

## The Gables Rest Home

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### Inspection report

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### 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

About the service: The Gables Rest Home is a residential care home that was providing personal care up to 24 people aged 65 and over at the time of the inspection.

What life is like for people using this service:

- People were supported by staff who knew how to recognise potential abuse and who they should report any concerns to. People's care considered their risks and reduced the risk of harm and where required, had access to equipment to support them. There were enough staff on duty to meet people's social and care needs.
- People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.
- People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted by staff who encouraged them.
- People's needs and routines were known and supported by staff who ensured these were met and respected. People and relatives knew how to complain if needed, and were confident any comments or concerns were listened to and acted on.
- People and staff were happy with the way the service was led and managed and the provider worked well with external professionals to ensure people's needs were met.
- Service management and leadership was consistent and areas for improvements were identified. The registered manager gathered people's views and experiences and any improvements were made.
- We found the service met the characteristics of a "Good" rating in all areas; More information is available in the full report

Rating at last inspection: Good (report published 6 May 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: There will be ongoing monitoring.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Details are in our good findings below.

### Is the service effective?

Good ●

The service was effective. Details are in our good findings below.

### Is the service caring?

Good ●

The service was caring. Details are in our good findings below.

### Is the service responsive?

Good ●

The service was responsive. Details are in our good findings below.

### Is the service well-led?

Good ●

The service was well-led. Details are in our good findings below.

# The Gables Rest 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: One inspector carried out the inspection.

Service and service type: The Gables Rest Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had 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.

Notice of inspection: This inspection was unannounced.

#### What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection, we spoke with seven people and four relatives to ask about their experience of the care provided. 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 three members of staff, the deputy manager, the care manager and the registered manager,

who was also the nominated individual.

We reviewed a range of records. This included two people's care records and multiple medication records. Records were reviewed, in relation to training and supervision of staff, the management of the home and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified.
- People were supported to understand how to keep safe and to raise concerns when abuse occurred.

Assessing risk, safety monitoring and management:

- People's care records documented their known or potential risks, for example associated risks with physical or emotional needs. People were positive about how their risks were managed.
- Staff we spoke with knew the type and level of assistance each person required to maintain their safety. Staff had clear guidance to follow to reduce risks to individuals and other people living at the home.

Staffing and recruitment:

- Staff were available in the communal areas and responded to requests when people wanted assistance.
- People's dependency levels were reviewed by the registered manager to ensure there were enough staff to meet people's care needs.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection:

- People told us the home environment was clean and their rooms were kept clean.
- People's laundry was collected and washed within a separate laundry area.
- Staff who prepared food observed good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

Learning lessons when things go wrong:

- Staff had completed reports where a person had been involved in an incident or accident and reported to the management team so they could be reviewed.
- The registered manager looked at how or why the incident occurred and whether a referral to other health professionals was needed. The registered manager took learning from any untoward incidents, and records showed people's risks had been updated in their care plans.

# Is the service effective?

## Our findings

Effective – this means 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:

- People had shared their needs and choices with the management team before moving to the home.
- The registered manager completed an assessment of people's care needs to assure themselves they could provide the care needed.

Staff skills, knowledge and experience:

- People were happy staff understood their care needs well and could provide the care they wanted and needed.
- Staff received an induction when starting work at the home. Further training courses had been completed, which helped them understand people's health conditions better.
- Staff told us they were supported in their role with structured routine staff meetings and individual discussions with supervisors to talk about their responsibilities and the care of people living in the home.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to access food and drinks in line with their needs and choices. One person told us, "I always get my cooked breakfast."
- Staff knew who needed support and monitoring in order to ensure adequate diet and fluids was taken. Staff sat with people to offer guidance where people required assistance with their meals.
- People's mealtimes were not rushed, and people chose where they wanted to eat their meals.

Staff providing consistent, effective, timely care:

- There was a consistent staff team who met at the end of each shift to consider if people's care needed to be adjusted to continue to meet their needs.
- When people attended any appointments staff supported them, for example, hospital appointments. Opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs.

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

- There were several communal areas to choose from, including quiet areas.
- People chose how they spent their time at the home and were supported with communal areas which were accessible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.



# Is the service caring?

## Our findings

Caring – this means 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:

- People told us about living at the home and said the staff were kind, caring and attentive to them. People had made friends at the home and one person told us, "Nice and homely, it's good here."
- People told us the care provided was individual to them.
- People were relaxed around staff who supported them and people happily asked for any assistance they wanted.

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

- People told us the staff involved them with the care they wanted daily, such as how much assistance they may require. One person told us, "Just ask what you want and it's done."
- People's preferences and routines were known and supported. For example, their preferred daily routines were flexibly supported and their choices listened to by staff.
- When it was appropriate, people had access to independent advocates.

Respecting and promoting people's privacy, dignity and independence:

- People received care and support from staff who respected their privacy and people felt the level of privacy was good.
- People told us their independence was respected and encouraged during their time at the home, which was important to them.
- When staff were speaking with people they respected people's personal conversations. Staff spoke considerately about people when they were talking and having discussions with us about any care needs.
- People's confidential information was securely stored, to promote their privacy.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

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

Personalised care:

- People's preferences about their care needs had been detailed in their plans of care.
- The wishes of people, their personal history and the views of relatives had been recorded.
- Staff told us they recorded and reported any changes in people's needs to management who listened and then followed up any concerns immediately.
- Staff gave us examples of things people enjoyed doing, such as spending time playing games or reading. People went on trips which interested them, such as trips to the seaside and theatres.
- People enjoyed a variety of daily activities, such as quizzes and crafts. Visiting entertainers came in, and people celebrated a variety of notable days and told us how much they enjoyed these.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

Improving care quality in response to complaints or concerns:

- People we spoke with said they would talk to any of the staff if they had any concerns and were confident they would be resolved.
- People and their relatives told us the staff and the registered manager dealt with any issues as they arose.
- A formal complaints process was available as a process to record, investigate and respond to complaints. Any suitable adjustments to care or to improve the service provided could then be implemented

End of life care and support:

- An end of life care plan was completed which recorded the wishes of the person in the event of their death in detail.
- The staff and the registered manager demonstrated a compassionate approach to providing people with end of life care and meeting people's wishes.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

**Good** Service management and leadership was consistent. Leaders and the culture created supported the delivery of high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People liked to spend time with care staff and the registered manager. One person told us, "Staff are fantastic, lots of laughter, always something going on."
- People's individual care and support needs were provided by staff who enjoyed their work and were encouraged to spend time getting to know people.
- Staff were clear about the registered manager's vision to provide personalised care and staff were supported to understand why this was important to people's care experiences.

Engaging and involving people using the service, the public and staff:

- People's views were gathered through meetings and surveys and where suggestions for improvement had been made, these had been acted on.
- The management structure in place was open, transparent and available when needed. The registered manager and provider spent time each day working as part of the team.
- Staff received supervision of their performance and regular team meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The registered manager understood the legal requirements of their role. Policies and procedures were displayed and discussed to ensure staff understood how they needed to work.
- Staff were supported by constructive feedback on their practice from their peers, senior staff and the registered manager.
- The registered manager and senior staff checked the quality of the care provided. For example, checks were made to ensure people's plans of care were current and the environment was safe.
- The registered manager was supported to provide good care to people, based on best practice standards, researched people's lifestyle choices and the provider supported them.

Continuous learning and improving care:

- Learning from concerns and incidents contributed to continuous improvement. Staff explained the provider and registered manager were always looking for ways to improve the service. Regular reviews of documentation, staff practice and accidents and incidents meant the service continued to change and adapt the support provided and reduce the risk of further incidents occurring.

- There was a drive to learn and improve people's care further. The provider and registered manager used their comprehensive knowledge of people's needs when planning further development of the care and how the business responded to these.

Working in partnership with others:

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences. For example, with the local school and hospice.
- Social workers, commissioners and professional were welcomed and very positive feedback had been received.