

Mandeville Care Services Limited

The Gables Nursing Home

Inspection report

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Aylesbury
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The service provides nursing and residential care for up to 18 people. The service was previously inspected in March 2014 when it was found to be fully compliant with regulations. At the time of our inspection there were 15 people using the service. The service had a registered manager.

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.

We saw people were well cared for and comfortable in the home. Everyone we spoke with commented how kind the staff were. People's comments included "I have recently moved into the home and I can't fault the staff they are very patient with me". Care plans recorded people's likes and dislikes and provided staff with information to enable them to provide care effectively.

We saw people were cared for with compassion and respect. Staff were well trained and motivated. The registered manager and directors provided effective leadership to the service and held regular residents meetings to ensure people were involved in the running of the home.

The service was well led and people's care was regularly reviewed. The registered manager had an excellent oversight of the service. Staff told us they felt happy and supported working for The Gables.

The atmosphere in the home was warm and welcoming staff were able to spend time with people to ensure their needs were met.

The home did not have an activity coordinator at the present time but was actively seeking to recruit someone to take on this role. However, an activity coordinator from one of the providers other service visited regularly to provide activities for people. However, we did not see that a planned programme of activities was in place at the time of our inspection. We spoke to the registered manager and the director about this and they confirmed they are aware of this shortfall and were doing as much as they possible to recruit a suitable candidate.

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's needs were met as the service employed sufficient numbers of staff

Risks had been appropriately assessed and staff had been provided with guidance on how to manage risks.

Medicines were managed in accordance with best practice.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and motivated to effectively support people.

Induction procedures were robust and appropriate for new members of staff.

Staff understood the requirements of the Mental Capacity Act and people's choices were respected.

Is the service caring?

Good ●

The service was caring.

Staff were established, having worked at the home for some time and knew how to provide support with compassion.

People's preferences for end of life care was discussed and the service enabled people to remain in the home as they wished.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Regular planned activities did not always take place. People were not empowered to make decisions about how they spend their day.

People's care plans were detailed and contained information to enable staff.

Is the service well-led?

Good ●

The service was well led.

The registered manager and directors provided staff with effective leadership and support.

The service worked collaboratively with other professionals to ensure people's health care needs were met.

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 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.

The inspection took place on 5 and 6 April 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is a person who has specific knowledge and experience in a particular area. Their area of experience was in older people's care.

The service was previously inspected on 1 March 2014 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed notifications we had received. A notification is information about important events which the service is required to send us by law.

We did not request a Provider Information Record (PIR). A PIR is a form that asks the provider to give some key information about the service what the service does well and any improvements they plan to make.

During the inspection we spoke with four people who used the service, two visiting relatives, five members of the care team, the chef, a visiting professional, the registered manager and the directors.

In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included two Medication Administration Records, three care plans, training records, four staff files, meeting minutes, policies and procedures and staff duty rotas.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said "I am safe here they [the staff] always come when you call".

Staff had knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. All the staff we spoke with were able to explain the service's procedures in relation to the safeguarding of adults. Safeguarding information posters were displayed throughout the home to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished.

People's care plans included detailed and informative risk assessments. People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person had previously attempted to put the call bell cord around their neck. This was clearly identified in the person's care plan and measures were in place to ensure the call bell was not within reach. In light of this, the person had regular hourly checks by staff to ensure their well-being.

There were arrangements in place to keep people safe in an emergency. For example, the service had a fire marshal on each shift and a plan in place for each person on how they were to be evacuated safely in the event of an emergency.

When people had accidents incidents or near misses, these were recorded and monitored to look for developing trends. We saw the accident book and noted that when an incident occurred such as a skin abrasion. This was dealt with appropriately and systems put in place to prevent future problems. One person was noted to have fragile skin and a subsequent skin abrasion, a specific mattress was obtained for the person and regular skin checks carried out.

There were sufficient staff to meet people's care needs. Staff told us that there are always enough staff on duty to support people. Comments included "We work as a team and help each other". Another member of staff said "The manager and nurse's work with us". We observed the registered manager working as part of the team throughout our two day inspection. For example, assisting on the unit and answering queries staff had in relation to medication.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character which included Disclosure and Barring Service (DBS) checks. Records confirmed that staff were entitled to work in the UK.

Some prescription medicines are prone to being misused so they have stricter legal controls on their supply to prevent them being obtained illegally. They are controlled under the Misuse of Drugs Act 1971 and are known as controlled drugs or CDs.

There were safe medicine administration systems in place and people received their medicines as specified by the GP. We looked at the Medication Administration Records (MAR) and found them to be appropriately signed for and administered according to the instructions from the GP. We also checked the controlled medicines and completed a stock check. This was found to be correct and the best practice guidelines were followed in relation to the administration of controlled medicines.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "The staff are always polite and not rushed."

Staff told us they had the training to meet people's needs. Records showed that all staff had completed a thorough induction which included training in safeguarding, moving and positioning, infection control, and health and safety. A new member of staff told us "The induction is more in depth than I had previously when I worked at a different service." We saw evidence in staff files that new members of staff observed experienced staff over a number of shifts prior to working alone. New staff confirmed the induction process had been good and equipped them to feel confident when supporting people. Staff had on-going updates of training thereafter.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A visiting assessor who was supporting staff towards gaining their Level two Diploma in Health and Social Care told us, "I have observed that there is a genuine rapport with the staff and people who use the service, interactions with staff and people is caring and attentive".

Staff were well supported by the registered manager who carried out regular formal supervisions and appraisals. There were regular staff meetings and the minutes of these meetings demonstrated that issues raised by staff had been addressed and resolved. The director visited the home on a regular basis and routinely spoke with staff to enable staff to provide direct feedback if they had any concerns or issues.

People's consent to care and treatment was sought in line with legislation. The registered manager and staff we spoke with had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment.

People were supported during meal times. Meals were served promptly and where people required a particular diet such as a 'soft' diet this was in place. The chef had been provided with specific guidance on people's dietary requirements. Drinks were available throughout the day. People were referred appropriately to the dietician and speech and language therapist if staff had concerns about their well-being. Care plans contained nutritional assessments and showed people were regularly weighed. In addition staff completed a Malnutrition Universal Screening Tool (MUST). MUST is a five step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese.

People had access to health and social care professionals. Records demonstrated the service had worked effectively with other health and social care services to ensure people's needs were met. Records confirmed people had access to a GP, dentist and optician and could attend appointments when required. We spoke to a visiting professional during our inspection who spoke positively about the service.

Is the service caring?

Our findings

People and staff were happy in the home. We observed many acts of kindness and saw staff provided support with compassion. People's care was not rushed; staff were able to spend quality time with people. For example, we saw a member of staff reading the daily newspaper to a person. The relationships between staff and people receiving care demonstrated dignity and respect at all times. For example, staff knocked on people's doors and waited for a response before entering. We saw some people being cared for in their bed due to their frail condition. We observed the rooms to be clean and tidy, people looked comfortable and well cared for.

People and their relatives were given support when making decisions about their preferences for end of life care. Care records showed that people's wishes in relation to their end of life care had been discussed and preferences recorded. When necessary people and staff were supported by palliative care specialists.

The manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The home had a stable team with a number of staff having worked in the home for many years. Staff treated people with dignity and respect and had a high regard for their personal appearance and comfort. One member of staff said, "We are a team here; I enjoy chatting to people when I am assisting them, and I like making them look nice".

People had been able to personalise their rooms and make them individual to suit their taste. One person had various dolls and soft toys that decorated their room.

The service supported people to express their views and be actively involved in making decisions about their care, treatment and support. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and annual surveys.

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain how people preferred to be cared for. For example, one person chose to stay in their room until lunch time. Whilst others liked to start the day early and retire to their rooms in the afternoon.

People's health needs were reviewed regularly as required. Where necessary the health and social care professionals were involved. An example of this was when a social worker visited during the second day of our inspection to review a person who had recently been admitted to the home.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to medical conditions or care needs and any planned appointments. This meant that staff received up to date information about people's needs immediately before the start of their shift. Staff confirmed communication was very good between staff.

Where people required support with their personal care they were able to make choices and be as independent as possible. One person told us "Sometimes I just want to have help to get up and dressed, other times I am confident to do things on my own". It was documented in the person's care plan that they had become anxious following a recent fall. Staff told us they encouraged the person to regain their confidence but were aware every day is different depending on how the was feeling.

People were not able to engage in activities due to the recent departure of the activity coordinator. However, staff spent time with people and encouraged discussions about their day either as a group or one to one. Occasionally the activity coordinator from one of the providers other homes visited The Gables to offer activities to people. On the second day of our visit people took part in a sing a long that the activity coordinator had arranged. However, activities were not regular or planned. We discussed this with the proprietor and the registered manager during the feedback of our inspection. They confirmed they were actively seeking an activity coordinator to work at the home. We were aware some people spent most of the day in their rooms. This may be a result of not having planned activities to engage in.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People were given a complaints procedure on arrival at the home. There had been no complaints since our last inspection. The home has a comments book which was kept next to the signing in book, for visitors to complete if they wish and make any comments following their visit.

Care plans were focused upon the person's whole life and had detailed history of things that were important to them. For example, one person disliked social activities and preferred to spend time in their room. This was documented in the person's care plan and they confirmed this when we spoke with them. Health action plans were in place in people's care plans describing support needed to maintain health.

Is the service well-led?

Our findings

The registered manager was a role model; they had recently completed a Level 5 Diploma in Leadership for Health and Social Care. The registered manager had received recognition for successfully completing My Home Life Leadership Support Programme. This is a UK wide initiative which aims to support and empower managers to create a positive relationship-centred culture in their care home and promoting quality of life for people, living, dying, visiting and working in care homes, through relationship centred and evidence based practice.

Staff told us, "The manager will always do their best to help you". Another member of staff said, "The manager has a lot to do, but they are always there to support us". The registered manager regularly worked alongside staff which gave them an insight into how staff carried out their roles and if any changes or improvements needed to be implemented.

The service promoted a positive culture; this was demonstrated through continued learning for all staff. We spoke with the visiting Qualifications and Credit Framework (QCF) assessor during our inspection and they told us, "Staff are committed to their personal development and the staff who have completed their level 2 have expressed an interest in undertaking QCF level 3". Continued learning empowered staff to contribute to the delivery of high quality care which in turn ensured people received support from staff who were skilled and knowledgeable.

The registered manager and provider valued staff feedback and acted on their suggestions, we saw minutes of a recent staff meeting, and noted that any suggestions were acted upon and put into place. For example, the refilling of the breakfast trolley had been discussed, staff said the list of what staff need to prepare was missing. The outcome from the meeting was a member of staff agreed to make a copy of the list and display it on the kitchen board. This meant breakfast could be served in a more organised manner.

People and those important to them had opportunities to feedback their views about the home and the quality of the service they received. A questionnaire was given to people twice a year. Completed questionnaires were analysed by the manager and discussed with the proprietor and staff at staff meetings. We saw evidence of the questionnaires that showed questions had been responded to and followed up. Results from the questionnaires showed that people were happy with their care.

People's experience of care was monitored through family meetings and reviews of care. We saw meetings had taken place and care plan reviews demonstrated people and family involvement.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The director visited the home on a monthly basis to carry out audits of the home. The home was established with a quality orientated approach to the business and a high degree of quality awareness which was developed through all levels of staff through appropriate training and leadership of management.

