand the consequences of their actions which were causing the accidents but this had not been recorded. Staff spoken with were aware of the risks and said that a potential solution had been identified to keep the person safe in the least restrictive manner, but the home had been slow to implement this and there was therefore a risk that the person could further harm themselves.