

The Gables Retirement Home Limited

The Gables Retirement 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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Gables Retirement Home is a residential care home providing accommodation and personal care for up to 35 people. The service provides support to older adults, some of whom are living with dementia. At the time of our inspection there were 23 people using the service. The registered manager explained that the home had 24 bedrooms, some of which could be used to accommodate people who wished to share, at the time of our inspection no one was sharing a room.

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

Although people and their families told us they felt the service was safe we found several issues related to the safety. People were not consistently protected from risk as care plans and risk assessments were not always in place. Medicines were not always managed or stored safely. Issues with the cleanliness of the environment and equipment increased the risk of infection spreading. Systems were in place to protect people from the risk of abuse. The provider had taken opportunities to learn from incidents and improve care.

There were enough staff to keep people safe, but people's families told us variations in staffing levels impacted upon the provision of person-centred care. We received variable feedback about the approach of staff and people's right to privacy was not always upheld. Most people had adequate care plans in place, however some people's needs were not always assessed in a timely manner and consequently staff were not consistently provided with adequate information to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice, however, some further work was needed with recording in this area.

People were supported with their physical and mental health and referrals were made to external health professionals when required. People had enough to eat and drink and people's dietary needs were met.

People were supported to maintain relationships with those who were important to them and there were a range of activities for people to take part in at the home. People received person centred, compassionate care at the end of their lives. People's complaints were responded to swiftly and to their satisfaction.

Systems to ensure the quality and safety of the service were not always fully effective. There had been issues with the culture of the home which impacted upon care. Communication with people's families was not always effective. The provider was passionate about providing high quality care, they were open to feedback and responsive to issues identified during our inspection. Feedback from people, families and staff was used to improve the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 August 2019 and this is the first inspection. The last rating for the service under the previous provider was good, published on 24 June 2017.

Why we inspected

The inspection was prompted in part due to concerns received about the conduct of staff. A decision was made for us to inspect and examine those risks.

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 COVID-19 and other infection outbreaks effectively.

We have identified a breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Gables Retirement 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. 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 Health and Social Care Act 2008.

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 conducted by an inspection manager and an inspector. An Expert by Experience also made calls to people's families as part of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Gables Retirement Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Gables Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and the relatives of twelve people. We also spoke with the registered manager, four members of care staff and a member of the housekeeping team. We spoke with the nominated individual and a company director. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of written records including nine people's care plans, staff recruitment and training records and information relating to the auditing and monitoring of service provision. We undertook observations of care and support.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not consistently protected from risk.
- The approach to risk management was inconsistent. Whilst some people had detailed care plans and risk assessments in place, others did not. For example, the registered manager told us one person had an area of damage to their skin, however this was not documented in their care plan.
- Care plans did not always contain clear detail about how staff should support people who experienced distressed behaviours. The registered manager told us about a person who frequently became distressed and records showed they had directed verbal and physical aggression at staff. Although we saw external professionals were involved, there was no care plan or risk assessment in place.
- The provider told us they planned to implement digital care plans which they felt would resolve the above issues.
- Despite the above, people and their families told us they felt safe. One relative said, "[Name] is safe. They have a button to call someone, and a sensor mat and at night. They have a two hour 'look in' and that makes them feel safe and more relaxed."
- People were protected from environmental risks. Risks, such as fire, had been assessed and there were procedures in place for the safe evacuation of the home in the event of an emergency.

Using medicines safely

- Medicines were not always managed or stored safely.
- Staff had not always followed the guidance of health professionals when administering medicines covertly (concealed in food or drink without the person's knowledge). Failure to follow guidance posed a risk of the medicines not being effective.
- Medicines records were not always complete, or up to date. One person's records lacked detail to ensure the safe administration of medicines and another person's prescription had been changed but records had not been updated accordingly. This increased the risk of error.
- Medicine storage areas, including the clinic room sink and medicines cabinets, were not clean.
- Following the inspection, the management team sent us evidence to demonstrate they had addressed issues with medicines.
- In other areas safe practice was followed, staff had received training in medicines management, records showed people had been given their medicines as prescribed and there were protocols in place to guide the use of 'as required' medicines.

Preventing and controlling infection

- Issues with the cleanliness of the environment and equipment increased the risk of infection spreading. Some equipment, such as sensor mats and moving and handling aids were not sufficiently clean. Some areas of the environment were not sufficiently clean. After the inspection, the provider sent evidence of cleaning that had been undertaken.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE safely and testing was in place for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed and that the provider's infection prevention and control policy was up to date.
- The service was facilitating visits from family and friends. However, clear information had not been shared with families. We have reported upon this in the well led section.

Staffing and recruitment

- There were enough staff to keep people safe, but people's families told us variations in staffing levels impacted upon the provision of person-centred care.
- Staff and people's families gave variable feedback about staffing levels. Whilst some feedback was positive, some staff and families told us that there were not enough staff at times. A relative told us, "To be honest recently there haven't been enough staff. It's been difficult to find a member of staff, not enough for everyone."
- In addition, people's families told us that there were not always enough staff to meet people's needs. The families of three people told us about times where staff had not been available to support with continence care which had left people in undignified situations.
- During our inspection we observed that staffing levels were sufficient to meet people's needs.
- The provider calculated staffing levels based upon people's individual needs. Whilst staffing rotas showed that that majority of shifts were staffed at the level determined by the provider, short notice absence meant some shifts fell below the specified level. The provider told us ancillary staff covered care when needed.
- Safe recruitment practices were in place. Some staff has started work before full Disclosure and Barring Service (DBS) had been obtained. Risk assessments were in place in relation to this. Other recruitment checks were in place as required.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff and managers were trained in safeguarding adults and knew how to report any concerns.
- There had been several, recent allegations of abuse. The management team had worked with the local authority to investigate these concerns and had taken appropriate action to prevent the same happening again.

Learning lessons when things go wrong

- The provider had taken opportunities to learn from incidents and improve care.
- Incidents, such as falls, had been reviewed and analysed, referrals had been made to health professionals and action had been taken to prevent reoccurrence, such as the implementation of assistive technology.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were at risk of inconsistent support. People's needs were not always assessed in a timely manner and consequently staff were not consistently provided with adequate information to support people.
- One person had moved into the home approximately six weeks before our inspection. A care plan had not been completed so staff only had basic information to inform their care.
- Staff felt they did not always have adequate information when supporting new people, sometimes with only an assessment from the local authority to work from. A member of staff said, "You don't know until the day they come in what they will need." The provider clarified that this was an issue when people were admitted upon discharge from hospital with very little information.
- The provider told us that the pandemic had caused difficulties in assessing people's needs but said they had just started pre-admission assessments again. They were planning to implement an electronic care planning system which they felt would resolve issues with care planning.

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 MCA 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. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Further work was needed to ensure people's rights under the MCA were protected.
- Although we were not concerned that people's rights were being restricted unnecessarily, there were limited formal assessments of people's capacity to make decisions and best interests decisions were not always documented clearly.
- For example, when people appeared to lack capacity to consent to monitoring of their movement, such as

sensor mats, their capacity had not been formally assessed and there was no evidence of how the decision had been made in their best interests.

We recommend the provider reviews their approach to restrictions placed upon people who may lack the capacity to consent and ensure decision making is recorded in line with the MCA.

- People's relatives provided consent on their behalf when they had legal authority to do so.
- DoLS had been applied for when people were being deprived of their liberty. There were no conditions imposed on any of the DoLS we reviewed.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and competent. People and their families told us most staff seemed to "know what they were doing." However, a few relatives commented that there were inconsistencies between staff.
- Staff had an induction when starting their role and all care staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had up to date training a variety of areas, including training to meet people's specific needs. Staff development and progression was supported and the directors also undertook relevant training and qualifications.
- Staff were supported, and their performance monitored in supervisions with their manager.

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

- People had enough to eat and drink and people's dietary needs were met.
- People and their relatives were positive about the food. One person described the catering staff as "excellent" and a relative told us, "[Name] seems to enjoy the food and eats quite well. They have a choice of food."
- People were consulted about the menu and were given choices daily. People who required assistance to eat were supported with patience, care and compassion and adaptations were made to promote people's independence.
- Weight loss and other nutritional risks were monitored and managed effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their physical and mental health and referrals were made to external health professionals when required.
- The home had a good relationship with their local GP surgery. Health professionals visited the home regularly to review people's health needs. Staff contacted the relevant health professionals when people's needs changed or if they became unwell.
- Most people's care plans contained information about their health needs. However, care plans of people who had moved into the home recently required more information to ensure consistent support in this area.

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

- The environment was adapted to meet people's needs.
- The provider had used evidence-based research to develop the environment, to bring it up to date, and to make it 'dementia friendly.' Some areas of the home had been themed, to provide points of interest, such as a shop, and to help people orientate themselves. However, some relatives commented, and we observed,

that some communal areas did not facilitate conversation as everyone was sat around the edge of the rooms.

- People had access to a pleasant garden. There was level access for people who used mobility aids, a summer house which had been used to facilitate visits during the pandemic and a BBQ for summer events.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service were complimentary about the support provided and told us they felt well cared for by staff. We observed positive interactions between people and staff during our inspection.
- In contrast we received variable feedback from people's relatives. Whilst some relatives felt staff provided caring, person-centred support, other relatives were less positive. One relative told us, "The general level of caring could be much improved. What is seen in a visit is a lack of kindness, warmth and engagement with residents and visitors."
- Staff told us they were proud of the care they provided. A member of staff said, "It's like a family here. Lovely to support them, getting to know them. I make sure they have the best care I can deliver." Some staff shared concerns about the conduct of other staff towards residents, they told us they had reported this to the management team.
- The provider told us that equality and diversity was at the heart of everything they did. They had held events to celebrate a range of cultures and religions and had taken action to prevent discrimination within the staff team. The provider had access to a range of resources to enable them to accommodate people's diverse needs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity were not always upheld.
- Some areas of the home did not uphold people's right to privacy. Several toilet locks had been removed which meant people did not have privacy when using the toilet. The provider acted swiftly to address this following our inspection.
- Staff promoted privacy and dignity by ensuring doors were closed when providing personal care. People's intimate care needs were not discussed in public and records were stored securely.
- People's families described staff providing dignified care. A relative described how staff supported their family member's individuality, "[Name] always looks nice and some of the carers help [Name] to do their make up too."
- People's independence was promoted. The provider used technology such as electronic tablets and smart speakers to enable people to do more things themselves.

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

- People's families gave variable feedback about communication from the home. Whilst some relatives said they were kept informed about changes in people's care needs, two relatives told us about times they had not been informed about key changes in their relative's care.

- Staff told us that they had time to get to know what mattered to people. The home had a 'best friend' system in place. Where each person had a member of staff allocated to lead on support, keep their room tidy, contact relatives and do shopping for them.
- People's relatives told us that staff respected their family member's choices. A relative explained how staff respected their relations routine, "[Name] walks at night and the home never try to force them to bed. They sit with the night staff and then go to bed when they are ready."
- People's confidential information was stored in the office, this meant only people authorised to view records could look at them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families were involved in planning some aspects of their care, but practice was inconsistent in this area and care did not always meet people's needs.
- Overall people's care plans focused on the person's whole life, including their history, likes and dislikes. However, care plans for new people and those staying for a respite break required additional information to ensure they received consistent care.
- This inconsistency was also reflected in feedback from people's relatives. Whilst some relatives told us they had been fully involved in planning care, others had not and were unsure if their relative had a care plan. People relatives also told us about inconsistencies in the support provided. One relative told us, "Some of the staff are very good with (people who have) dementia but others are not so good (they) don't approach people in the right way."
- The provider told us they planned to implement an electronic care planning system imminently which they felt would resolve issues with the quality of care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those who were important to them and there were a range of activities for people to take part in at the home. During the pandemic a pen pal project was set up with schools to help avoid the impact of isolation.
- The provider employed staff to organise social and recreational activities. Activities staff told us they had made improvements to ensure activities were meaningful, this had resulted in an increased number of people taking part.
- People and their relatives were generally positive about the opportunities available within the home. A relative told us, "The activities [member of staff] is good, they do things with the residents, all sorts of craft and bits and pieces."
- Activities outside of the home had not been made available to people. Staff told us that they relied upon people's families to take them out, but some people had not been out for a long period of time. The provider told us this was due to the pandemic and said they were currently exploring opportunities outside of the home.

End of life care and support

- People received person centred, compassionate care at the end of their lives. However further work was needed to enable people and their families to express their wishes for the last few weeks of life.
- Staff had been trained to support people at the end of their lives and we saw feedback from the families of

people who had spent their final days at The Gables complimenting staff on their kind, caring and compassionate approach.

- Although people had expressed decisions about health interventions at the end of their lives, care plans did not always contain person centred information about people's wishes for end of life care. The provider told us people and their families were asked about this but said many declined.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had access to information in appropriate formats to enable their understanding.
- The provider understood their duties in relation to the accessible information standard. They had information in a range of different format, such as easy to read information about preventing infection.
- Information could be made available in other languages as required and adjustments were made to enable people to access information, for example, the use audio books where people could no longer read.

Improving care quality in response to complaints or concerns

- People's complaints were responded to swiftly and to their satisfaction.
- People and their families had confidence in the management team that they would resolve any issues. A relative told us, "I don't have any complaints but if there were any problems I can discuss with the manager."
- There was a complaints policy in place, and we saw where complaints had been made, these had been responded to and addressed in line with the policy.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Systems to ensure the quality and safety of the service were not always fully effective. Whilst some audits were effective in identifying and addressing areas for improvement, issues found at our inspection had not been identified. Issues with medicines management, the cleanliness of the environment and equipment and deficiencies in care plans had not been identified by quality monitoring systems.
- Communication with people's families about policies and procedures was not always effective. One relative told us, "We can't visit at mealtimes. I was told no visiting at mealtimes." However, the provider told us that visiting was not restricted at mealtimes. Several relatives told us they had to book appointments to visit. The provider said, "All visitors are able to visit whenever they wish to do with or without informing us prior."
- Accurate and up to date records were not always in place. As well as gaps in care plans, records to document compliance with the Mental Capacity Act were not in place.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not fully effective. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been some recent issues with a small number of staff which impacted upon care. The provider told us they had made changes within the staff team that they hoped would resolve these issues.
- The provider was open to feedback and responsive to issues identified during our inspection. The day after inspection we received an action plan based on our preliminary feedback, this included evidence that action had been taken to address many of the issues we found.
- Action was taken to address known issues and lessons were learned to improve care. For example, a fire service audit had identified that the fire risk assessment was not sufficient, the provider had acted swiftly to commission a robust assessment from an external contractor.
- People, families and staff were positive about the registered manager. A relative told us, "The manager is lovely and I can speak to her and she listens." A staff member commented, "[Registered manager] is very thorough and on top of the work. I am confident in the management." Another member of staff said, "I receive a high level of respect from the owner and manager."
- Staff understood what was expected of them. There were systems in place to allocate duties and for

communication with staff.

Continuous learning and improving care; Working in partnership with others

- The provider was passionate about providing high quality care and was involved in many national initiatives to improve adult social care for people using services and staff.
- The provider told us that their national work had a positive impact upon people who used the service and staff. For example, they had improved the environment based upon research and they had implemented health benefits for staff to improve wellbeing and retention.
- The provider had plans to make further improvements to the service through the introduction of an electronic care records system.
- The provider worked in partnership with local health and social care professionals to ensure people received the care they needed. The district nursing team commented positively on how the home had managed a recent COVID-19 outbreak.
- The provider was also in contact with nationally recognised experts in adult social care and told us that they drew upon their knowledge and skill develop the service.
- The registered manager attended forums and received email updates to keep up to date with good practice.

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

- Feedback from people, families and staff was used to improve the quality of the service.
- There were opportunities for people, families and staff to share feedback on various aspects of the home.
- Surveys had been distributed, results were analysed and the outcomes were largely positive. Where areas for improvement had been identified, such as the types of activities offered, action had been taken to address this.
- People were also consulted about activities and food and their feedback was used to make changes.
- The provider had implemented learning from their national work to ensure the diverse needs of people and staff were accommodated. For example, they had made reasonable adjustments to support disabled staff and had considered the needs of staff going through the menopause.

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

- Information was shared with people and their families about adverse incidents and an apology was given when things went wrong. For example, information about a recent safeguarding investigation information had been shared with families.
- Families told us that the registered manager took time to discuss and reflect upon incidents with them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not effective in identifying issues with the safety and quality of the service.