

T.L. Care Limited

Gables Care Home

Inspection report

31 Highfield Road
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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

Gables Care Home is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 64 people across four separate wings, each of which has separate adapted facilities. Two of the wings provide nursing care and one of these specialises in providing nursing care to people living with dementia.

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

People were receiving their medicines as prescribed but accurate medicines records were not always kept. Risk assessments were in place but did not always contain the necessary information to help staff minimise risk. Although these issues needed to be addressed, there was no evidence of negative impact on people living in the home. Everyone we spoke with felt safe in the home. There were systems and processes in place to help protect people from the risk of abuse.

People and their relatives all gave very positive feedback on the home. One person told us, "Oh I'm happy alright. I'm well looked after."

There were enough staff on duty to meet people's needs. Staff understood the needs of the people they supported well. Safe recruitment procedures were followed.

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.

The dining experience was relaxed and enjoyable and the quality of food was good. People were supported with eating and drinking, and any special dietary needs were met. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

There was a caring culture supported by a strong staff team who respected people and treated them with dignity. Staff encouraged independence and supported people to maintain their skills. The service had a relaxed, homely atmosphere and relatives were always welcome.

People's care was delivered around their wishes and preferences and care plans reflected this.

People had access to a variety of activities inside and outside of the home.

A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified.

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

Rating at last inspection

The last rating for this service was requires improvement (published 22 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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 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 well-led.

Details are in our well-led findings below.

Good 

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. 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.

Inspection team

The inspection was carried out by one inspector, a specialist professional advisor (in this case a nurse) and an Expert by Experience. 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

Gables Care Home 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

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 eight people who used the service and six relatives 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 twelve members of staff, including the registered manager, regional manager, customer relations officer, clinical, care and kitchen staff. We also spoke with an external professional who was visiting the service.

We reviewed a range of records. This included five people's care records and five medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- People received their medicines as prescribed. However, the records in relation to topical medicines, for example application of creams, were not always completed correctly. Guidance for medicines to be given 'when required' was not always in place or sufficiently detailed. We discussed these issues with the registered manager who assured us the documentation would be reviewed and improved.
- The provider had systems in place to ensure that medicines were ordered, received, stored and disposed of appropriately.
- Medicines were administered by trained, competent staff. One person told us, "Yes, I am on tablets and I'm happy with the way they are given."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and safety had been assessed on an individual basis. However, some risk management plans needed to be clearer. For example, diabetes risk assessments did not always describe the signs staff should look for or action to take if a person's blood sugars became too high or too low.
- Regular health and safety checks of the environment were completed.
- Accidents and incidents were monitored to check for any patterns or trends. This was to ensure lessons were learned to minimise the risk of future incidents.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff received safeguarding training and said they would not hesitate to act on any concerns. One member of staff told us, "We had a guy here from Safeguarding. He said it's not a topic to be scared of."

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. One person told us, "I don't know how many staff there are but if I buzz they come quickly."
- Agency staff were used at times to ensure the service was never short staffed. The registered manager told us they used the same agency staff whenever possible, so they were familiar with the home and knew the people living there.
- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Preventing and controlling infection

- The service appeared clean and hygienic. Staff wore gloves and aprons when supporting people. A visiting health professional told us, "I never have any concerns about cleanliness."
- The kitchen had been awarded a five-star hygiene rating from the environmental Health officer.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's support needs and preferences were assessed before they moved to the home. This meant the registered manager could ensure staff could safely and effectively meet people's needs.
- External professionals were involved in assessing and reviewing people's needs to help ensure support was delivered in line with latest guidance and best practice. One health professional told us, "I often come on joint visits with [other health professionals] and staff always take on guidance."

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the knowledge and skills needed for their roles. Following a change in training provider refresher training was not fully up to date. A programme was in place to address this and a realistic deadline had been set for completion. One member of staff said, "I've got to grips with online training now and I just plough through it. Information is posted up on the wall when you are due any refresher training."
- The provider had an effective induction process for new staff. The induction included completing all relevant training and shadowing more experienced staff.
- Supervisions and appraisals took place regularly. Staff spoke positively about these meetings and the support they provided.

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

- People received the necessary support with eating and drinking. Any special dietary needs and preferences were met.
- People spoke positively about the food they received and the choice available. One person said, "The food is very good. You get a choice. The portions are good and it's hot when supposed to be hot."
- The dining experience was a very positive one. The provider had employed staff specifically to support people at mealtimes. Dining rooms were welcoming, there was pleasant background music and people were encouraged to eat in a respectful and patient way.

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

- The service was adapted for the comfort and convenience of people living there. Rooms were personalised to suit people's individual taste.
- Some areas of the home needed redecoration and a refurbishment programme was underway. The registered manager was seeking advice from relevant external professionals on making the environment more dementia friendly.

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

- People had access to a range of health care professionals. For example, appointments were made with opticians, dentists and chiropodists to make sure people's health and wellbeing was supported. One person told us, "[Staff] would arrange a doctor for me if I was poorly."

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.

- Consent to care was being sought but this was not always accurately reflected in people's care records. One person told us, "They always ask for my consent." A relative said, "Staff ask for consent and always explain things."
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements. Where people had conditions on their DoLS authorisations and these were being correctly met.
- Where people lacked capacity to make certain decisions, we saw evidence of decisions being made in people's best interests.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their relatives spoke positively about the caring nature of staff. One relative told us, "I am so glad I actually chose this place [family member] came in here on end of life and on a syringe driver. Four years down the line they're still here and I believe it's this place that has kept them alive."
- Staff were kind, considerate and treated people with respect. We observed many positive interactions between staff and people. One health professional told us, "The care has always been the number one thing here, they really provide good care."
- Staff supported people if they had any specific religious or spiritual needs.

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

- People and their relatives were involved in decisions about their care. One relative told us "They always talk to me about Care Plan, they tell me when they are updating it."
- Feedback was sought and acted on. Informal conversations, surveys and meetings were used to obtain people's views.
- People were supported to access advocacy services where needed. Advocates help ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "The staff and cleaners all knock. No-one just comes in."
- Staff delivered care in a friendly but professional way and helped people to maintain their independence wherever possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People received care and support that was focused on their individual needs, preferences and what was important to them. Care plans contained people's life history and reflected their likes and dislikes
- The registered manager and staff understood the importance of promoting equality and diversity and respecting individual differences.

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.

- The management team ensured people's communication needs were assessed and any measures put in place to support them. Care plans contained relevant information about people's communication needs and information could be provided in different formats if this was required.

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

- There were opportunities for people to get involved in a wide range of activities. This included activities in the home and trips out. Staff also understood and respected the fact that some people preferred to spend quiet time alone.
- People and relatives spoke positively about activities at the service and told us about the things they liked to participate in. One person told us, "Today the [staff member] is going to get me painting. They're good that way. Playing games or sitting with residents who are in their rooms."

Improving care quality in response to complaints or concerns

- The provider had systems in place to learn from and respond to complaints. People and relatives were aware of the provider's complaint process. One relative told us, "I'd have no concerns about raising things with [registered manager] but I've never had anything to complain about."

End of life care and support

- Policies and procedures were in place to support people with end of life care where needed, including ensuring their choices and preferences were respected.
- No one was receiving end of life care at the time of the inspection.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 were happy with the support they received. Relatives said staff helped people achieve good outcomes. One relative told us, "My [family member] has really been brought out of their shell since coming here."
- Staff took pride in their work and felt they were part of a strong team. An agency nurse told us, "I only go to homes that are safe and where the care is good. I set myself high standards and expect others to do the same. That is why I keep coming back here."

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 registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.
- The registered manager and provider were open and honest with us about the service, its strengths and weaknesses and areas they were further developing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager undertook a range of audits and checks on a regular basis to help ensure high standards were maintained. The effectiveness of the checks was demonstrated by the fact that many of the issues we found had already been highlighted and action planned.
- The provider was also very involved in the service and committed to continuous improvement. Senior managers attended the home regularly to provide help and support.
- The registered manager was open and responsive to our inspection feedback. Following our visit, the registered manager and area manager created a comprehensive action plan to address the points we had raised.

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

- The provider sought feedback from staff and relatives of people using the service. This feedback was acted upon to make improvements in the service.
- Staff meetings were held regularly and minutes of the meetings were shared with staff who had not been able to attend.

Working in partnership with others

- Management and staff worked closely with external health professionals to ensure people received good all-round care. One health professional told us, "There have been some incidents with [one person who used the service] as they were becoming quite agitated. I'm here today to review things and can say because staff have successfully implemented the strategies suggested things have definitely improved."
- The provider had developed a number of links to the local community. Health and social care students from the local college came in to do regular placements. The home also had links with Aging Better Middlesbrough an organisation to combat isolation amongst elderly people in the area. Older people who were part of the organisation volunteered their time to help with activities and this benefited them and the people living in the home.