

Gabriel Court Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on the 1st August 2017 and was unannounced.

Gabriel Court provides accommodation and personal care for older people, including people living with dementia and who have physical and mental health needs. The service can accommodate up to 44 people. At the time of our inspection there were 43 people living at the home.

At the last inspection, in August 2015, the service was rated Good. At this inspection we found that the service remained Good.

People were treated with respect, kindness and empathy; they had developed positive relationships with the staff that were caring. People had detailed personalised care plans in place which enabled staff to provide consistent care and support in line with people's personal preferences.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There were a variety of activities available for people to participate in if they wished to.

The service had a positive ethos and an open culture. The registered manager and provider were committed to develop the service and actively looked at ways to improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the registered manager had implemented effective systems to manage any complaints that they may receive.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

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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.

This unannounced inspection took place on 1st August 2017 and was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance our expert-by-experience had cared for an older relative and supported them to find an appropriate care setting to live.

Before the inspection, the provider completed 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. The provider completed and returned the PIR in March 2017 and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we spoke with 14 people who used the service, seven members of staff from the care team, the activities co-ordinator, three housekeeping staff, the two heads of care and the registered manager. We also spoke with two people's relatives. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff and arrangements for managing complaints.

Is the service safe?

Our findings

People could be assured that they were being cared for safely. There were risk assessments in place which gave staff clear instructions as to how to keep people safe. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks.

People told us that they felt safe within the home. One person said "I feel very safe, I get my Insulin every day, they look after my health, they are all very good staff here;friendly and approachable." Another person said "I feel very safe and settled here, I was in another home before here and this is much better. The staff, well everyone is really good to me here. Nothing is too much trouble."

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the day of the inspection people were responded to in a timely way. One person told us "If I ring the call bell the staff usually come straight away;no concerns at all."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated.

Medicines were safely managed. The heads of care monitored the system closely and action had been taken when any shortfalls had been found. People told us they received their medicines at regular times. We saw that people received their medicines within appropriate time frames; we observed staff explaining the medicine people were to take and ensuring they had sufficient liquid to take it with.

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people which included regular fire tests and maintenance checks.

Is the service effective?

Our findings

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and there was a programme in place to ensure all staff received specialist training in areas such as caring for people with mental health needs, Parkinson's and Diabetes. A member of staff said "Training is good; the mental health awareness training has helped me to understand people better."

All new staff undertook a thorough induction programme; staff were encouraged to take relevant qualifications. We saw from staff training records that training such as manual handling and safeguarding were regularly refreshed. Staff received regular supervision which gave them the opportunity to discuss their performance and personal development. One member of staff said "The induction was brilliant; [Name of registered manager] has a good understanding of everything and is really supportive."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged to make decisions about their care and their day to day routines and preferences. We heard staff asking people whether they needed help before they assisted them. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. There was a choice of meals choices each day and an alternative was available should anyone not wish to have either of the choices. People told us how good the food was, one person said "The food is good, a little too good, I am putting on weight! We have plenty of veg and it all seems home cooked here including the quiche."

People had regular access to healthcare professionals and staff sought support from health professionals when needed. A local GP visited each week and a District Nurse came in daily. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

Is the service caring?

Our findings

People we spoke to said how happy they were living at Gabriel Court. One person said "This is a nice home, everyone is lovely." Another person said "Staff are patient and kind, you would go a long way to find somewhere better." The people who were unable to communicate with us looked relaxed around staff and we observed positive relationships between people and staff. The general atmosphere was warm and friendly.

People's individuality was respected and staff responded to people by their chosen name. From our observations and conversations with staff it was clear they knew people well and understood their individual needs. One relative told us "I did not think [name of relative] would settle here but they have, they are very settled which is good."

Staff spoke politely to people and protected people's dignity. We observed a member of staff kneeling next to someone talking to them discreetly to establish what help they needed.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said "I don't think anyone could fault it really, we do what we want to do. We can go outside, we can go to the garden, and we can stay in our rooms. Just as if you were at home you can choose."

People told us that staff respected their dignity and always knocked on their bedroom doors before they entered. One person said "When I have a shower they use two towels to help with privacy and that. I have no concerns the staff are well trained and they know what they are doing. They know how to do things the right way." We observed staff knocking on doors before they entered and they described to us how they maintained people's dignity by covering them up with towels when they were giving personal care and ensuring doors were shut and curtains drawn.

If people were unable to make decisions for themselves and had no relatives to support them the registered manager had ensured that an advocate would be sought to support them.

Visitors were welcomed throughout the day. One relative told us "I come in most days; they make me a drink and offered me a meal if I want it."

Is the service responsive?

Our findings

People's needs were assessed before they came to stay at Gabriel Court which ensured that their needs could be met. Individual care plans were developed from the information gathered.

Care plans detailed the care and support people needed which ensured that staff had the information they needed to provide consistent support for people. There was information about people's past lives, hobbies and interests which ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. We observed the activities co-ordinator trying to encourage a person to play the keyboard saying "[Name of person] you use to play the piano didn't you; how about playing now?" The plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs.

People were encouraged to take part in activities. We observed a game involving a parachute and quiz ball as the person got the ball they were asked a question which led to a short discussion around the topic. We also saw a fitness instructor come in and work with a group of people doing exercises in their chairs. Everyone looked as if they enjoyed it. People went out to the local shops and a faith minister visited regularly. Although the activities programme did include activities based around people's interests such as gardening this could be strengthened further to provide more opportunity for people to undertake activities on an individual basis which specifically meet their individual interests.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. People told us if they had any concerns they were happy to speak to the registered manager who was available most days.

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People could be assured that the service was well managed. There were procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. There were regular resident and friends meetings and we read in a recent survey that 97% of people felt listened to and they found the staff to be friendly and helpful.

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. One member of staff said "This is a lovely and friendly care home; everyone is nice to each other. We feel listened to."

People told us that they felt all the staff were approachable and we saw that the registered manager spent time speaking to people and staff. One member of staff said "[Name of provider] is very approachable and hands on." We read a number of positive comments from families which included 'Thank you for your care and friendship'; 'We really appreciate all your staff have done.'

There were effective systems in place to monitor the quality of the service. The provider spent time at the home on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. People's experience of the service was captured and acted upon.