

Dr E U M Minhas and Dr H A Minhas

# The Gables Nursing Home

## Inspection report

231 Swinnow Road  
Pudsey  
West Yorkshire  
LS28 9AP

Tel: 01132570123  
Website: [www.thegablespudsey.com](http://www.thegablespudsey.com)

Date of inspection visit:  
20 January 2016  
22 January 2016

Date of publication:  
15 June 2016

## Ratings

Overall rating for this service	Inadequate <span style="color: red;">●</span>
Is the service safe?	Inadequate <span style="color: red;">●</span>
Is the service effective?	Inadequate <span style="color: red;">●</span>
Is the service caring?	Good <span style="color: green;">●</span>
Is the service responsive?	Requires Improvement <span style="color: orange;">●</span>
Is the service well-led?	Requires Improvement <span style="color: orange;">●</span>

# Summary of findings

## Overall summary

We inspected The Gables on 20 and 22 January 2016. The first day of the inspection was unannounced which meant the staff and registered provider did not know we would be visiting. We informed the registered provider of our visit on 22 January 2016.

At the last inspection in November 2014 we found the provider had breached several regulations associated with the Health and Social Care Act 2008. We found the registered provider was not submitting applications to deprive people of their liberty to the supervisory body (local authority). We could find no record of a formal action plan being received to outline how the provider would be addressing these issues. We also found the registered provider was not providing staff with regular supervision and appraisal and clinical (nurses) staff had not received clinical supervision as required by relevant professional bodies in these cases the Nursing and Midwifery Council (NMC).

At this inspection we found improvements had been made around applications to deprive people of their liberty but not with regards to staff supervision and appraisal and clinical supervisions.

The Gables is registered to provide accommodation for up to 23 older people who are living with dementia and people who have a physical disability people, who require personal care and/or nursing.

At the time of the inspection 22 people were living at the service. The service is close to all local amenities.

The service had a registered manager in place. 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.

Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. The service were not consistently reporting concerns to the local authority or informing CQC about statutory notifications as required.

We saw the registered provider did not have risk assessments or appropriate checks in place for all of the common hazards found in a care service setting and also when supporting people who displayed behaviours that may challenge. We saw appropriate risk assessments were in place and personalised for areas such as pressure care, moving and handling and falls. These had been reviewed appropriately.

We saw staff training and competence checks were not up to date in all areas.

Family members and staff told us there had been occasions where not enough staff had been on duty to meet people's needs. We saw on three occasions this had been the case. The registered manager and registered provider had recently managed a very difficult staffing situation and were beginning to re-build

relationships with long term staff, new staff and families. We found safe recruitment and selection procedures were not being followed.

We found although staff were working in a way which supported people to make choices day to day they did not fully understand the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). We also found the registered provider was not sending statutory notifications when DoLS decisions had been made by the supervisory body (local authority).

We saw the management of medicines was not always safe and issues found meant people were at risk of not receiving their medicine as prescribed.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services. We saw the records monitoring people's health outcomes day to day were not robust.

There were not effective systems in place to monitor and improve the quality of the service provided. We saw where issues had been identified; we were not able to track the issue had been resolved.

The registered provider had a system in place for responding to people's complaints. People were regularly asked for their views. The registered manager was not recording all concerns they were told about.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. People told us they were happy and felt very well cared for.

We saw people's care plans were person centred and were regularly reviewed and updated. We saw evidence to demonstrate people and their family members were involved in all aspects of their care plans. People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there were range of activities on offer.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

Breaches of the Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is

still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Records showed robust recruitment checks were not always carried out to help ensure suitable staff were recruited to work with people who lived at the service. Staffing levels were found to have been at unsafe levels on three occasions since November 2015.

Arrangements in place to ensure people received their medication safely were not robust. Systems for risk assessment of areas such as fire evacuation were not in place to minimise the risk of harm to people.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

**Inadequate** ●

### Is the service effective?

The service was not effective.

Staff had not been trained, supervised or had their competency assessed effectively, this meant staff were at risk of not being able to perform their duties safely or appropriately.

People were supported to maintain good health and had access to healthcare professionals and services. However, records for monitoring health were not always fully completed. People were supported to make choices in relation to their food and drink.

The service was not completing mental capacity assessments effectively and they were not assessing what the least restrictive options could be for people to ensure they were not inappropriately restricted.

**Inadequate** ●

### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

**Good** ●

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs

### **Is the service responsive?**

The service was not always responsive.

People told us if they were unhappy they would tell the registered manager and staff. The registered manager was not recording all concerns they were told.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities on offer.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

The quality assurance system in place was not effective and did not ensure standards of quality and safety.

The registered manager and registered provider had recently managed a very difficult staffing situation due to numerous staff leaving resulting in shortages and were beginning to rebuild the team in the service.

People and their families had opportunities to provide feedback and ideas about the service.

**Requires Improvement** ●

# The 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 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.

We inspected the service on 20 and 22 January 2016. The first day of the inspection was unannounced which meant the staff and registered provider did not know we would be visiting. We informed the registered provider of our visit on 22 January 2016. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all of the information we held about the service. The registered provider was not asked 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 received feedback from commissioners of the service prior to our visit. We also took into account the information we received from whistle-blowers, safeguarding incidents and statutory notifications since the last inspection. Whistleblowing is where people can disclose concerns they have about any regulated service to us where they feel illegal or improper activity which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public is happening.

At the time of our inspection there were 22 people living at the service. We spent time with 10 people. We observed how staff interacted with people. We looked at all communal areas of the service and some people showed us their bedrooms. We spoke with the registered provider, registered manager, operations manager, cook, two nurses, four care staff and three family members.

During the inspection we reviewed a range of records. This included six people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures.

## Is the service safe?

### Our findings

We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidents were recorded and they investigated concerns.

Staff we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. The safeguarding policy dated January 2016 stated staff must have training annually in safeguarding, the training matrix stated the frequency of refresher was every three years. We saw that staff not in induction had received safeguarding training within the last three years, but that staff were not being trained annually in line with the registered provider's policy.

We looked at the arrangements in place for managing whistleblowing and concerns raised by staff. A procedure was in place which directed staff where to report concerns; however, it did not explain what a whistle-blower is and their rights as a whistle-blower.

People we spoke to said they felt safe. One person said, "I generally feel safe."

We saw from records there had been some safeguarding incidents in the past 12 months the registered provider was required to notify CQC about and had not. The registered manager told us they had reported some to the local authority safeguarding team. The registered manager was asked to immediately report one concern to the local authority which they did, and they also sent a notification to CQC.

This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

We looked at the arrangements in place to manage risk. When people behaved in a way that may challenge others, staff were observed to have managed situations in a positive way and protected people's dignity and rights. However, each staff member intervened in a different way. We found there were no behaviour care plans in place and therefore, the registered manager could not demonstrate a consistent planned approach, that interventions were working for people or people were safe. We saw the challenging behaviour policy which was undated and it stated risk assessments and care plans should be in place.

We saw on the training matrix eight staff out of 21 had received some form of training in relation to behaviours which may challenge and how to manage them effectively. The training matrix identified for some staff this training was not applicable, even though they were dealing day to day with people displaying anxiety and behaviours which may challenge.

A lack of a behaviour care plan, risk assessment, staff training and agreed approaches meant people supported were vulnerable when anxious or distressed because staff did not have the knowledge or

arrangements in place to intervene safely and appropriately. This meant people were at risk of harm. This was a breach of Regulation 12 (Safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw personal emergency evacuation plans (PEEPS) were not in place for people who used the service. PEEPS provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. We saw evidence of a generic PEEPS based on people's physical abilities; this did not take into account the personal elements of evacuating a vulnerable person such as ability to understand verbal instructions or willingness to follow instruction..

Records showed fire evacuation practices had been undertaken. Staff confirmed this to us. Tests of the fire alarm system was undertaken each week to make sure it was in safe working order.

Risks to people's safety in other areas of personal care had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each person and covered areas such as pressure care, moving and handling, falls and nutrition. This enabled staff to have the guidance they needed to help people to remain safe.

We saw a risk assessment tool which the registered provider used to document hazards and make a plan to put control measures in place to prevent harm occurring, for example; infection control, slips, trips and falls. This document was not fully completed. This meant not all hazards were recorded.

The audits used to check health and safety did not specifically outline the areas of safety and hazard people should look for and they were not fully completed to evidence where a hazard had been noted the issue had been rectified. The health and safety audits did not highlight areas we noted during the inspection. For example; we saw some of the equipment was noted to be old and rusting, one of which was the chair used to support people to shower. Due to the surface not being water-resistant, it would be difficult to control the spread of infection and this had not been noted as part of the checks completed.

We saw documentation and certificates to show relevant checks had been carried out on equipment, the fire alarm, fire extinguishers and gas safety.

We looked at the arrangements in place for managing accidents, incidents and preventing the risk of reoccurrence. The registered manager showed us the documentation staff had completed to alert the management team of any occurrences. The forms did not include a full account of events from the start of the occurrence to the outcome and what action they had taken.

We found the registered provider was not assessing risk to health and safety of people, staff and visitors or doing all that was reasonably practicable to mitigate any such risks.

This meant people were at risk of harm. This was a breach of Regulation 12 (Safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a medication policy in place, which stated 'medicines are managed and administered safely to service users who need them at a time they need them and by staff who have been trained and assessed as competent to do so.' However, we were told by the registered manager no competency checks had been completed to ensure staff administering medications were safe to do so. We saw clinical staff who were dealing with people's medicines had received training in the administration of medicines...

We checked peoples' medication and administration record (MAR). We found these were fully completed and were signed. When we asked a staff member we were told there was no protocols in place telling staff when to administer 'as and when required' (PRN) medications. However following the inspection the registered manager provided us with examples of protocols that were in place but which we were not shown. We saw care staff were applying creams for everyday use in people's rooms during personal care. We were shown an example of the guidance nursing staff provided to care staff so they knew what the cream was for and where. However, care staff were not recording administration of creams on a MAR which meant it would be difficult to ascertain the effectiveness of the treatment for a person.

Medicines were kept in the nurse station which was in one of the lounge areas at the service. The service was taking the temperature of this room to ensure the medicines were stored at the recommended 25 degrees Celsius; but they were not recording their findings. On the day of the visit we noted the room to be exactly 25 degrees celsius. We told the registered manager and they instantly implemented a checklist to ensure this check was completed daily.

We saw people's care plans contained information about the help they needed with their medicines.

Clinical staff competency not being checked, protocols for PRN medicines not always being in place and storage temperature not being recorded meant the registered provider had not ensured proper and safe management of medicines. This meant people were at risk of harm.

This was a breach of Regulation 12 (Safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff recruitment processes included completion of an application form, a formal interview and a Disclosure and Barring Service check (DBS) which were all carried out before staff started work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

The registered provider's recruitment procedure which was undated, stated, 'all offers of employment are made on condition that satisfactory references are obtained in respect of the applicant.' We looked at four staff files and found written references were not always in place for staff. Following the visit the registered manager provided us with details for the whole staff team which told us there were two staff working in the service with no references at all. There were a further two staff who did not have a previous employer reference on file. Out of the 35 staff reported on, 14 staff members did not have a full set of references. The registered manager told us they were working to ensure this was resolved within an agreed timeframe. We found all other recruitment checks were in place for the permanent staff members but the registered manager could not provide us with records relating to the agency staff being used which confirmed they had a DBS check and which confirmed their identity, competence and skills.

This was a breach of Regulation 19 (Fit and proper persons employed); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told by the registered manager and registered provider four care staff and one nurse worked during the day and two care staff and one nurse during the night. The registered manager told us staffing levels were flexible, and could be altered according to need. The registered manager and registered provider said the minimum staffing level they felt was safe was to reduce to three care staff and one nurse during the day and one care staff with one nurse at night. We were also told about the range of ancillary staff working at the

service, which were available at various times across the week to support the service if required.

We saw the environment contained a lot of corridors throughout the building and a number of communal areas downstairs. The use of CCTV and assistive technology supported staff maintaining a safe environment. This meant staff were needed to ensure oversight of people at all times. People spent time in their rooms and in communal areas during the daytime. The use of CCTV and assistive technology supported staff maintaining a safe environment. We were told by the registered manager that 12 of the 22 people living at the service required two staff for assistance at some point during the day or night. One staff member told us, "It is hard to get all tasks done when only three staff are on but we do it and to high standard."

Family members we spoke with told us they knew staffing levels had been an issue recently and there had been a changeover of staff. Family members acknowledged this had been a difficult time for the service and new staff had been recruited quickly by the management team. Some family members had attended a meeting with the registered manager and registered provider to discuss staffing levels and they told us staffing levels had improved since then.

Staff told us at times they had been concerned about staffing levels when only two care staff and a nurse had been working on shift during the daytime. We saw the rotas from 02 November 2015 to 23 January 2016 that showed on two occasions the staff level had been only two care staff and a nurse on the day shift.

We could see notes on the rota to evidence the registered manager and registered provider plus operations manager had spent time working over Christmas and New Year when the service was in crisis. However, no times of arrival or departure were recorded. The registered manager told us that ancillary workers also in the home had potentially supported the team on shift at these times but again start and finish times were not recorded on the rota to evidence this. On a further six occasions it was not clear from the rota if levels of staffing had reduced to two staff. We spoke with the registered manager about the staffing levels and the standard of the rota records. They felt there were enough staff to support people safely. They believed the rota did not reflect the resources which had been placed on shift.

On the day of our visit, we observed there were enough staff available to respond to people's needs and enabled people to do things they wanted to do. We noted four care staff and a nurse were on shift and this level of staffing was observed to meet people's needs well.

The service did record the dependency level of each person but the information was not used to make sure safe minimum staffing levels were understood and implemented. The registered manager provided us with a risk assessment for safe staffing levels following the inspection when we requested this, but this did not identify minimum staffing only confirmed the desired maximum staffing levels.

Staffing levels were not sufficient on two occasions in the past and there was not a system in place to manage safe staffing in the service and this meant people were at risk of harm. This was a breach of Regulation 18 (Staffing); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

We found at our inspection in November 2014 the registered provider was not providing staff with regular supervision, appraisal and clinical staff had not received clinical supervision as required by relevant professional bodies. This was a breach of regulation 23 Health and Social Care Act 2008 (Regulated Activities) 2010 (which corresponds to Regulation 18 (Staffing) Health and Social Care Act 2008 (regulated Activities) 2014), which was the regulations used during January 2016 inspection.

At the inspection on 20 and 22 January 2016 we looked at four staff files and we were provided with information of the last date each staff member had supervision. We requested a supervision and appraisal policy from the registered manager but they were unable to provide us with this. The registered provider's training policy dated December 2015 stated 'employees will be appraised six monthly/annually dependent upon experience and performance.' The staff files we looked at showed one staff commenced employment in January 2015 and had received no supervision or appraisal, another staff member's last documented appraisal was in 2010 and no supervisions were on file for 2015. We saw one staff member started employment in May 2015 and had on file an appraisal November 2015 and no supervision. Another staff member started in December 2014 and in 2015 had received one supervision and one appraisal. We did ask staff during the inspection if further documents were available and we were told they were not.

The registered manager provided a list which recorded the last dates staff members received supervision. Seven staff last received supervision prior to June 2015 and eight staff had no date when they last had supervision. The registered manager told us clinical staff were not receiving clinical supervision and when the clinical lead returned from leave they would action this immediately.

We found care staff and clinical staff still had not received adequate supervision and appraisal and the clinical staff still were not receiving clinical supervision as required by relevant professional bodies. This meant staff were still not appropriately supported in relation to their roles and responsibilities which may affect the delivery of care.

This was a breach of Regulation 18 (Staffing); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff to tell us about the training they had completed at the service. We spoke with one member of staff who had recently been recruited. They told us they were undertaking the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care which are expected. The staff member told us they were enjoying their induction and they were pleased with the amount of training they have received and what was booked for them in the future.

We looked at training for 21 staff, excluding those on long term leave or new starters. We saw training was not fully up to date. For example, 10 staff had not received an annual refresher course in Mental Capacity Act as the registered providers matrix dictated and four staff had never received this training. We saw 17 staff were out of date for their basic life support training which the registered provider highlighted needs to be completed annually. Also five of the 21 staff had not received health and safety training annually as the

training matrix said they should have done in 2015. We saw evidence that training had been booked on dates following our visit for some areas.

We noted there were no records of competency assessments for tasks such as medication administration or clinical interventions. The registered manager told us this had not been completed.

We asked people who used the service whether they felt staff understood how to care for them. One person told us, "They know when we need help." Another person said, "The staff are well trained. As it goes I think the care is not bad. The staff know what they are doing, even though some of the people are quite demanding."

Staff were not being trained or having their competency assessed effectively which meant staff were at risk of not being able to perform their duties safely or appropriately.

This was a breach of Regulation 18 (Staffing); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 as far as possible people make their own decisions and are helped to do so when needed. 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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw the documentation used to assess people's capacity did not follow the correct process outlined in the MCA. We saw best interest decisions were not always recorded for people. The registered manager discussed this with us and on day two of the inspection had started to devise appropriate documentation.

At the time of the inspection, three people who used the service were subject to an authorised DoLS order.

We spoke with the registered manager and staff and found they did not have a clear understanding of the principles of the MCA and DoLS procedures, however, they did understand the principles of offering people choice and maintaining independence.

We found at our inspection in November 2014 the registered provider was not submitting DoLS applications to the supervisory body (local authority) to ensure they were acting within the law. At our visit on 20 and 22 January 2016 we found the registered provider had submitted applications to the supervisory body (local authority) as was required; however, they had failed to notify CQC via a statutory notification when the outcome of the application had become known.

This was a breach of Regulation 18 (Notification of other incidents) of The Care Quality Commission (Registration) Regulations 2009. The Care Quality Commission will deal with this outside of the inspection process.

The dining room was a small room which was narrow and was used as a main walkway to get from the lounge area to other parts of the building. This made it difficult for the room to be used for meals. We saw

only four dining chairs were available in the dining room, this meant only a limited number of people could eat in the dining room at any one time. We observed mealtimes and the tables were not set or inviting for people to be encouraged to use the dining room. People were observed being asked to come to the dining room and some did refuse. We spoke with staff and families who confirmed the dining area was not used. We saw people ate their meals at small tables sitting in their lounge chair. We observed people waiting to be supported and their food going cold and staff having to lean into people to support them rather than sitting to the side and at the same level. The negative dining experience for people was noted in the last inspection November 2014 and we discussed our feedback with the registered manager who told us they would be reviewing this area following the inspection.

Staff and people who used the service told us they were involved in making choices about the food they ate and were always offered two choices. We saw there was a plentiful supply of hot and cold drinks.

Families we spoke with told us they were happy with the food and their family members enjoyed their meals. We observed the snacks in between meals mainly consisted of biscuits and for people who required specific diets just one variety/flavour of mousse, we discussed with the registered manager and told us they would look into how more variety could be introduced for people.

We sat with one person whilst they had lunch. The person was new to the service and staff were trying to get to know the person and their preferences. We observed staff ask if the food was to the persons liking and offered alternatives. The cook was knowledgeable about people's preferences and likes. The cook told us how they prepared food for people on specific diets. Where people wanted an alternative they were provided one.

We asked people about the meals they were served. One person told us, "We have a good breakfast in the morning; we get plenty to eat and drink." When observing lunch we heard people commenting, "Doesn't this look nice" and "Ooh gorgeous."

We saw nutritional assessments had been used to identify specific risks with people's nutrition. We could see in people's care plans where referrals to other healthcare professionals had been made and advice sought around eating and drinking. We saw people were weighed and this was recorded in two places within the records and at times we saw it did not match. For example, on one record a person's weight for December 2015 was 27.1kg and on another document this was 28.9kg. It was also not clear if a person should be weighed weekly or monthly, although the nurse was aware of what frequency it needed to be. Some months were blank on the weight charts suggesting people had not been weighed. This meant the records and system were not robust enough to ensure this area of support was monitored effectively.

In the care plans we looked at we saw people had been seen by a range of health care professionals, including, GP's, opticians, specialist nurses, falls prevention team and chiropodist. People we spoke with told us they saw the doctor when they needed to. One person said, "If you need a doctor they just ring up." Family members we spoke with praised the communication between staff and themselves with regards to keeping them up to date on their family member's health.

We looked at care plans and monitoring charts used to monitor people's health. We saw some records had blank sections where protocols should have been. For example, on a chart monitoring visits to the toilet, there was no description of what to do if a person does not use the toilet, this meant staff did not know when to alert there was a problem. We could not find records to tell us staff had responded when people had not used the toilet in some cases for over seven days. The registered manager told us the interventions would be tracked into people's care plans, we looked at one person's care plan and this was not the case.

This was a breach of Regulation 12 (Safe Care and Treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service caring?

### Our findings

During the inspection we spent time observing staff and people who used the service. We noted there was a calm and relaxed atmosphere and saw staff interacting with people in a very caring and friendly way.

We observed when staff spoke with people they used a mix of first names and generic familiar terms. When staff were assisting people to walk from the lounge to the dining room they maintained dialogue with the person. On one occasion a member of staff discreetly asked the person, "Whilst you're on your feet do you want to go to the toilet before lunch?"

Staff were attentive, respectful and patient with people. Observation of the staff showed they knew people very well and could anticipate their needs. For example, on one occasion a person supported was upset and crying, staff took time to talk and listen to the person. Staff were skilled in communicating with those people who had some difficulty with communication.

We asked people if they thought the staff understood them and their needs. One person said, "The staff don't rush you with things. They are very good carers, they know the job." Another person said, "They come and ask before helping you. When I have a bath they only help with the bits that I can't manage, they let me get on with the rest." One family member told us, "The staff are very caring, they always treat [name of person] with dignity and respect." This family member went on to say, "I would say the staff are very open and honest, we are happy with the care [name of person] is getting overall." Another family member said, "We are very happy with the care." People told us they regularly received visitors and were not aware of any restrictions on visiting. One person said, "It's a nice place to be. We get well looked after and if any family come they look after them as well."

We saw people looked well cared for. People were dressed in clean, well-fitting clothes and people's hair had been combed. We saw a member of staff ask one person if they wanted to change their top as it was unclean. The person declined the offer. One family member told us, "My relative is clean, well dressed and well looked after." Another family member said, "My relative has improved since they moved in here."

We saw and people told us their privacy and dignity was respected. One person said, "They check on me regularly at night and knock on the door before coming in." We were present in people's rooms when staff came to the door, knocking before entering. Staff we spoke with said they provided good care. Some of the rooms people had were shared, Staff were able to describe how they used the privacy curtain during personal care and they were always conscious of the importance of privacy at these times.

The registered manager and staff we spoke with showed concern for people's well-being. Staff we spoke with told us they enjoyed supporting people. One staff member told us, "What stands out here are the relationships with residents, it is brilliant. Staff laugh with people, it is not just a job, I enjoy it, it is extremely rewarding."

We saw people had free movement around the service and could choose where to sit and how to spend their recreational time once on the ground floor. The service was spacious and allowed people to spend

time on their own if they wanted to. During the inspection people gave us permission to see their bedrooms. This was personalised and staff and their family member told us about all the pictures and photographs and what they meant to the person.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices. One example was where a staff member explained how for each activity they ensured the person did as much for themselves as they could. This meant the staff team was committed to delivering a service that had compassion and respect for people.

## Is the service responsive?

### Our findings

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service did not have an easy read complaints procedure, which would help people understand who had reduced understanding of the written word.

We looked at the complaints registered and found two formal complaint had been received in the last year and these had been dealt with appropriately. The registered manager told us they were not recording what they called low level concerns they did not feel were complaints, this meant they were unable to map patterns and trends in people's feedback to them to help improve the service. However the complaints policy dated April 2015 states 'Although this is a formal policy statement, it should not inhibit the resolving of any matter on an informal basis. It is important that the facts are recorded and that at the end of the discussion/ investigation the complainant receives confirmation of the action or the agreed position. Any complaints no matter how trivial it may appear will receive serious consideration.'

A family member told us, "I know how to make a complaint. We are actively encouraged to voice any concerns and opinions. If I had anything though, I would say it directly. I think everyone would feel comfortable to do that."

This was a breach of Regulation 16 (Receiving and acting on complaints); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were activities provided for people on a daily basis. We saw a noticeboard for up and coming events such as pulse aerobics, celebrate the Chinese New Year, Valentine Day, ukulele Henry performing, razzle dazzle, Mother's day treats and a St Patrick day themed meal. The activity co-ordinator had recently started working at the service and told us they were getting to know people's likes and dislikes before introducing more planned activities. Feedback from families reflected they knew of the changeover in activity staff and recent level of activity had been reduced because of this.

Staff we spoke with told us they took the time to read with people who spent their days in their bedroom and did hand massages for them. The nurse we spoke with explained as part of the care plan review they did look at social outcomes by reading the daily notes, speaking to families and assessing people's mood.

The registered manager and staff members told us three people spent all of their time in their bedroom because of their nursing needs. Staff we spoke with felt one person may benefit from some social stimulation in the communal areas and this was not possible because the person lived in an upstairs room. We discussed this with the registered manager and they agreed to review the circumstances for them.

During our visit we reviewed the care records of six people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. Families told us they had been fully involved in developing the plan for their family member. The care plans detailed how people wanted to be supported and were reviewed and

updated on a regular basis.

One family member told us they had gone to meetings with the nurse and key worker to go through their family member's preferences. A keyworker was an allocated member of staff, who worked with people to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required.

We spoke with staff who were extremely knowledgeable about the care people received. Staff were responsive to the needs of people who used the service. For example, we observed a staff member see a person who was unable to communicate they were uncomfortable with the sun shining into their eyes and they responded immediately by turning the blinds to shade the person.

# Is the service well-led?

## Our findings

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

We looked at the arrangements in place for quality assurance and governance. The registered manager showed us audits and checks that were carried out at different frequencies. Some of the audits, such as the care plan audit and medication audit, set out a list of standards the staff member auditing should be looking for. Other audits did not do this and the staff member completing the audit had done so following verbal guidance from the registered manager. The audit document provided them with no guidance to follow at the time.

Audits did produce areas that needed to be addressed but no action plans with a timeframe for completion or monitoring process to ensure actions were completed were in place, this meant they were not robust. For example, the medication audit did highlight people had no PRN protocols but no action had been taken to resolve this. We saw there was no audit in place for some safety areas, for example, infection control; the service was using the self-audit tool provided by the NHS infection control team in Leeds. They did not have their own assessment of what audits were required.

We could see no evidence the registered manager had oversight of the audits to ensure they were completed robustly or there was a plan in place to ensure they were carried out at a required frequency.

The registered manager told us the registered provider visited the service regularly to monitor the quality of the service provided. We saw records of visits of findings or observations. However there was no evidence of a level of standard they were looking for and any actions required had been completed.

We saw each month the registered manager as part of their quality assurance to map patterns and trends used a spread sheet with data which told them the volume of certain incidences for example; the number of falls, pressure sores and new infections diagnosed. However it did not thoroughly evidence the analysis of the situation to establish a root cause or actions to prevent a reoccurrence.

A survey of family members and people's feedback on the service had not been completed at the time of our visit. The registered manager sent out surveys following our visit.

The service had a CCTV system in place. The cameras were placed within the communal areas and hallways. The design of the building meant staff could not observe all these areas unless the CCTV was in place. Therefore, the purpose of the CCTV was to keep people safe. The CCTV cameras used did invade people's privacy because the cameras were operating when they were present in communal areas. The registered provider always explained to new people and families the reason for the cameras, we saw documents where people had consented to the cameras being used; but the registered provider had not formally recorded the impact on people's privacy and steps they had taken to minimise the intrusion for them. The registered manager told us they were going to follow up on this after the inspection.

The quality assurance system did not robustly plan for and audit all areas of risk or practice to ensure the service was delivering a good standard of care that was safe. This was a breach of Regulation 17 (Good governance); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told by the registered manager, staff and family members the service had suffered from a difficult time over the past few months due to numerous staff leaving resulting in shortages. However, staff, the registered manager and families were all focused on making the service the best it could be. This showed a shared goal. A family member we spoke with told us, "I can sleep at night and that is really good, there has been a changeover of workers, temporary people were brought in and the service has recruited quickly. All the new staff seem caring; this is a reflection on management because they can get the right people." They also said "I think it is really fantastic, way above the other homes my relative has been in, staff are fantastic, it is a vocation and it shows I am looking at nine out of ten."

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis. Some of the staff we spoke with said they felt the registered manager was supportive and approachable, and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "[Name of registered manager] is very good they ask after me and when I have a long day they make me a cup of tea." Other staff we spoke with felt they could not go to the registered manager or registered provider because they felt they were unapproachable. We observed the registered manager and registered provider communicating positively with all staff. The registered manager told us they were aware they were responsible for rebuilding the team at The Gables over the coming months. This showed a commitment towards improvement.

Staff told us the morale was getting better and they were kept informed about matters affecting the service. One staff member said, "The best thing is the support you receive." They told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm this was the case. The registered manager told us people who used the service met with staff on a regular basis to share their views and ensure the service was run in their best interest. We saw notes were recorded of these discussions. Family members told us they had seen the record of the meeting recently held.

We spoke with people about whether they were ever asked for their opinions of the service or could attend meetings where the running of the service was discussed. One person said, "I'd just talk to a care worker and they would tell the big boss." One person said, "I can't remember anyone asking me about the service, but I can't think of anything I'd do differently." Another person said, "The staff have asked me about the service, and there have been meetings."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	The service was not operating an effective system to identify, receive and record complaints 16 (2) Receiving and acting on complaints.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The quality assurance system did not assess, monitor and demonstrate improvement of the services provided. Regulation 17 (1) (2) (a), (b), (c), (e), (f) Good governance.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	References were not always received prior to staff members starting their role to evidence they were of good character. Agency workers were not checked for their identity and fitness to work prior to commencing shift. Regulation 19 (1) (a), (2), (3) (a) Fit and proper persons employed.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	Failure to notify the Commission about authorisation to deprive people of their liberty who are cared for within the service, incidences of serious injury and incidences of abuse. Regulation 18 (2) (a), (b), (e) and (4B) Notification of other incidents
Treatment of disease, disorder or injury	

### The enforcement action we took:

Fixed penalty notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider was not assessing risk to health and safety of people, staff and visitors or doing all that was reasonably practicable to mitigate any such risks.
Treatment of disease, disorder or injury	
	The registered provider had not ensured proper and safe management of medicines. Regulation 12 (1), (2), (a), (b), (c), (g), (h) Safe Care and Treatment

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staffing levels were not sufficient on three occasions in the past and there was not a system in place to manage safe staffing in the service.
Treatment of disease, disorder or injury	
	Staff were not being provided with appropriate supervision and appraisal, training and professional development as is necessary to enable them to carry out their role. Regulation 18

**The enforcement action we took:**

Warning Notice