

## The Gables Rest Home

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### Inspection report

18 Broomfield Road  
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Tel: 01562745428

Date of inspection visit:  
16 March 2016

Date of publication:  
05 May 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 16 March 2016 and was unannounced.

The home provides accommodation for a maximum of 24 people requiring personal care. There were 24 people living at the home when we visited. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run. The registered manager was also the registered provider for the home.

People told us they were safe. Relatives told us they had no concerns and care staff explained to us how they kept people safe.

People had confidence in the staff that supported them. Staff told us they were able to access training and received continuous supervision and support. People received their medicines on time and as prescribed.

Staff understood what it meant to obtain a person's consent and the registered manager had acted in accordance with the law. Care staff understood the importance of obtaining a person's consent and checked people were happy with their support before aiding them.

People liked the care staff supporting them and felt relaxed around them. People knew the care staff well as many of the care staff had worked there for some time. Care staff knew people's individual care needs by spending time with them and getting to know their needs.

People told us care staff treated them with dignity and helped to promote their independence. Relatives visited whenever they chose to and were able to sit and spend time with their family member in an area of the home they felt comfortable within.

The registered manager used feedback to help influence services at the home. People fed back things that they would like to take up as interests as well as ideas for day trips and planned activities.

People knew the registered manager and felt able to approach them and discuss anything they needed to. The registered manager worked closely with staff and understood people's individual needs. This ensured the registered provider understood the day to day issues within the home as well as what needed to be done. The registered manager reviewed people's care frequently and worked with relatives to ensure that people's care was at they expected.

## 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.

People were comfortable around care staff. Care staff understood what it meant to keep people safe and to protect them from harm. Care staff understood the risks to people's health and what they should be observant of. People received their medications as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by care staff who understood people's health and the risks associated with their health. The registered manager and care staff understood the importance of obtaining a person's consent. People were included in discussions about their care and diet and supported to make choices.

### Is the service caring?

Good ●

The service was caring.

People were cared for by care staff they knew well and who understood their individual needs. People were treated with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in deciding how their care needs should be met. People were supported to participate in activities of their choosing. People understood the complaints process and how to complain if needed to.

### Is the service well-led?

Good ●

The service was well led.

People knew the staff and management team well thought they were approachable. Care staff felt part of a close knit team that understood the registered manager's expectations for care.

# 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.

This inspection took place on 13 March 2016 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to three people living at the service. We also spoke with four people, relatives, three care staff, and the registered manager.

We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the manager completed.

# Is the service safe?

## Our findings

People and their families told us they were safe. One person told us they were "Very safe" living at the home. People looked relaxed and at ease with care staff. People knew the names of care staff and chatted to them regularly. We saw people approach care staff for hugs which care staff reciprocated.

Care staff we spoke with told us they understood what keeping people safe meant and who they could report their concerns to. One care staff member told us, "If there's anything bothering you, you can speak to [registered manager]". Care staff spoke knowledgeably about what it meant to safeguard people and what abuse meant. Care staff told us, they had attended training and that this had helped them to understand the subject. Although care staff told us they had not witnessed any incidents of abuse, care staff told us they felt comfortable raising concerns on behalf of people if required.

Care staff we spoke with understood the health needs of the people living at the home and the risks associated with their health. Care staff knew all of the people living at the home and their individual health concerns. For example, care staff we spoke with could tell us which people lived with diabetes and the symptoms to be aware of and the action to take. Care staff could also tell us how they documented concerns so that these could be monitored. For example, one person was at risk of their skin breaking down and we saw that care staff monitored the condition of their skins and kept records up to date. Care staff could also explain to us practical ways they looked after a person's skin to prevent any damage occurring to their skin.

People told they were able to access help and support from care staff when they needed it. One relative told us, "There's plenty of staff around." Another relative told us that their family member was assessed as needing two hourly checks and that staff undertook these. We saw that people had access to care staff. We saw people who preferred to stay in their rooms were checked on regularly and that they had access to call bells. We saw that when calls bells were rung, these were responded to in a timely manner. Care staff we spoke with told us they felt staffing levels were adequate for the needs of the people at the home. One staff member told us, "The staff here are great." Staff explained to us that because they felt part of a team, they found working together easier because they had a good understanding of each other's roles. The registered manager told us, they had a core staffing structure that was stable but that staffing was adjusted when the need arose.

Care staff we spoke with told us they undertook Disclosure and Barring Service Checks (DBS) before they started to work at the service. The DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with people. We reviewed the registered manager's recruitment system and saw how they checked people's background to ensure their suitability before commencing work at the home. Two staff files we reviewed demonstrated that people's references had been sought and checked before the person was offered employment.

People told us they were supported to take their medicines and that they received them at the time they were supposed to. One relative told us, "They're given out at the same time." Another person told us, "I

have my tablets before I go to bed." We observed a medication round and saw that medicines were stored in a locked cupboard. We saw that there were systems in place for booking in medicines and ensuring that there were enough stock to meet people's needs.

## Is the service effective?

### Our findings

People we spoke with had confidence in the care staff that supported them. One relative told us, "They most definitely know what they're doing." Another relative told us, "The staff are trained. They have empathy and compassion."

Care staff we spoke with told us they had access to regular supervision and could approach the registered manager if they had any questions about a person's care. The registered manager told us they did not wait until supervision if there were issues to discuss with staff. They told us, "Supervision is a constant thing, not just once a year." Care staff we spoke to also told us that working within a small team meant that they had not experienced any difficulties in accessing help and feedback on their work and performance. The registered manager told us, "We work alongside them (staff). We deal with issues straightaway." Care staff also told us, they were able to access training and that if particular needs were identified, further training was arranged. One care staff member told us, "We have to go on a lot of training." We saw on the day of the inspection a number of care staff attend a medication training session to ensure their knowledge was kept up to date.

Care staff we spoke with could explain to the importance of obtaining someone's consent before undertaking any care. We saw examples throughout the day of care staff explaining to people what they were doing and checking the person was happy to proceed. One relative told us, "If (family member) does not want something, they do listen." We saw that before people were moved from wheelchairs care staff explained what they were doing and stopped if people needed more time or changed where they wanted to sit. Care staff could also explain to us what it meant for people when they were not able to make decisions for themselves. We saw that people had had assessments of their capacity when appropriate and care staff could explain what it meant to make a decision in a person's best interests.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager had trained and prepared staff in understanding the requirements of the MCA. The registered manager had made appropriate applications and followed the guidance provided. The registered manager had made a number of applications in consultation with the local authority and was awaiting the outcome of these.

People were given choices in the food and drinks they were offered. We saw that some people had

specialist diets due to diabetes or to aid weight gain and people were provided with these. We also saw that people were asked to make a selection for their lunch in the morning but care staff checked again before the meal was served to ensure people were still happy. We saw one person asked for a change in meal when they saw someone else's plate and this was provided. A further person asked for a bit of everything and this was provided. People told us they liked the food. We saw one person call out to the chef "Very nice" as they pointed to their plate. The mealtime experience was also positive for people. Care staff sat with people for lunch and chatted to them. People looked pleased by their company and chatted away to them.

People told us they were able to see the healthcare professionals they needed to. People told us they saw the doctor, dentist and optician. One person told us, "They get the doctor out for me if I'm not feeling well and I can go and see the doctor too." Another person told us, "I get my hearing aids checked". People told us, they were able to access additional medical help when they required this.



## Is the service caring?

### Our findings

People we spoke with told us they felt cared for and their care needs understood by care staff. One relative told us, "I think they treat everyone as a member of their family." Another relative told us, "I'm amazed at staff, they're so caring." A further relative told us, "I cannot appreciate enough what they are doing – they're all so great."

A number of staff at the service had worked at the home for a significant period of time as had the registered manager. People felt comfortable laughing and exchanging jokes with staff. We saw people chat to care staff about their families, about things that were important to them. We saw people touching staff affectionately by holding their arm or giving care staff a hug. Care staff reciprocated and people responded positively to the show of affection in return. People felt comfortable around care staff.

People told us care staff involved them in making decisions about their care. One person told us, "I've got my own room and I come and go as I please." Another person told us they got up and went to bed whenever they chose to. People's choices and preferences were recorded in people's care plans and staff told us they could access these if needed. However, staff we spoke to all told us that because the home was a small home and many of the staff and people had been there for some time, people usually told staff their preferences. For example, one person told us they liked to smoke, and indicated to staff whenever they were going out to smoke.

People we spoke with told us they felt respected and that care staff treated them with dignity. One person told us, "Staff are so respectful – that's the most important thing." We saw people being supported to maintain their independence where possible. For example, some people liked to do jobs around the home that they had done previously when they had lived at home. Staff supported people and encouraged people and people responded warmly to this. For example, one person liked to help peel the vegetables whilst another liked to help lay the table.

People's independence and dignity were supported in other ways. For example, people were asked if they would like to wear an apron to protect their clothes during lunch and when people did not, staff respected their choice. Where people required support with their meals, staff patiently supported them and allowed people to eat at a pace that suited them. Although other people had finished, the staff member ensured the person dictated the pace at which they were supported. Staff we spoke with understood what treating people with dignity meant and gave us examples, such as using the person's preferred name. One staff member told us, "Dignity is about treating them (people) as I would want to be treated."

## Is the service responsive?

### Our findings

People told us they discussed their care needs before they moved into the home. One person told us they had recently moved into the home. They told us, "Before I moved in we completed an assessment." Relatives we spoke with, also told us they met with the registered manager and talked through their family member's likes and dislikes. Family members we spoke with told this was sometimes a difficult decision for them but it was important for them to be able to contribute to the process. One relative told us about care staff, "They have empathy and compassion. They do listen." One person told us, "Since I've been here, I've got so much better. They (care staff) help me out."

One relative told us their family member had arrived at the home having been very poorly and having lost their appetite. Their relative told us their family member's support needs were assessed thoroughly and plan put into place. The relative told us their family member hadn't "Looked back since." The family member told us a special diet and regular monitoring of their health had improved their health. We reviewed three people's care plans and saw that these were regularly reviewed and updated. Staff we spoke with told us where changes to people's health had been identified, changes had been made to people's care plans also. For example, one relative told us their family member required two hourly checks. We saw staff complete these checks at the required time.

We spoke with people who told us they were supported to maintain interests and activities that were important to them. One person talked with us about the importance of their religious beliefs. The person was encouraged by care staff to maintain links with their church and attend worship. Another person told us about how they liked playing snooker and regularly went out to play. Another person we saw played the piano. The person's family told us, they enjoyed playing the piano and were happy that the person could continue their hobby.

People told us they felt able to discuss anything that concerned them with either care staff or with the registered manager. People we spoke with told us they knew that there was a complaints process and that they could formalise this if they chose to. People we spoke with told us there had never been any cause for complaint. One person told us, "I have no complaints. I ask for things and they get done." Staff spoke confidently about how they could approach the registered manager if they ever became aware of the people's concerns. We reviewed how the registered manager engaged with people at the home to understand any concerns they may have. The registered manager told us, they tried to make themselves available to family members, so that they could discuss anything they needed to with them and try and meet their expectations. The registered manager told us "We speak to families because we are here all the time."

## Is the service well-led?

### Our findings

The registered manager of the home ran the service together with their spouse and had run the home for a significant period of time. Many of the care staff had also worked with them for lengthy period. The registered manager told us, they had tried to engender a "homelike feel" to the service.

Care staff we spoke with told us they enjoyed working there and could not have worked there if they hadn't enjoyed it. One care staff member told us, "I love it. I absolutely love it. The residents are lovely." Care staff we spoke with told they felt part of a family rather than a team and that people living at the service formed part of the family. They told us they found the registered manager accessible and that they could go to them and speak with them about anything. Although care staff told us they had formal meetings and supervisions meetings, one care staff member told us, "You can always sit down and have a chat" with the registered manager. When the registered manager, was away contingency plans had been established so that a deputy manager stepped in took charge, so that care staff were not over reliant on the registered manager's presence.

The registered manager checked the quality of care they provided through a number of ways. The registered manager worked on the floor alongside the care staff and so had a day to day understanding of their individual needs. The registered manager had a system for reviewing care plans ensuring people's needs were updated as and when required. We reviewed three care plans and saw that these had been reviewed and updated frequently. The registered manager told us that each of the plans were in the process being updated further, so that they were more person centred. The registered manager explained that although they and care staff understood people's needs, they wanted people's needs to be documented more clearly as they recognised they needed to evidence people's needs rather than rely on their understanding. The registered manager also used these regular checks to review whether people needed access to other support such as further equipment or external help such as occupational health, district nurses or reviews from social workers.

We reviewed other monthly checks the registered manager completed. We saw that medicines people received were checked regularly. Although there had been no concerns over the how people received their medicines systems could be further strengthened to make them more robust. External auditing and ensuring staff followed best practice at all times were ways in which the registered manager told us they would focus upon. Other checks the registered manager included were staff training, staff supervision, equipment and the environment.

The registered manager took feedback from people about the service and used this to influence certain aspects of the how the service was delivered. Although it was not clear the timespan over which the feedback related to, we did see that suggestions people made were acted upon. We saw that day trips and activities were arranged. People we spoke with told us they enjoyed the trips to the seaside as well as the BBQ and that they looked forward to these.

The registered manager described how they kept their knowledge was kept up to date so that people's care

was based on best practice. The registered manager described how they accessed the Social Care Institute for Excellence website as well as attend courses arranged by the local authority. The registered manager described an easy relationship with the local GP and social workers through the relationships they had built. This meant that they could approach them for help and guidance if they required further guidance.