Karamaa Limited

The Gables

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Gables is a residential care home providing personal care for up to 24 older people some of whom may live with Dementia. The service was supporting 24 people at the time of the inspection.

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

The provider had made improvements since our last inspection to ensure oversight of the service was more robust. However, we found further improvement to the effectiveness of the providers care plan audits was required to ensure care plans contained all relevant information.

We found systems and processes for safeguarding and whistleblowing to keep people safe were effective and people received their medicines as prescribed. We found people's needs and preferences were met by a enough staff who were recruited safely. Infection control measures were in line with current government guidance.

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 Requires Improvement (published 10 March 2020) and there were multiple breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the safety of people receiving the service. A decision was made for us to inspect and examine those risks. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. Please see the Safe and Well Led key questions. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Gables on our website at www.cqc.org.uk.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

The Gables

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by two inspectors.

Service and service type
The Gables 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority in relation to the concerns received. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with three care staff, two senior staff, the cook, maintenance person the deputy manager, registered manager and the director. We also spoke with three professionals from the local authority.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection risk management was not always robust and medicines were not always given as prescribed at the prescribed intervals. 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.

● Our last inspection found medicines were not always administered at the intervals prescribed. This inspection found improvement and medicines were administered as prescribed.
● The provider had robust procedures to ensure medicines were stored and managed appropriately including protocols for 'as and when' required medicines. Staff who administered medicines had been specifically trained to do so and the registered manager completed regular competency checks to ensure procedures were followed.
● Our last inspection found risk management was not always robust. This inspection found risks were assessed and managed well. For example, some people had sensor mats in their rooms to alert staff should a person need support at night and falls were monitored and referred to external professionals when required.
● Staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe. For example, staff were able to tell us about the risks around a person's dietary needs and the actions they took to mitigate these risks.

Systems and processes to safeguard people from the risk of abuse
● The provider had clear safeguarding and whistleblowing systems in which staff had received training and knew how to effectively use. One staff member told us, "I have had safeguarding training and if I had any concerns, I would report it."
● The provider had received allegations of abuse and had reported these to the appropriate professionals and investigated the allegations.
● Relatives we spoke to told us they felt their loved ones were safe and happy in the home. A relative told us, "I am very happy indeed and feel [person] is very safe and well cared for. The staff are very good."

Staffing and recruitment
● People told us there was a sufficient number of staff to meet their needs and keep them safe. One person told us, "There is always someone here to help you." Another told us, "I'm really happy here they [staff] treat

everyone well."
● The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● The provider demonstrated they learned lessons when things went wrong. Since our last inspection improvements had been made to assessing and acting on identified risks; as well as administration of medication.
● Accidents and incidents were recorded by staff when they occurred, and these were reviewed regularly by the management team in the home. We saw appropriate action had been taken to refer concerns to professionals when required.
● Staff understood their responsibilities to raise and report concerns.

Requires Improvement

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.

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

At our last inspection Systems and processes were not robust enough to demonstrate the service was operating effectively. This was a breach of regulation 17 (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 17.

● At our last inspection we found care plans audits were not effective in identifying where care records had not been updated. At this inspection we found improvement had been made however further improvement was required.
● Care plan audits failed to identify there was not always enough detail in people's care plans for staff to follow in relation to choking, diabetes, mobility and behaviour. This could mean new staff to the service may not have access to all relevant information. However, staff knew people well and could explain how to support people.
● The providers systems to monitor the service failed to identify environmental risk assessments had not been reviewed timely. This meant new and changing environmental risks may not have been identified and assessed. This was addressed immediately by the registered manager.
● Our last inspection found records were not always analysed, medicine audits had not been effective and reportable incidents had not been identified. This inspection found improvements had been made in each of these areas with robust systems in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager worked with people, relatives and health professionals to ensure the service people received was person centred. A relative told us, "[Person] is very happy in the home and the staff and management know [person] well and tend to [person's] specific needs.
● The provider supported people and their families throughout the COVID-19 pandemic when they could not visit to include them in peoples care. A relative told us, "I speak to the managers and staff in the home

every day. The staff and managers are always helpful, and they send me pictures and short videos of [person], which helps me feel involved."

● Staff told us they are involved in decisions made in the home and the staff work together with the management team to achieve these. One staff member told us, "We feel comfortable and confident in our work."

● The provider completed surveys with people in the home and gained their opinions on the home and their care through meetings with people. The response was overwhelmingly positive from people, one person said, "Excellent under the circumstances". Another person said, "Whole thing excellent".

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 understood their responsibilities in relation to the duty of candour regulation.

● Following allegations being received the registered manager contacted the families of people and made them aware of the allegations and the actions being taken to investigate them.

Continuous learning and improving care

● The registered manager informed us of learning they had taken from the outcome of the last inspection and how they worked with a consultant to improve the care they provided to people.

Working in partnership with others

● The provider worked closely with local authority commissioners and healthcare professionals involved in peoples care.