

Jade Country Care Homes Limited

Five Gables Nursing Home

Inspection report

32 Denford Road
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Kettering
Northamptonshire
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Tel: 01933460414

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26 July 2018

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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

Five Gables Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection, in June 2017, the service was rated as 'Requires Improvement' although there were no breaches in regulations.

When we inspected in June 2017 we found that improvements were required under four out the five questions we always ask about safety, effectiveness, caring, responsiveness, and well-led. The provider and registered manager had taken timely and appropriate action at the time of the previous inspection but we needed to be assured that these improvements had been sustained.

At this inspection on 25 and 26 July 2018 we saw that all the required improvements that had been made had been sustained. At this inspection we found the service to be rated as 'Good'.

Five Gables Nursing Home is registered to residential care for up to 43 people who require support with personal care and nursing care. At the time of this inspection there were 29 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. People's care was regularly reviewed with them so they received the timely support they needed. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

People were cared for by staff that knew what was expected of them and the staff carried out their duties effectively. The staff team were appropriately deployed throughout the home to ensure people's needs were met in a timely way. Staff were friendly, kind and compassionate. They had insight into people's capabilities and aspirations as well as their dependencies and need for support. They respected people's diverse individual preferences for the way they liked to receive their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received their medicines in a timely way. People were provided with a nutritious diet that took into account their tastes and preferences. Their dietary needs were assessed and monitored and appropriate

external healthcare professionals, such as the dietician, were consulted when needed. Where people needed physical assistance to eat and drink this was provided.

People at the end of their life received the care they needed to ensure they were kept free of pain and discomfort.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service.

The service worked in partnership with other agencies to ensure the quality of care was sustained across all levels. Communication was open and honest, and any improvements identified were worked upon as required. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was improved.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. The provider had quality assurance systems in place that were used to review all aspects of the service and drive improvements whenever needed.

People knew how to complain and were confident that if they had concerns these issues would be dealt with in a timely way.

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.

People were assured that appropriate action would be taken to protect them from harm. Staff were aware of the different types of abuse and how to report any they witnessed or suspected.

Staff were appropriately deployed throughout the home in sufficient numbers to meet people's needs in timely way.

There were individual risk management plans in place to protect and promote people's safety.

Infection control procedures were in place and adhered to by staff.

People received their medicines in a timely way.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had the training and acquired skills they needed to meet people's needs.

People received the support they needed to eat and drink and enjoy a varied and nutritious diet. In addition to the nurses working in the home people had access to community based healthcare professionals to ensure their needs were met.

The premises were appropriately adapted to meet people's needs and the living environment was kept clean and comfortable.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service was responsive

People had care plans that reflected their individual needs and how these were to be met by the care staff.

Staff acted upon the information and guidance the care plans provided and people received the appropriate and timely care they needed.

People benefitted from timely action taken to address complaints or dissatisfaction with the service provided.

Is the service well-led?

Good ●

The service was well-led.

People's quality of care and treatment was monitored by the quality assurance systems the provider had in place and timely action was taken to make improvements when necessary.

People, their relatives and staff were positive about the way the service was managed. People, relatives and staff were encouraged to give their feedback and be involved in the development of the home.

Staff felt supported by the management team and said they had the managerial guidance and support they needed.

Five Gables Nursing Home

Detailed findings

Background to this 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 was planned to check 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.

This was a comprehensive inspection. The inspection was unannounced and took place on 25 July 2018. A further announced visit on the 26 July was also carried out. The inspection was undertaken by one inspector.

As part of this inspection, we spent time with people who used the service talking with them and observing some of the support they received in the communal areas. We observed how staff interacted and engaged with people and this helped us understand their experience of using the service.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law.

We also contacted the health and social care commissioners who help place and monitor the care of people living in the home. There were no concerns raised about the care provided.

During our inspection we visited the home and spoke with six people who used the service and two visitors. We spent some time observing care to help us understand the experience of people. 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 five members of staff including the nurse-in-charge, care staff, housekeeping staff and the

registered manager. We also met and spoke with a senior manager from the organisation who was visiting the home as part of their quality assurance programme. We looked at the care records of five people who lived in the home and five records in relation to staff recruitment and training; as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

When we inspected in June 2017 we found that improvements were required under 'safe'. This was because staff deployment throughout the home needed to be adjusted to ensure people's needs were consistently met in a timely way. We also found that the systems in place for infection control and management of the environment required strengthening.

At this inspection in we saw that all the improvements had been made and sustained. In our inspection in June 2017 we found that improvements were needed to how staff were deployed during lunchtime. Those people that needed more help with eating and drinking because of their higher dependencies had not always received the help they needed in a timely way and may have been at risk. When we brought this to the attention of the registered manager they immediately revised the deployment of staff at mealtimes, to ensure that there were sufficient staff available to support people with their meals. Two dining sessions were then subsequently implemented to ensure that staff were effectively deployed to meet people's needs more effectively and this arrangement has been sustained over the year and proved to be a success. One staff member said, "Mealtimes are much more manageable now and we don't feel so rushed to make sure everyone has the help they need." One person said, "I get the help I need to when I need it."

At our last inspection we found some areas of the home not to be as clean as they should have been to protect against the risk of infection. The areas highlighted during that inspection were immediately attended to at the time but we needed to be sure that this was sustained. On this inspection we found the home to be clean throughout, with appropriate cleaning schedules in place and a designated person assigned to quality assure the standard of cleanliness throughout the home on a daily basis.

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. There were systems in place to ensure that whenever the provider was required to investigate a safeguarding that this was carried out effectively and in a timely way. This ensured people were protected and that where necessary appropriate action was taken to prevent a re-occurrence.

People's needs were regularly reviewed with them. As people's needs changed and emerging risks were identified appropriate action was taken. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety. Risk assessments were in place and these provided staff with the information they needed to support people in a safe way. Where people's support needs had increased, their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety.

Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they witnessed or suspected ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's care needs were safely met by the availability of sufficient numbers of trained staff to support each person provided with a service. Staff were appropriately recruited; for example, all staff had undergone a disclosure and Barring Service (DBS) check and references were obtained before they started working.

People that required support to take their medicines said that staff supported them to take them on time. Staff said they had received training in the safe handling and administration of medicines. Their competencies were assessed on a regular basis. The records we saw also confirmed this.

People were cared for and lived in a safe environment. They were protected from the risk of fire as regular fire safety checks and a suitable fire risk assessment were in place. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Lessons had been learned and improvements were made when things had gone wrong. The staff understood their responsibilities to report accidents and incidents, and raise any concerns in relation to people health and well-being.

Is the service effective?

Our findings

When we inspected in June 2017 we found that improvements were required under 'effective'. This was because people's nutritional needs may not have always been clearly and correctly documented. Although we had found that people were weighed on a regular basis and that appropriate referrals were made to the dietician the Malnutrition Universal Screening Tool (MUST) record was not always been correctly completed. The registered manager carried out a review of all people's MUST assessments and corrected anomalies. At this inspection it was evident that MUST screening tools were correctly completed and all the improvements had been made and sustained.

Staff took appropriate action in response to any deterioration in people's health. We saw there was guidance and information for staff in people's care plans that related to any healthcare needs that had to be taken into account when they received support. The care plans had information about the level of support people needed; including, where agreed, support required with eating and drinking. Staff had received appropriate food handling and hygiene training.

Records showed that people's care was assessed prior to their admission to the home to ensure their needs could be fully met. The assessment established, for example, people's physical needs, capabilities, and ensured that any cultural factors were taken into account with regard to people's preferences for how they preferred to have their care provided.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. New staff had received a comprehensive induction training that prepared them for their duties. Staff had the skills, knowledge and experience to deliver effective care and support. They enabled people to retain as much independence as they were capable of whilst receiving the care they needed.

People's needs and choices were assessed and their service was provided in line with current legislation, standards and evidence-based guidance to achieve effective outcomes.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. Care plans contained assessments of people's capacity to make decisions and recorded when 'best interest' decisions had been made. The provider had followed the legal process when applying for DoLS authorisations to place restrictions on people's freedom. Appropriate plans of care were in place to

ensure that people's care and support needs were met in the least restrictive way and these were followed by staff. We observed that staff asked for people's consent before providing care.

The premises were suitable for the people living there, with appropriate adaptations and equipment in place. The décor was in keeping with a comfortable living environment as were the soft furnishings in the communal areas of the home. The registered manager is looking at creative ways to enhance signage on bedroom doors that reflects individual preferences.

Is the service caring?

Our findings

The people we spoke with said the staff were kind and considerate. One person said, "I haven't a bad word to say about any of them (staff). They are all lovely and look after me so well. There's always a smile for me and that makes such a difference."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We heard staff initiate conversations, take time to chat with people and talk with them in a friendly way. Staff were interested in what people had to say and showed that by their relaxed demeanour and in the positive responses they gave when asked a question.

People were encouraged to express their views and to make choices in relation to their care and support. There was detailed information in people's care plans about what they liked to do for themselves. People's feedback about their care and support was actively sought.

People's dignity and right to privacy was protected by staff. They said their personal care support was discreetly managed by staff. They said they felt that they were treated in a dignified way. People also said that staff explained what they were doing to help them. One person said, "When they (staff) help me they say what they are doing. If there's two of them (staff) they don't just talk amongst themselves. They get me involved."

People were treated with dignity and respect. We saw that where people were receiving end of life care this was provided sensitively and with compassion.

Staff were aware of their responsibilities related to maintain confidentiality and of their legal duty to protect personal information they had access to. This assured people that their information was held in accordance with the data protection act.

Is the service responsive?

Our findings

When we inspected in June 2017 we found that improvements were required under 'responsive'. This was because staffing levels had sometimes impacted on the ability of staff to consistently support people with activities.

At this inspection in we saw that all the required improvements had been made and sustained. We found that staff worked well as a team to promote activities and ensure that staff deployed to manage an activity were able to spend the necessary amount of time needed to see it through to completion. One person said, "I enjoy what they organise for us. It's difficult to please everyone and get their interest but I think they [staff] do a marvellous job. There's always something going on that people can join in with if they have a mind to."

People's ability to do things for themselves was assessed prior to their admission. We saw that people had detailed plans of care in place that were reflective of their care and support needs. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs changed. Their preferences for how they wished to receive their care, as well as their past history, interests and cultural and spiritual beliefs were taken into consideration when their care plan was agreed with them or their representatives.

People that were able to make decisions about their care had been involved in planning and reviewing their care. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People's care plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, and risk assessments. This information enabled staff to provide consistent and appropriate care. Staff were knowledgeable about end of life care and this was provided in a sensitive way with relatives kept advised and involved as appropriate. People were kept comfortable and regularly checked to make sure they were not in pain or in distress.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, written information about the service was made available in large print, or if needed in the person's first language if this was not English.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. When we inspected, there were no new complaints that had been made. The registered manager confirmed that when any complaints were made, then the agency's complaints procedure was followed and the information was recorded in detail and investigation took place. There were timescales in place to respond to complaints and people were

provided with details of the action taken. There was information available for people to enable them to take their complaint further if they were dissatisfied with the action taken.

Is the service well-led?

Our findings

When we inspected in June 2017 we found that improvements were required under 'well-led'. This was because quality assurance systems and processes were not always monitored to ensure that all aspects of the service were delivered appropriately.

At this inspection in we saw that all the improvements had been made and sustained. During this inspection we found that the systems adopted by the provider to monitor the quality of care that people received had been sustained and were effective. People were regularly contacted to establish if they were satisfied with their quality of care.

People's entitlement to a quality service was monitored by the audits regularly carried out by the senior staff, including the registered manager. A deputy manager had also been appointed to support the registered manager with completing audits. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place by the provider to protect people from poor care. The registered manager had also ensured that, for example, an 'infection control champion' had been given the role of checking that cleanliness throughout the home was being sustained. All staff were required to be vigilant and the infection control champion had been introduced as an additional check on how well the environment was being monitored for cleanliness.

Staff understood their responsibilities and they received support through day-to-day contact with the registered manager and senior staff.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Staff said if they needed guidance from any of the senior staff, including the registered manager, this was readily available. Staff had formal 'one-to-one' supervision meetings with the registered manager or deputy manager to discuss and appraise their work. The staff felt able to voice any concerns or issues and felt their opinions and ideas for improvements were listened to. Staff were able to demonstrate their understanding of policies which underpinned their job role, such as safeguarding and whistleblowing. They were able to explain the process that they would follow if they needed to raise concerns outside of the company.

An 'open culture' within the staff team encouraged communication and learning. Staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated an open culture, with discussions about people's need for social stimulation and activity, people's support needs and health and safety.

The people we spoke with were pleased with the quality of their care and how their service was managed on a day-to-day basis.

People's care records were accurate and up-to-date, reflecting the care that had been agreed with them at the outset and subsequently whenever their care needs had been reviewed with them. Routine reviews were

carried out on a regular basis. Care records accurately reflected the daily care people received in the home.

Records relating to staff recruitment and training were appropriately kept. They were up-to-date and reflected the on-going training and supervision staff had received.

Policies and procedures to guide staff were in place and had been updated when required.