

Jade Country Care Homes Limited

# Five Gables Nursing Home

## Inspection report

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Tel: 01933460414

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Inadequate** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Five Gables Nursing Home is a care home registered to provide personal and nursing care for up to 43 older people. At the time of the inspection there were 22 people residing at the service.

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

Systems and processes to ensure oversight of the service required improvement. Governance systems were not effective in identifying the concerns we found on inspection and quality assurance systems were ineffective in identifying when tasks had not been completed or recorded.

The environment was not always safe. We found people had access to harmful substances.

Infection prevention and control procedures required improvement. Cleaning schedules were not always completed, and COVID-19 measures were not consistently followed.

Medicine management procedures were not always followed. Medicine records were not consistently completed appropriately and not all documentation was in place.

Care plans and risk assessments did not always contain sufficient information to ensure safe care could be completed. Staff did not always have the required information available to them. Risks to people had not always been recorded or mitigated. Risk assessments were not consistently in place and strategies were not always recorded as completed.

Injuries were recorded and relatives were kept up to date. When a person had an unexplained injury, an investigation into the cause had been completed.

People were supported by kind staff who had been recruited safely. Staff training required updating to ensure staff had the skills and knowledge to support people safely.

People were supported to access healthcare, and the provider made referrals to health professionals as required.

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

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 rating for this service was Inadequate (published 28 July 2021) and there were five 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 enough improvement had not been made or sustained and the provider was still in breach of regulations.

#### Why we inspected

We undertook this 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, Effective 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 not changed from Inadequate. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to records, risk assessments and care plans, medicines, infection control, oversight and the environment at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our well led findings below.

# Five Gables Nursing 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 was carried out by two inspectors. An assistant inspector made calls to staff.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A manager was in place but had not registered at the time of inspection. This means that the provider is 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including a director, clinical lead nurse, manager, senior care workers and care workers

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas and quality assurance records.

# 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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last two inspections the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were still at increased risk of skin pressure damage. At the last inspection we found gaps in the recording for people who required support with repositioning. We continued to find gaps in the recording at this inspection. For example, one person who required support every two to three hours had gaps of five hours evidenced in their records.
- Not all risks to people had been assessed. At the last inspection we found people with health conditions did not have this information recorded. During this inspection we found people who had additional risks due to their health condition did not always have details recorded to identify the known risks and record the mitigating strategies. This put people at risks from known health conditions.
- Not all risks to people had been mitigated. Strategies implemented to reduce known risks to people had not always been completed. For example, we found gaps in the recording of tasks for people who required support with toileting or continence needs and for people who required safety checks to reduce the risk of harm.
- Medicine management had not improved since our last inspection.
- Medicine administration records (MAR) still had gaps in the recording of medicine administration and staff did not always have protocols to follow for people's 'as required' [PRN] medicines (A PRN protocol is to support staff to understand why, how and when to give the medicine and the dosage required.) For example, we found four people had no record of their medicines being administered on 10 occasions. Reasons why a PRN medicine was administered were not consistently recorded. This put people at risk of not receiving their medicines as prescribed.
- People were at risk of staff administering prescribed creams that were out of date. Not all creams used had a 'opened' date. This meant staff would not know when a cream had expired.
- People were at risk of choking. Records of when and how much thickener was administered to people's fluids were not consistently in place. Therefore, we could not be assured that people had the correct fluid consistency to mitigate the risk of aspirating or choking.

The provider had failed to assess the risks to the health and safety of people using the service or take action



to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Records of cleaning were not consistently recorded, and we found some rooms did not have appropriate bins to dispose of personal protective equipment (PPE).
- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. One person who was in isolation in relation to COVID-19 had no PPE station near their bedroom and their bedroom door remained open. People's temperatures had not been taken twice daily in line with government guidance.
- We were not fully assured that the provider was preventing visitors from catching and spreading infections. The provider had not consistently recorded the outcome of visitors COVID-19 tests or their temperature.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

The provider had failed to assess the risks of, and prevent, detect and control the spread of infection. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to ensure that people were protected from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Safeguarding procedures were followed. People had records of injuries and investigations were completed as necessary.
- Staff understood and were trained in recognising the signs of abuse and how to report any concerns.
- People told us they felt safe with staff. One person said, "Staff are very kind."
- The provider was implementing training to support people to understand the safeguarding procedures in place to help protect them from abuse.

#### Staffing and recruitment

- The provider did not use a dependency tool to identify the staffing levels required to meet people's individual needs. The rota evidenced there were sufficient staff on duty. However, some staff told us they did not feel there were enough staff on each shift. One staff member said, "Staff don't have time to do our jobs properly, we [staff] can do the basics but nothing more. We [staff] don't get breaks." Another staff member

said, "We have enough staff but it's mostly agency staff. Weekends are all agency, who don't always have an induction so it's hard to do care whilst teaching them."

- Staff were recruited safely. The provider requested references from previous employment and the employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed monthly to identify any trends and patterns.
- The provider had made some improvements since our last inspection and shared the lessons learnt with staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to have systems in place or systems that were robust enough to demonstrate safety was consistently effectively managed. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- At the last inspection we found staff did not always have the required information to support people in line with their individual needs. At this inspection we found care plans and risk assessments held conflicting and incorrect information within them. For example, one person had conflicting information regarding their fluid consistency and timeframes for repositioning tasks relating to managing their skin care. Another person had no information regarding their medical equipment. One person told us, "I should have a sugar free diet for my diabetes, but I have to remind staff as they sometimes give me food with sugar in." This put people at risk of receiving inappropriate support.
- People were still at risk of dehydration. At the last inspection we found people did not always meet their daily fluid targets and actions had not always been completed to reduce this risk. At this inspection we found people had not always been offered enough fluids to reduce their known risks.
- Safe food practices were not consistently followed. Temperatures of cooked food were not consistently taken to ensure the food had been cooked to the right temperature. This put people at risk of food poisoning from improperly cooked food.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care needs were assessed before they moved into the service. Records evidenced if people had a preferred gender of staff to support them and how people identified themselves regarding gender, sexuality and culture.
- Records of people's food choices and amounts they had eaten were recorded appropriately. People were offered a choice of food and fluids. One person told us, "My favourite meal is takeaway fish and chips on a Friday."

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

At our last inspection the provider had failed to ensure the environment and equipment was properly maintained and secure. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- People were still at risk from accessing rooms which contained potentially harmful items. At the last inspection we observed open rooms which contained COSHH substances (A COSHH substance can be chemicals, products containing chemicals, fumes, dusts, vapours, mists and gases, and biological agents). At this inspection we continued to find open rooms which had harmful substances that were accessible to people. This put people at risk of ingesting harmful materials.
- People were at risk of scalding. Not all radiators were covered, and hot pipes were exposed. This put people at risk of harm from being scalded.

The provider had failed to ensure the environment was properly maintained and secure. This was a continued breach of Regulation 15 (1)(b) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they were happy with their bedrooms. One person told us, "I like my room I have plants and photos of my family." A relative told us, "The bedrooms are personalised, we were able to decorate it with personal items."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to gain consent and act in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- When people lacked the capacity for specific decisions the provider had completed mental capacity assessments and best interest decisions. Care plan identified if a person had capacity or lacked capacity in each area of care and support.

- Records evidenced that people had been asked and had consented to information being shared with relatives.
- There were DOLS in place for people using the service to keep them safe from harm. The service kept a record of the authorisations and applied for them appropriately.

Staff support: induction, training, skills and experience

- Staff did not always have the training required to support people's individual needs. Not all staff had completed training in communication, dementia care or epilepsy. The manager told us they were allocating training to staff regularly. One staff member told us, "We don't have enough training, we have no training in health conditions."
- Staff told us that they received an induction, but agency staff did not always receive the information required to complete their roles.

We recommend the provider discusses with staff the importance of completing all the training required to fulfil their roles.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare support. Referrals were completed for speech and language therapists, dietitians and occupational therapists.
- People's dental needs were met. Oral hygiene records were in place to evidence the support staff offered to people to clean their teeth or dentures.
- Risk based tools were in place to assess people's risks associated with malnutrition and pressure care.

# 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 inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last two inspections the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems and processes were ineffective in identifying when tasks to mitigate risks had not been completed. For example, we found gaps in the recording of repositioning task, safety checks, support with continence and people's daily temperatures. This put people at risk of harm.
- Systems and processes were ineffective in ensuring people were being offered enough fluids to reduce their individual risks. This put people at risk of urine infections, constipation and dehydration.
- Systems and processes were ineffective in identifying when care plans or risk assessments held incorrect, conflicting or missing information. This put people at risk of receiving incorrect support.
- Medicines audits had not identified the concerns found with the recording of thickener and PRN reasons not being documented. Actions identified to reduce the risk of people not receiving their medicines as prescribed due to missing signatures on MAR, were not always completed. For example, one audit stated that staff needed to complete stock checks to reduce the risks, however these were not always completed and missed signatures were still found on inspection.
- Infection prevention and control audits had not identified the concerns found on inspection regarding the recording of cleaning and personal protective equipment bins not always being accessible.
- Systems and processes to ensure the environment was safe and properly maintained were not effective. This put people at risk of harm from hot surfaces and hazardous substances.
- People had not been asked to give feedback on the care they received.
- Staff told us the morale was low. One staff member said, "I am not happy there because you can't give the right care." Another staff member said, "Everyone raises concerns, but nothing changes. It doesn't matter how many times we say it doesn't change."

The provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported by the manager. One staff member said, "The manager is approachable and listens to us."

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 had responded to previous complaints appropriately. We found no evidence the provider had completed duty of candour; however, the manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and staff were offered meetings to discuss changes and share information.
- People's relatives told us they were kept up to date of any changes with their relatives' condition.
- The provider worked closely with the GP and district nursing team.
- The provider had made some improvements to the service since the last inspection and remained open to feedback. The provider had implemented new systems just prior to inspection and following feedback. However, we still need assurances these will be embedded into practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks.
Treatment of disease, disorder or injury	The provider had failed to ensure the safe administration of medicines had been completed. The provider had failed to assess the risks of, and prevent, detect and control the spread of infection.

### The enforcement action we took:

Restriction on admissions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider had failed to ensure the environment was properly maintained and secure.
Treatment of disease, disorder or injury	

### The enforcement action we took:

Restriction on admission.

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 provider failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.
Treatment of disease, disorder or injury	

### The enforcement action we took:

Restriction on admission