

T.L. Care Limited

Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Gables Care Home is a care home that was providing personal and nursing care to 51 older people and people living with a dementia at the time of the inspection.

People's experience of using this service:

- The premises, infection control processes and governance processes had improved but continued and sustained improvement was needed.
- People received their medicines when needed. Staff safeguarded people from abuse. Risks to people were assessed and action taken to address them. The provider ensured there were enough suitable staff working to support people safely.
- Staff were supported with regular training, supervision and appraisal. People received support with food and nutrition, and staff helped them access a wide range of healthcare professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
- People and their relatives spoke positively about the support they received from staff, who they described as caring and kind. People were treated with dignity and respect.
- People received person-centred support based on their assessed needs and preferences, and were involved in designing and reviewing this. Clear complaints procedures were in place to address issues at the service.
- Since our last inspection a new management team was in place, and staff spoke positively about their leadership. Systems were in place to ensure the voices of people, relatives and staff were heard. The service worked with other organisations and agencies to promote people's health and wellbeing.

Rating at last inspection: Requires improvement (Report published 4 October 2018).

Why we inspected: We received information of concern from local authority commissioners and other professionals visiting the service. This inspection was brought forward due to the information we received.

Follow up: We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Gables Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector, an assistant inspector and a specialist advisor nurse who specialised in care for older people and people living with a dementia.

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

The service did not have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed in January 2019 and was applying to be registered with CQC.

Notice of inspection: The inspection was unannounced.

What we did:

Before inspection: We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We did not ask the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Gables Care Home.

During inspection: We spoke with five people who used the service and one relative of people using the service. 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 looked at six care plans, 51 medicine administration records (MARs) and handover sheets. We spoke with 12 members of staff, including the manager, the provider's regional director and regional manager, kitchen, domestic and care staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

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

Requires improvement: People were generally safe and protected from avoidable harm but continued and sustained improvement was needed.

Preventing and controlling infection

- At the last inspection in October 2018 the provider's governance processes had failed to ensure that premises and equipment were clean and effective infection control processes were in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 17, but continued and sustained improvement was needed.
- The premises were in the process of being redecorated. Flooring had been replaced, walls painted and communal bathrooms upgraded. Some bathrooms were awaiting refurbishment but this was planned.
- There were areas of faint malodour in some parts of the building. Premises improvements were underway to address this. We saw domestic staff cleaning both people's rooms and communal areas thoroughly and told us they were given enough time to fulfil cleaning duties.
- Infection control processes were being reviewed to ensure people and staff had access to adequate hand hygiene facilities, especially at mealtimes. Training was arranged with local infection control professionals.

Assessing risk, safety monitoring and management

- Risks arising from the building and equipment were monitored, though daily and weekly checks on these had not been carried out since December 2018. The regional manager told us maintenance staff had left in December 2018 but new staff had been appointed and were awaiting final recruitment checks. Maintenance staff from the provider's other services were providing support until this was completed.
- Required test and safety certificates were in place for the premises and equipment.
- Risks arising out of people's health and care needs were assessed and plans put in place to reduce these. However, wound risk assessments and plans did not always contain detail on the care people needed. We also saw that some people did not have assessments in place to record the safe use of their call bells. The manager said call bell risk assessments had all been reviewed by the second day of our inspection, and wound assessments would be reviewed as a matter of urgency.
- Systems were in place to keep people safe in emergencies. Firefighting equipment and systems were monitored and fire drills carried out. The provider had contingency plans in place to support people in emergency situations.

Using medicines safely

- At the last inspection in October 2018 the provider had failed to ensure safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 12.

- Medicines were safely and appropriately stored. Regular stock checks were carried out to ensure people had access to their medicines when needed. Care plans contained information on the medicine support people needed.
- Medicine administration records had been appropriately completed to ensure an accurate record was kept of when people received their medicines.
- Policies and procedures were in place to manage prescribed controlled drugs. Controlled drugs are medicines that are liable to misuse.
- Guidance was available to staff on how to manage people's 'as and when required' medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had. One member of staff said, "I'd whistleblow or report any concerns I had." Whistleblowing is where an employee raises concerns about their employer.

Staffing and recruitment

- The manager and provider monitored staffing levels to ensure there were enough staff working to keep people safe. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. Absence through sickness or planned leave was monitored and staff arranged to cover it.
- Most people said there were enough staff around and that they responded quickly when support was requested. One person said, "They'll be down soon enough" after we asked how quickly staff responded to call bells.
- Staff said there were enough staff to provide safe support. One member of staff told us, "We have enough staff on there. Sickness and holiday gets covered."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. Employment history and written references were sought and Disclosure and Barring Service checks carried out.

Learning lessons when things go wrong

- Accidents and incidents were monitored to see if lessons could be learned and improvements made to help keep people safe. This included monitoring people after incidents occurred to ensure they were safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- A pre-admission assessment was carried out to ensure the service could provide appropriate and effective support. This reviewed people's health and social care needs, and included information from people, relatives and other professionals involved in their care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a wide range of external professionals to maintain and improve their health and wellbeing. Care plans contained evidence of working with professionals such as GPs, district nurses, community practice nurses, diabetic nurses and occupational therapists.
- Care plans were updated to reflect advice and recommendations given by external healthcare professionals, for example in managing respiration and pain.

Staff support: induction, training, skills and experience

- Staff received a wide range of training to ensure they had the knowledge and skills needed to support people effectively. We saw staff completing training during both days of our visit.
- Staff were required to complete training and the provider's induction programme before supporting people without supervision. Staff without experience in the care profession were required to complete the Care Certificate. The Care Certificate is a nationally agreed and recognised set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider was moving training records onto a computer system to help them better plan and monitor training. This process was underway when we visited so training records were incomplete, but we were shown the provider's training plan for 2019.
- Staff spoke positively about the training they received. One member of staff told us, "It gives us all of the information and updates we need."
- Staff were supported with supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to review staff performance and any support needs they had.

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

- People's nutritional health was monitored and promoted. Care plans contained information on people's dietary needs and preferences, and staff were knowledgeable about this.
- People who needed specialist diets such as soft diet or Percutaneous endoscopic gastrostomy (PEG) received these. PEG is a tube which is passed into a person's stomach to provide a means of providing nutrition when oral intake is not adequate or possible.
- People's food and fluid intake was recorded and they were weighed where appropriate to ensure their

nutritional health. Some fluid monitoring charts did not calculate the total amount people had drunk across the course of a day, which made it difficult to see whether they were drinking enough. We spoke with the manager about this who said staff would be reminded of the importance of recording this information.

- People spoke positively about meals at the service. One person told us, "I haven't had a bad meal yet."

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

- The premises were being redecorated when we inspected. This included painting walls and replacing flooring. As a result, there was limited personalisation and customisation of communal areas while this was ongoing.
- The provider's regional director and regional manager told us how the environment would be customised and personalised to meet people's needs once it was redecorated. This included ensuring communal areas were suitable for people living with a dementia, for example by colour contrasting handrails.
- People's rooms contained personal effects and furniture which reflected their personal taste. One person told us, "I have personalised my room, I've put my own things in it."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS had been appropriately applied for where people were being deprived of their liberty to receive care.
- Where people lacked capacity to make decisions for themselves staff made best interest decisions on their behalf. These were clearly recorded in people's care plans.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the care they received from staff, who they described as kind and caring. Comments included, "They've been absolutely fantastic" and, "They're great the staff, here. Really lovely."
- We saw numerous examples of kind and supportive interactions between people and the staff supporting them. For example, we saw staff offering reassurance to one person who became anxious when entering a communal lounge. Staff spent time talking with the person and gave them a cuddle, which made the person smile.
- Staff obviously knew people very well, and were able to chat about things of interest and importance to them. We saw examples of this, including chats about people's life and family.
- People were supported to maintain relationships and social networks of importance to them. This included help to attend services at local places of worship and to access local LGBT support groups.

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

- People were continually offered options and choices over their lives at the service. We saw staff talking with people about what they wanted to do that day and whether and what they would like support with.
- Meetings were held at which people and relatives could give feedback on the service. The next meeting was scheduled for February 2019, and posters advertising this were displayed in communal areas.
- People were supported to access advocacy services. Advocates help to ensure that people's views and preferences are heard. The involvement of people's advocates was recorded in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had close and friendly but professional relationships with the people they supported.
- Staff respected people's personal space and privacy. We saw staff using people's preferred names and waiting for permission to enter people's rooms.
- People told us they were treated with dignity and respect. Comments included, "I'm really quite content, I'm not interrupted very much" and, "They do speak to me with respect."
- People were encouraged to do as much as possible for themselves in order to help them maintain their independence. For example, we saw one person eating a yoghurt during lunchtime. Though they found this difficult we confirmed it was their choice and they liked to do what they could for themselves.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Care plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care they wanted and needed.
- The provider was introducing a new care plan format, and some care plans had been rewritten using it. The new format contained more information on the goals and wishes people had and how staff could support them to achieve these.
- Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. When staff spoke with people we saw them adapting to how the person would best receive information, for example by pointing at objects and speaking loudly and slowly.
- People were supported to access activities they enjoyed. An activities co-ordinator had left in the week before our inspection and the provider was recruiting a replacement. All staff were supporting people with activities until this took place. After our visit the provider told us a new activities co-ordinator had been appointed.
- During the inspection we saw people taking part in group activities such as a domino competition, which they were clearly enjoying. Other activities planned included visits to local pubs and amenities, arts and crafts and entertainers visiting the service. One person told us, "There's generally enough to do and enjoy."

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints. The complaints policy was promoted to people and relatives.
- Records showed complaints were investigated and lessons learnt to improve the service.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.

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

Requires Improvement: Continued and sustained improvement was needed.

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

- At the last inspection in October 2018 the provider's quality assurance and governance processes were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made at this inspection which meant the provider was no longer in breach of Regulation 17, but continued and sustained improvement was needed in relation to the premises and care documentation.
- The management of the service had changed since our last inspection. The previous registered manager and regional manager left in late 2018, and a new regional manager and manager were now in post. Both had plans in place to continue addressing the issues identified at our last inspection.
- Staff spoke positively about the new management team. Comments included, "There's a lot of change, I think for the better. I think it's improving" and, "The new management has made a big difference. The regional manager kicked things off, and [named manager] is working on it now."
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager and provider carried out a number of quality assurance checks to monitor and improve standards. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw action plans in place to address issues identified by these audits.
- The regional manager and manager were a visible presence at the service. Staff said they were approachable and open in dealing with any issues raised. Comments included, "I've been able to speak with them. Fair but firm."
- People said they were happy with the quality of the care and support they received. Comments included, "I am more than happy" and, "staff are very kind and helpful."

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

- Management sought feedback from people, relatives and staff using surveys and attempted to learn from these and take action in a positive way.
- Meetings were held regularly to discuss an agenda including improvements in the service.

Continuous learning and improving care; Working in partnership with others

- Staff received guidance and training from a range of external professionals to help ensure they were aware of the latest guidance and best practice. This included training by the local NHS trust on stroke and arthritis care.
- The service had links with a number of community groups and agencies. These included local charities promoting care for older people and people living with a dementia and the National Citizen Service.