

Rhombus Care Group Limited

Gabriel House

Inspection report

47 Alness Road
Manchester
M16 8HL

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24 June 2021

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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

Gabriel House is a small residential care home that provides accommodation and personal care for up to five adults with learning disabilities and/or autism. At the time of our inspection there were two people being supported at Gabriel House.

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

People told us they enjoyed living at the service and felt supported by staff. We observed kind and caring exchanges between people and staff. The provider had systems in place to safeguard people from the risk of abuse and avoidable harm. Staff managed people's medicines safely.

Staff were recruited safely by the provider. There was a small staffing team in place who provided continuity of care to people living at the service. The provider had an effective infection prevention and control policy in place in line with government guidance. Staff wore appropriate personal protective equipment (PPE).

Staff supported people to achieve their personal goals and encouraged healthier lifestyles. Staff had received appropriate training to support people living at the service. Staff completed a thorough induction process.

Staff supported people to be more independent and develop their skills at a suitable pace. Staff knew people well and supported them in a respectful and dignified way. Staff shared examples of how people's independence had been encouraged.

Staff had developed positive behavioural support plans for people. Staff had good knowledge of the people living at the service and the support they required. These plans had helped to achieve better outcomes for people living at the service.

People were supported, on a daily basis, to go out into the community and on trips to places they enjoyed. People were involved in their care planning.

The staff and the provider shared the same core values around supporting people well and encouraging independence. Staff felt supported by the registered manager and the provider. People felt able to share their views and felt listened to. The registered manager and provider completed regular audits of the service to monitor the quality of care.

The service supported people 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. There was a positive and empowering culture at the service where people were supported to make choices and their independence was encouraged. People received person-centred care and were treated with respect by staff. The provider and staff shared the same core values to support people to lead empowered lives.

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 29 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected before.

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 will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Gabriel House

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 Care Act 2014.

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 team comprised of two inspectors.

Service and service type

Gabriel House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager, assistant manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and medication plans. We looked at training data and quality assurance records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse and avoidable harm.
- Staff received training in safeguarding as part of their mandatory training. The staff we spoke with knew how to recognise and report safeguarding concerns and felt confident to do so.
- The provider completed their own investigations into safety incidents, safeguarding concerns and complaints as well as cooperating fully with external partners in their investigations.
- A relative told us "I know [my relative] is in safe hands."

Assessing risk, safety monitoring and management

- The provider effectively managed risks to reduce the likelihood of avoidable harm to people. Staff completed comprehensive risk assessments and risk management plans.
- People's care records included detailed plans and positive behavioural support strategies for managing any specific risks identified, for example, people who were at risk of causing themselves harm or injury. The staff we spoke with knew people well and responded in line with the strategies. Staff told us they had seen positive changes in people's behaviour that challenges.
- Staff received training on conflict resolution, de-escalation and breakaway techniques as part of their mandatory training. This helped them support people with behaviour that challenges in a safe and least restrictive way.
- Staff completed weekly and daily safety checks of the environment.

Staffing and recruitment

- The service had a stable staff team and enough staff to meet the needs of the people who lived at the service.
- The provider recruited staff safely and all appropriate checks had been completed prior to employment.

Using medicines safely

- People received their medicines safely. The service stored medicines securely and at the right temperature. Staff administered medicines at the right time, and safely managed 'when required' medicines.
- The provider had a medicines management policy in place.
- Staff had completed thorough competency checks in medication administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider worked to learn lessons when things went wrong. The provider analysed the data on incidents, accidents and complaints to identify any themes, patterns and learning.
- The provider shared the learning and any changes made with all staff.

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 good. This meant 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

- The registered manager and staff assessed people's individual needs holistically and developed associated care plans. The care records showed up-to-date assessments with individual care plans for each need identified, for example, community access, daily living skills, activities, medicines and food and drink.
- Care plans contained easy read words and pictures to help people understand them better.
- The service model was underpinned by a positive behavioural support approach, which was evident from the records and the staff we spoke with.

Staff support: induction, training, skills and experience

- Staff received appropriate training to carry out their roles. All staff completed a core mandatory training programme and induction when they commenced employment.
- Mandatory training included some training relevant to the type of service. For example, staff received training in conflict resolution and breakaway techniques, which strongly promoted de-escalation and least restrictive practices to manage behaviour that challenges.
- The provider had arranged training on positive behavioural support (PBS) approaches for all staff and had started to look for PBS qualification courses.

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

- Staff supported people to be healthy. People had specific care plans that showed their eating and drinking needs and preferences.
- Staff responded to a person's request to lose weight by developing a specific plan with them describing the actions to be taken by staff and the person. This approach had been very effective in helping the person lose weight.

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

- The provider designed the service to meet people's needs. The service had a homely feel. There was a well-maintained garden. We observed people enjoying spending time in the garden.
- The service was clean and had a good standard of decor and well-maintained furnishings.

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

- Staff supported people to access healthcare services when required. For example, emergency hospital care, GP or psychiatric services.

- People had care plans for routine health services such as optometry and dentistry. However, at the time of our inspection, the provider expressed ongoing difficulties in accessing dental services due to the pandemic.
- People had health action plans that included information about their capacity, health needs and communication style.
- People had hospital passports that provided a summary profile of the person should they be admitted to hospital.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff assessed people's capacity for making decisions in line with the MCA and in their best interests. Staff had received training on the Mental Capacity Act. Staff showed good knowledge of Deprivation of Liberty Safeguards.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff knew people well and supported them based on their needs, preferences and choices.
- Staff we spoke with showed respect and dedication to the people they supported.
- The registered manager encouraged staff to develop a rapport and good working relationships with people.

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

- Staff encouraged people to express their views. Following referral, the provider arranged to meet people, their relatives and the professionals involved to complete a comprehensive assessment. During this process, the service learned about the person's needs and their history, background, preferences, interests and key relationships. This helped staff get to know the person and plan appropriate care.
- The people we spoke with told us they were involved in decisions about their care and support. One person told us "Everything is good here."
- All care plans showed evidence of people's involvement in care and activity planning. People were involved in their care reviews.
- People attended house meetings at the service. This gave people the opportunity to share their views. Staff completed tenant's voice documents to record their views and participation.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and supported them in a dignified way. Staff had a good knowledge of people and their needs and abilities.
- Staff gave examples of how they had supported people to develop their independence at a pace that was suitable and meaningful for the person. One person had been supported with employment which they took great pride in.

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 good. This meant people's needs were met through good organisation and delivery.

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

- The registered manager ensured people's care was planned in a personalised way in line with their preferences. Staff developed personalised care plans that accurately reflected people's needs and preferences.
- Care records reflected people's preferences as well as their needs, for example, their preferred name, food and drink preferences, and hobbies.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and took them into account when planning care.
- Care plans included detailed guidance for staff to help them communicate with people.
- Staff produced accessible information that people could understand. There were a wide range of documents in easy-read and pictorial formats such as care plans, weekly schedules, health action plans and hospital passports. Staff also produced accessible information on an ad hoc basis, for example, to describe attending an appointment with a doctor.

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

- Staff supported people to maintain relationships and participate in activities that were relevant and meaningful to them.
- People were supported, by staff, to choose activities of their choice. In addition to participating in daily living skills, people enjoyed a range of activities such as walks, shopping, visits to parks, meals out and day trips.

Improving care quality in response to complaints or concerns

- The provider responded to complaints and issues promptly and took appropriate action to make improvements. The provider had a policy for managing complaints. People knew how to complain and felt confident to do so.
- Staff recorded discussions about complaints and resolutions clearly.

End of life care and support

- At the time of our inspection, none of the people supported by the service received end of life care.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care and underpinned by a positive behavioural support approach. The staff we spoke with described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.

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

- The provider and registered manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.
- The service actively promoted openness and transparency to its staff and the people they supported. Staff, people and relatives confirmed that the provider had a genuinely open and honest culture.

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

- The registered manager and provider had a clear understanding of their roles. The provider had implemented effective quality assurance systems to monitor quality of the service. The system included quality assurance checks by staff, the management team and the provider.
- The provider showed a strong commitment to ensuring good governance of the service. The provider carried out a range of audits to monitor the safety and effectiveness of the service provided. These included audits on infection control and medication.

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

- People were asked for their views of the service and felt able to share their views with staff. A relative told us "I can always speak to [registered manager] and the other colleagues."
- Staff were supported by the management team. Staff supervisions were completed regularly and gave staff the opportunity to share their views with management.

Continuous learning and improving care

- The provider and registered manager showed a commitment into improving care for people and

supporting staff.

- The registered manager developed a programme to encourage structured career progression for carers to senior carers. Staff told us they felt well-supported with their learning and development.

Working in partnership with others

- The provider worked closely with key stakeholders and agencies including the local authority, social workers and healthcare professionals. The provider received positive feedback from visiting professionals.