

Gable Court NH Ltd

# Gable Court Care Home

## Inspection report

111 Roxy Avenue  
Romford  
RM6 4AZ

Tel: 02085976041

Date of inspection visit:  
28 October 2021  
01 November 2021

Date of publication:  
23 November 2021

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Gable Court Care Home is a residential care home providing personal and nursing care to 44 people aged 65 and over at the time of the inspection. The service can support up to 50 people. The service is on three floors. Each floor has separate adapted facilities. There are dining and common areas on each unit and adapted bathrooms.

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

People received their medicines on time and as prescribed by their doctors. Staff had training on safe administration and management of medicines. The service had systems in place to protect people from abuse. Risk assessments were completed and reviewed to ensure risks to people were mitigated and people were safe. There were enough staff to meet people's needs, and the service carried out pre employment checks to ensure staff employed were suitable and safe to work with people in a care home. There were effective infection control and prevention measures in place. Staff reviewed accidents and incidents to reduce the risk of similar incidents happening again.

The service had quality assurance and monitoring systems in place to help drive improvements. These included regular auditing of different aspects of the service and seeking feedback from people who used the service and others. The service worked with other agencies to help develop best practice. There was a clear management structure in place and staff were positive about how the service was managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last ratings for this service was requires improvement (published 18 February 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection . The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gable Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Gable Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

#### Inspection team

The inspection carried out by one inspector.

#### Service and service type

Gable Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and two relatives who were visiting their loved ones. We spoke with two care workers, a nurse, the registered manager, quality assurance manager, clinical compliance and quality consultant, and the responsible individual. We reviewed three people's care records and risk assessments. We looked at five staff files and examined how the provider followed their staff recruitment processes. We reviewed medicine records. We observed how staff supported people and tested how they responded to a call bell.

#### After the inspection

We spoke by telephone with three relatives and reviewed documents such as four people's care plans and risk assessments, training matrix, maintenance records and policies that we received from the registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to operate effective systems for the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines on time. One person told us, "Staff give my medicines on time." A relative said, "Yes, [staff] administer medicines on time. As far as I am aware [my relatives] gets [their] medicine as prescribed by the doctor."
- At our last inspection, we found that controlled drugs [CDs] were not always managed safely. A controlled drug is a drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. At this inspection, we noted the registered manager had made improvements in this area with a system requiring two staff to witness the administration of CDs. We saw CDs were audited at every shift, which meant that there was a safe management system in place.
- At our last inspection, we found one person did not have a protocol in place for a prescribed on an 'as required' basis medicine. This was addressed and we noted all people who had been prescribed a medicine on 'as required' basis had a protocol which gave staff guidance on the administration of these medicines.
- Staff recorded and signed medicine administration record sheets [MARS] each time they administered medicines to confirm people had received their medicines.
- We saw one gap in recording of MARS where staff did not sign to confirm a person received their medicine. This incident occurred a night before our visit. We found no other gaps in MARS or medicines and were informed by the registered manager that this was an error which was identified and addressed through audits. The registered manager said they would review this incident with staff to ensure administrative errors were minimised.
- Senior staff audited medicines. This included recording and auditing of gaps in medicines and MAR and taking remedial action where any gaps were identified.

### Staffing and recruitment

At the last inspection, we recommended that the provider should seek and implement national guidance around staffing levels to ensure there are always enough staff to meet people's needs.

Enough improvement had been made at this inspection and the provider had put a system in place to ensure there were enough staff to meet people's needs.

- There were mixed views about staffing levels. Some people, relatives and staff told us they thought the service needed more staff whilst others said there were enough staff. For example, one relative said, "I see staff are busy, they are better off with more staff." A member of staff told us, "At times it is quite busy, but we are managing." However, a relative said, "I think there are enough staff. Every time [my relative] uses a buzzer, the staff are there to help [them]."
- We observed that staff were available to support people when they needed them. For example, when we pressed a call bell [buzzer] from one person's bedroom, staff responded without delay. We noted similar prompt response by staff throughout the inspection.
- The registered manager said the service used 'dependency levels' of people's need in deciding staff deployment. They continuously reviewed staffing levels based on people's needs.
- We noted the service experienced staffing challenges due to the COVID-19 pandemic. However, the provider assured us that they had contingency plans, such as using agency and recruiting new staff to ensure there were always enough staff to provide care.
- The service had robust staff recruitment systems in place. These included asking staff to complete application forms, carrying out interviews, criminal record checks, proof of identity, employment references, and a record of previous employment history. This meant the provider followed good staff recruitment processes to ensure staff were suitable to provide safe care.

#### Assessing risk, safety monitoring and management

- Staff completed risk assessments for people using the service. These detailed possible risks to people and provided guidance for staff on how to mitigate them. Assessments reflected each person's needs and included falls, use of bed rails, social isolation, skin care and call bells. Staff reviewed risk assessments on a monthly basis.
- Arrangements were in place to check and ensure the premises and equipment were safe. These included checks related to wheelchairs, hoists, mattresses, gas, electrical equipment and fire safety.
- Relatives told us people were safe. For example, one relative said, "I feel [my relative] is absolutely safe. [My relative] has a bed guard to keep [them] safe."

#### Systems and processes to safeguard people from the risk of abuse

- The service had adult safeguarding and whistleblowing policies to ensure concerns of abuse were reported. We saw staff followed the policies to deal with any safeguarding allegations.
- Staff had undertaken training about safeguarding adults and were clear about their responsibilities in relation to documenting and reporting any allegations of abuse. One member of staff said, "Yes, I have attended safeguarding training. My responsibility is to report any form of abuse my manager. If no action is taken, I will report to the Care Quality Commission or the police."

#### Preventing and controlling infection

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



### Learning lessons when things go wrong

- The provider had systems in place to learn lessons following incidents. Records had been kept of incidents and relevant action was taken to ensure people were safe.
- The registered manager was aware of how to manage accidents and incidents and told us these would always be investigated and analysed to draw lessons from them and to minimise the risk of re-occurrence.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider's systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service provided in the carrying on the regulated activity. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place for monitoring the quality and safety of care provided to people. There were effective systems in place for the safe administration of medicines.
- The quality assurance manager completed audits of various aspects of the service. The last time they undertook this exercise was a day before this inspection. The audits included looking at MARS, care plans, staff files, risk assessments, observation of care and talking with people who used the service and staff. Where concerns or shortfalls were identified, the quality assurance manager made recommendations for improvement.
- Staff carried out daily, weekly and monthly audits of different elements such as medicines, incidents and accidents, falls and the safety of equipment and facilities. These ensured errors and concerns were spotted and addressed by staff.
- The service had introduced an electronic system for recording, sharing information and monitoring provision of care. This helped the service to be more effective in delivering and managing care. Staff talked positively about the use of the system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were satisfied with management of the service. One member of staff said, "The manager is good, approachable and understanding." Another member of staff told us, "I am happy with the management. Every time I go home after work, I feel happy because I had a good day. Everybody is friendly and caring here."
- There were systems in place for staff meetings. These allowed care staff, senior staff and managers to be aware of and involved in how the service was provided.
- The service had a clear management structure. The registered manager was supported by a deputy

manager for the day-to-day management of the service, and by a clinical compliance and quality consultant, and a quality assurance manager who had specific roles. Staff knew their line managers.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibilities to be open and transparent about when things went wrong.
- The registered manager sent the Care Quality Commission notifications about significant events that happened at the service. They referred allegations of abuse to the local authority and kept relatives informed of incidents and accidents.

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

- Systems were in place for seeking the views of people who used the service and others. Meetings were held with people where they were asked about what activities they wanted to be provided. There was regular communication with relatives of people, both informing them of what was happening at the service and seeking their feedback.
- Relatives told us the registered manager was available and responsive whenever they wanted communication with them. A relative said, "The manager is very efficient; I get on very well with her, everything is dealt with promptly; I find her very approachable."
- People's equality characteristics were part of the service. These were detailed in care plans. Staff understood equality and diversity to ensure they did not discriminate against people because of differences such as age, disability, religion, sex and sexual orientation.

Working in partnership with others

- The provider worked in partnership with other health and social care professionals to ensure people received care and support that met their needs.
- The registered manager attended providers' forum organised by the local authority.
- The provider was a member care association and a leadership network. We were informed by staff these organisations provided advice about the care sector and support with staff development. The provider also worked with Skills for Care which provided support with staff training. Skills for Care is one of the training organisations for social care.