

Sonrisa Care Limited

The Gables Rest Home

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 

Overall summary

This inspection took place on 27 August 2015 and was unannounced. A further visit took place on 2 September 2015 to complete the inspection.

The Gables Rest Home is registered to provide accommodation and care to a maximum of 24 people, some of whom are living with dementia. It does not provide nursing. At the time of this inspection 22 people were living at The Gables.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback about the care and support provided from people who lived at The Gables, from their relatives and from visiting professionals. A consistent view of the service was it provided caring support in a family like atmosphere.

One area where the home could improve was in the way in which staff sought people's consent to their care to ensure they were acting within The Mental Capacity Act

Summary of findings

2005. For example, to ensure consistent recording of assessments regarding people's capacity to consent to aspects of their care and support. The registered manager had already taken action to start to address this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People said they felt safe at The Gables and there were appropriate processes in place to protect them from abuse, to minimise identified risks and to ensure people received their medicines safely.

There was a sufficient number of suitable staff deployed. One of the strengths of the service was the consistent staff team. There was no need to employ agency workers as existing staff covered any temporary gaps in shifts. This meant people received continuity of support from staff who knew them well.

Staff received a good range of training and their competencies were assessed to ensure they had the skills to meet people's needs. People received prompt

assistance when they needed medical intervention or support as staff liaised with health care professionals appropriately. People were supported to have enough to eat and drink that met their needs and personal preferences.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated a good understanding of their individual needs.

People were supported to take part in social activities and there had been some adaptations to the environment to help them to remain as independent as possible. People were confident they could raise concerns or complaints and that these would be dealt with.

There was an open and inclusive culture within the service, with clear values which were understood by staff. The registered manager was approachable, accessible and welcomed and encouraged feedback. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

Summary of findings

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 safe.

Staff had a clear understanding of their responsibilities for reporting suspected abuse.

Identified risks were managed effectively and there were sufficient numbers of suitable staff to keep people safe.

People's medicines were managed appropriately so they received them safely.

Good



Is the service effective?

The service not always effective

Improvements were needed in the way the service considered people's capacity to consent to their care and support requirements.

Staff were well supported and had training relevant to their role.

Staff ensured people's day to day health care needs were being met and people were supported to maintain a balanced and appropriate diet.

Requires Improvement



Is the service caring?

The service was caring.

Staff had developed positive, caring relationships with people using the service.

Staff communicated effectively and encouraged people to use their skills.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive

People received personalised care and support in line with their needs and wishes.

People were supported to take part in social activities and there had been some adaptations to the environment to help them to remain as independent as possible.

There was a robust complaints procedure which was followed.

Good



Is the service well-led?

The service was well led

There was a positive and open culture within the service and leadership was good.

Good



Summary of findings

There were effective quality monitoring systems in place to drive improvement. People, their relatives and involved professionals were encouraged to give their views about the service and suggestions about how to improve were welcomed.

The Gables Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 August 2015 and was unannounced. We visited again on 2 September 2015 to complete the inspection. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service. Our expert had experience of caring for people living with dementia and of using health and social care services.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality

Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with 17 people who lived at The Gables and with seven visitors. We also spoke with one health care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and with seven staff. We reviewed the care records of five people, and looked at other records relating to the management of the service such as two staff files audits, policies and staff rotas.

After the inspection we spoke with one social care professional.

Is the service safe?

Our findings

All people who could express an opinion said they felt safe at The Gables and said they were treated politely and with respect. People said staff helped them when needed. One person said “I’ve been here six years, and they are so nice. You can ring your bell ever so many times, and they never get nasty! And they come quickly.” Visiting relatives felt their relatives were being safely cared for and said this gave them peace of mind. People said there were enough staff to ensure they or their relative was properly cared for.

Staff told us how they made sure people who lived at the home were safe and protected. They said they received training in safeguarding adults and understood the action they needed to take if they were to witness any type of abuse. Safeguarding people was discussed during staff meetings and staff were reminded of the correct reporting procedures they needed to follow if they suspected any abuse had occurred. Staff were aware of whistleblowing procedures. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, dishonest, or not correct within an organization. Staff said if they reported anything of concern to senior staff or to the registered manager they were confident they would be listened to and their concerns would be acted upon.

There were appropriate arrangements in place for managing risk. Any risk to a person’s health or welfare was considered as part of a pre admission assessment. This helped to ensure the service would be able to meet people’s individual needs. Following admission, risks to people’s health and wellbeing continued to be assessed. Where people were at high risk, for example of developing pressure sores, the home had taken action to reduce this risk by ensuring they had been provided with pressure relieving equipment such as pressure relieving mattresses.

There was a record kept of accidents and incidents. These mainly related to falls where the person had not sustained an injury. Where the fall had resulted in a minor injury staff had taken appropriate action by contacting health care professionals for advice.

People had a Personal Emergency Evacuation Plan (PEEP) which was reviewed and updated where necessary every month. The registered manager had recently consulted the fire service to ensure the home’s emergency evacuation plans were fit for purpose.

People who lived at The Gables said there was enough staff on duty to attend to their needs and their relatives agreed. We observed staff responding quickly to people when they needed assistance. People felt one of the strengths of the home was that there was an established staff team, with a low staff turnover. This meant staff knew people who lived at The Gables well. Any staff vacancies due to holidays or sickness were covered by the existing staff team. Staff said they had enough time to do their job and we observed care was being provided in an unhurried and timely way. We saw that staff sometimes had time to have a quick chat with people and so they were not purely task focussed.

The service employed staff with the right mix of skills and competencies to meet peoples’ daily care and support needs. The registered manager was on duty every weekday and the deputy worked some weekdays and alternate weekends. There were a minimum of three care staff on duty during the day and two waking care staff every night. They were supported by a cook and kitchen assistant every day, two cleaning staff who worked Monday to Friday and an activity coordinator who was employed 16 hours a week. One staff member had been given a day a week to concentrate on staff training.

Checks took place before staff started working at the home. The registered manager had obtained references and had checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post. Records showed staff completed an application form and had a formal interview as part of their recruitment. The registered manager said they had discussed people’s employment history with them including any gaps in employment although this had not always been recorded within application forms or in interview notes. It is important to record full employment histories and to have any gaps in employment explained as part of a thorough background recruitment check. The registered manager said she would ensure this information was clearly recorded in the recruitment of all future staff.

Staff followed policies and procedures for the safe management of medicines. Medicines were stored, given to people and disposed of safely. No one at the service currently administered their own medicines and so people relied on staff to do this. The registered manager said there were secure storage facilities available to people should

Is the service safe?

they wish to manage their own medication as everyone had a bedside cabinet with a lockable drawer. We observed staff giving people their medicines in a calm and unhurried way and they always ensured people had a drink of water to hand.

The registered manager confirmed there was a member of staff trained in administering medicines on duty at all times. This helped to ensure people received their medication when they needed it. Some people were prescribed 'as required' (PRN) medicines. Some of these related to pain relief. The registered manager said all people who were prescribed 'as required' pain relief would

be able to let staff know when they wanted this. There were protocols in place for staff to follow other 'as required' medicines, for example for people who at times may need a laxative.

Some people had been prescribed topical creams. These were applied by the care staff whilst they were assisting people with personal care and recorded on a medicine administration record to confirm they had been applied. There were a few gaps in the medicine administration records for topical creams. This was discussed with the manager who said she was confident this was a recording issue and that people were having creams applied as directed.

Is the service effective?

Our findings

People told us the service was effective because they were happy with the care and support they received. They said staff ensured they had access to health care professionals so their health needs were promptly attended to. A visitor said “I can’t tell you how happy I am with the care.” Another said “They look after her lovely.” People spoke highly of the staff team. One person said “they’re all very good.” Another said “They’re always lovely with me” and a visitor described how well the staff had managed to continue support their mother as her health had deteriorated and as she had become increasingly frail.

Staff received training in the Mental Capacity Act (MCA) 2005 and we observed them giving people choices in their daily routines to ensure they respected their wishes and preferences, for example at mealtimes and in the activities they wanted to do. Where the home had concerns regarding a person’s ability to make specific decisions about their care, mental capacity assessments had been started but had not in all cases been completed. Staff worked with relatives and other professionals to reach ‘best interests’ decisions. To make a decision in a person’s best interest the decision maker must consider the person’s past and present wishes and feelings, values and beliefs. They must also so far as practicable and appropriate, consult with others engaged in caring for that person or interested in their welfare.

One person told us they did not wish to remain at the home in the long-term but did not feel their views had been sufficiently listened to. It was not clear whether the person had the mental capacity to make this decision. We discussed this with the person and with the registered manager and found the person had not been provided with all the information they needed to make this decision. The registered manager subsequently contacted the local authority to have this person’s needs reassessed.

We recommend the provider reviews how they assess and record people’s mental capacity to consent to care to ensure they consistently follow the legal framework of The Mental Capacity Act (2005).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are part of the MCA 2005 and protect the rights of people using

services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from unlawful restrictions. Relevant applications for a DoLS had been submitted by the home

Staff had appropriate skills and experience. Staff said training opportunities were good and the training provided equipped them to do their job effectively. Staff completed an induction when they started to work at The Gables to familiarise them with the service and to ensure they had key skills and knowledge. The registered manager said new care staff were completing the Care Certificate. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. Established staff had had the opportunity to study for additional qualifications such as an NVQ, or Diploma in Health and Social care and thirteen staff had done so. Staff received ongoing training in key health and safety areas such as fire safety and prevention and control of infection. Some had also completed training in specific needs people might have for example, managing diabetes and continence care and this knowledge was cascaded to others.

Staff received regular supervision and most had completed an annual appraisal within the past twelve months. Appraisals for the remaining staff were being organised. This helped to ensure staff had opportunities to talk about training needs, their professional development and what support they needed to fulfil their role.

People praised the quality of the meals. One person, for example, said they were “marvellous.” Another person said they felt, however, that basic food such as bread could be of a better quality. People said they had enough to eat and drink and we saw they were offered choice at mealtimes. One person said “I’ve put on 5lbs in 2 months, and that’s good!” We observed people had a drink within their reach at all times. People were served tea and coffee in cups with saucers but those who could not manage this were either assisted by staff or had a different mug or beaker provided. There were sufficient surfaces near people so they could put down their hot drinks safely. During the lunch meal staff offered appropriate assistance. One person who disliked pastry had an alternative to the main dish of home-made quiche, and also had ice cream instead of the

Is the service effective?

banoffee pie that was the pudding. She was very happy with both dishes and ate well. Staff observed how much people were eating, and gently persuaded some people to “try a little bit more”.

People were screened for the risk of malnutrition and their weights were monitored regularly. Staff monitored closely one person who was at high risk of malnutrition by recording how much they ate and drank every day. Catering staff were aware of people’s dietary needs and preferences and clearly explained to us how they provided for people who had diabetes and people who needed a soft diet.

People who were able to say, told us they could see a doctor or nurse any time they needed to. Staff said they had very good links with the local GP surgery, with district

nurses and with the mental health team. There were monthly link meetings at the home with a named GP to ensure people received a consistent approach to their healthcare needs. Peoples health care needs were detailed in their plans of care and staff had a good understanding of these. Any changes in people’s health were discussed during daily staff handover meetings. Staff liaised effectively with specialists such as chiropodists and the hearing aid clinic to ensure people’s health needs were met.

Health care professionals said staff contacted them appropriately and followed advice given. They said staff “do a great job” and said they had cared for a number of people at the end of their lives and had managed this well.

Is the service caring?

Our findings

All the people who expressed a clear opinion said the staff were kind and caring. One person said “I’m all right – they’re a nice lot, here.” Another said “I like it here – it’s like a hotel with good services, but also a homely atmosphere.” Another person said “I can’t remember when I came, or why I came, but I am enjoying it here!” A visitor said “We are very happy with her care here. It’s like a home from home – the right ambience for her; Her ‘sort of place’. She doesn’t always know what’s going on, bless her, but we can see from looking at how she’s reacting that she’s content and settled.” Another relative said “Here we know she is safe and happy. She settled in so quickly.”

Visitors were made very welcome and they all said they were kept informed about their relative’s wellbeing. One visitor commended staff for being kind and supportive towards them whilst they were readjusting to their relative moving to The Gables. They felt the service provided “considerate and thoughtful” care. They described how staff had assisted their mother to send a birthday card to their father which was much appreciated. We saw other examples of thoughtful care for example, where staff had enabled a person to use the lift independently by talking through with them how they could do this in a way which made them feel comfortable. We observed one person who was being cared for in bed had personal possessions placed within their sight to provide comfort.

Staff knew the people they supported and cared for well. One said “The residents know us and we know them.” We observed many friendly interactions and there was a lot of laughter between staff and people who lived at The Gables. It was clear staff were fond of people and that this was reciprocated. The atmosphere was relaxed. We observed staff greeting some people with cuddles when they came on shift and saw that the people concerned responded very positively to this. One member of staff spoke a few

words to a person in their first language and the person clearly enjoyed this interaction. It was evident this often happened. Another person was asked by the activity coordinator if they wanted to ask the questions in a morning quiz. They did this and looked to be enjoying this involvement.

Staff were respectful towards people who lived at the service. They called them by their preferred name and ensured they did not talk over people, getting down to their level if they were sitting down so they could interact meaningfully with them.

People were mostly involved in making decisions about their care and support. One person who was subject to a DOLs had been provided with an Independent Mental Capacity Advocate (IMCA). An IMCA is a statutory advocate who provides independent representation and is a safeguard for the most vulnerable people. One person told us they did not feel sufficiently involved in decisions about their care and support and the registered manager arranged for them to have a review of their care and support needs.

People chose where they spent their day. We observed people spending time in the lounge, in the dining room or in the conservatory. Some people chose to remain in their bedrooms and their wishes were respected by staff. People said they could get up and go to bed when they wished. Visitors were made welcome and could visit their relative in private if this was their preference.

There were fourteen single rooms and five double rooms. Staff said they took people’s compatibility into account when they shared double rooms. They had moved one person at their request from one shared room to another. They had arranged a review of a person’s needs who was unhappy with their sharing situation. All double rooms contained privacy screens which helped to maintain people’s privacy and dignity.

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for very well and whenever we asked staff questions about people's life history, needs and preferences they were always able to clearly explain what these were. For example, we observed staff giving people a morning cup of tea or coffee and they were aware how everyone liked them. Staff responded quickly when people needed assistance, for example when a person needed a drink because they were coughing. People confirmed staff also responded quickly if they rang their call bell for assistance when they were in their bedrooms.

Care plans and risk assessments had information to help staff to understand people's needs. They were written in a way to ensure people maintained as much independence as possible and had been regularly updated. Plans contained information about what people could do for themselves, whether they needed prompting and what aspects of their care they required staff to assist them with. Where people were able to, they had signed their care plan to show they agreed with its content. Some people had an advanced care plan in place. Advanced care plans are designed to improve care for people nearing the end of their life to help them live and die in the place and the manner of their choosing.

Staff had prepared a short information sheet for hospital staff to help to ensure people received consistent care in the event of a hospital admission. These mainly contained important contacts, and medical information. The registered manager said she was in the process of expanding upon these to include people's wishes and preferences. This would help to ensure medical staff could provide care tailored specifically to the person and meant if they were unable to communicate hospital staff would be better able to provide care in the way people wanted.

Where people had been assessed as having particular needs, consideration had been given about their comfort and safety. For example, equipment had been supplied such as air mattresses to help to prevent people's skin from becoming sore and broken.

A number of people at The Gables were living with dementia. The environment had some features to help people to remain as independent as possible, for example toilet seats were red to make them more recognisable. All rooms were light, and most were enriched with the residents' personal possessions and photographs. There were notice boards in communal areas displaying photographs of people taking part in activities and parties, which encouraged reminiscence.

The service employed an activity coordinator four days a week. They were aware of people's preferred activities and ensured they had access to them when possible. People enjoyed the activities and the activity coordinator made sure everyone had the opportunity to join in, if this was their wish. Visitors agreed activities were good although one person said it was a shame there were none available at weekends.

There were a variety of activities taking place during the days of our visits. These included quizzes, reminiscence, singing and bingo. Those who did not want to take part in group activities were offered magazines and books and knitting. At times the activity coordinator organised for external entertainers to visit, for example "Zoolab" had been booked as they had proved popular. Zoolab provides people with the opportunity to look at and touch a variety of small animals. A hairdresser visited every week and staff ensured those who wanted it had pamper sessions. One person said "The girls do my nails, and sometimes my hair too – they're really nice." Another said "[name of carer] does our nails, and we have a chat too."

There was a garden which was used in good weather and a conservatory which included a stall with pick and mix sweets, which people could buy, and a small shop with toiletries and essentials.

People who lived at The Gables said they had not needed to make a complaint. They said they knew who to talk with if they were unhappy about anything and felt they would be listened to. Visitors said they could discuss anything with the registered manager or the deputy.

There had been one complaint made to the registered manager since the last inspection. This had been responded to in a timely way in line with the services complaints procedure.

Is the service well-led?

Our findings

There was an established registered manager in post. The registered manager said they tried to ensure they spoke with everyone who lived at The Gables every day they were on duty. We observed they had friendly conversations with people and clearly knew their interests, needs and opinions about their care. Everyone said the manager was approachable and said they were happy to discuss any issues with them. Staff said the home ran “smoothly”. Health care professionals agreed, saying the home was well managed. There was a deputy who, along with the registered manager, was described as “receptive and responsive.” Staff were given responsibilities in their areas of interest; for example one member of staff had been given responsibility for coordinating training and another was the activity coordinator. Both spoke about their roles with commitment and enthusiasm. This recognised staff strengths and interests. People who lived at the home couldn’t think of anything staff could do better.

There was information about the home available in communal areas. This included newsletters and the activity programme. This helped to ensure everyone was aware what was happening. There were regular resident meetings where people were asked for their ideas about developing the service; for example which activities they would like. Staff said people were asked for their feedback about prospective staff whilst they were being shown around the home as part of the recruitment process. People and their visitors were also asked for their views about the quality of the service in an annual questionnaire. They were asked to rate key aspects of their care; for example how much choice they were given in their daily routines; whether they were given sufficient support and whether they had good access to health and social care professionals. The completed surveys for 2015 were all positive. Health care professionals had also been asked to complete a quality assurance questionnaire. Feedback received was positive. Comments made included “The Gables provides a high standard of individualised care” and “Will always ask for advice and follow recommendations.”

Staff were encouraged to be involved in developing the service. They said they were asked their opinion about the

service and said these opinions were listened to. There were regular staff meetings where information was shared about subjects relevant to their caring role, such as guidance about pressure care and information about the five key questions CQC use to structure inspections. Separate meetings were held for night staff to ensure everyone was informed and involved in the service. The registered manager ensured staff had access to Department of Health publications and information from the Alzheimer’s society to keep staff knowledge current.

Staff described morale as “Brilliant.” Communication between staff was good. There were three handover meetings a day as shifts changed which were used to share information about people’s wellbeing. Important information such as health appointments were also included in a diary which staff had access to. This helped to ensure staff had up to date information about people’s current needs so they could provide appropriate care.

We talked about the vision and values of the service with people who lived at The Gables, with staff and with visitors. They all said it was very caring and very homely with a good family atmosphere. Staff said because it was a relatively small home they got to know people well. One person said “It’s a friendly place” and “All the girls (staff) are a good laugh” and a visitor said “Staff are very welcoming”. This is also the impression of the home we had during our visits.

There were good quality assurance systems in place to help to ensure the service delivered care to an appropriate standard. There were regular audits of care plans and medication records to check the information contained within them was accurate and up to date. The registered manager conducted a weekly walk around of the service to check on the cleanliness of the home and to ensure there were no health and safety issues to attend to. Where shortfalls were found action had been taken to rectify this; for example a missing fire sign had been replaced following this being flagged up as needed. An independent consultant also visited the home from time to time to conduct a quality assurance visit. The most recent one had been carried out in April 2014. This served as an additional check on the quality of the care and support provided at the home.