Mrs D J Brown

The Gables Care Home

Inspection report

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Bedlington
Northumberland
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 10 and 18 December 2015 and was announced. At an inspection in August and September 2014, the service did not meet the regulations relating to infection control, safety, suitability of premises, or governance. These were checked again in December 2014 and these standards were being met.

The Gables is located in Bedlington and provides accommodation for up to 11 people with a mental health condition or learning disability. At the time of the inspection there were nine people living at the service.

A registered manager was in post. 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 identified shortfalls in how medicines were managed. We also identified safety concerns relating to the restriction of windows on the first floor. This posed a risk to the safety of people living in the service. We discussed our findings with the manager who agreed that first floor windows would be restricted.

The building was subject to an ongoing plan of maintenance and refurbishment. Some work had been postponed due to other priorities but the continuation of this work was necessary to ensure the premises remained suitable and safe for people living in the service. We noted that a number of improvements had been made.

People told us that they felt safe, and there were safeguarding policies and procedures in place. Staff told us that they knew what to do in the event of any concerns.

Safe recruitment and selection procedures had been followed. Pre-employment checks were carried out to ensure the safety of people living in the home. There were sufficient numbers of staff employed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted one DoLS application to the local authority for authorisation. While the service was operating broadly within the principles of the Mental Capacity Act 2005, we found that one decision was not adequately documented. We have made a recommendation that records evidence that care is always provided in line with the Mental

Capacity Act 2005.

People were supported with nutrition, and appropriate risk assessments and monitoring was carried out. People told us they were happy with the meals provided. Menus were planned with people living in the service, and reflected their choices and preferences. They were supported to maintain a healthy balanced diet.

Staff received regular training and supervision and an annual appraisal. Training was appropriate to meet the needs of people living in the service. Formal qualifications were supported and staff felt able to progress in their roles.

A variety of activities were available including group and individual sessions with staff. People felt well supported to maintain hobbies and interests and their views were regularly sought regarding the types of activities available.

People's health needs were met. They were supported to access health services in the community and concerns relating to the health of people were acted upon promptly and appropriate advice sought.

We saw that people were well cared for. Individualised care plans were in place, and these were person centred. People were involved in the planning and evaluation of their care. They told us that they were very happy living in the service. Visiting professionals told us that the standard of care in the home was good, and the people they supported were very satisfied with the care they received.

We had some concerns about the management of the service. The registered manager had carried out audits relating to the safety and cleanliness of the premises and these had not identified some concerns that we had during our inspection. We had not been notified about one event in line with legal requirements. We made a recommendation that the provider ensured that regular audits of the service and records were carried out in line with their own policies and procedures. We noted that there had been an overall improvement in some areas including the systems in place to seek the views of people using the service, relatives, and other stakeholders.

Staff, people and visiting professionals spoke positively about the registered manager and deputy. They felt well supported and found them welcoming and accommodating.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment. You can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

We found shortfalls in the management of medicines and windows on the first floor were not restricted, posing a risk to people using the service.

We found that safety checks of the premises had been carried out. A decoration and refurbishment plan necessary to ensure the premises remained fit for people who used the service was not yet complete.

Safe recruitment procedures were followed to ensure people were protected

People told us they felt safe. Staff were knowledgeable about procedures relating to safeguarding vulnerable adults.

Is the service effective?

Good

The service was effective

The service worked within the principles of the Mental Capacity Act but decisions were not always adequately documented.

Staff received regular training and supervision.

People's health needs were met. Healthcare professionals were contacted to provide input into people's care as their needs changed.

Is the service caring?

Good

The service was caring.

People told us that they felt well cared for, and that the staff treated them well.

We saw that people were treated with dignity and respect.

We received feedback from visiting professionals to say that the service was caring.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and people were involved with planning their own care.

A number of activities were provided which were determined by the choices of people living in the service.

A complaints procedure was in place, although there had been no complaints. People were involved in decisions and consulted about the service.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

Audits completed by the manager did not always pick up shortfalls in safety.

We had not been notified about the death of one person.

Staff felt well led and supported by the manager.

Systems to seek the views of people, families and other stakeholders were in place.

The Gables Care 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.

This inspection took place on 10 and 18 December 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.
The inspection was carried out by one inspector. We spoke with eight people who used the service, the manager, deputy manager and four care staff during the inspection. We also spoke with two care managers from the local NHS Trust and we consulted with a Northumberland local authority safeguarding officer and contracts officer.

We displayed a poster to inform people that we were inspecting the service and inviting them to share their views.

We reviewed safety records, including fire safety checks and records of accidents and incidents. We read four care plans and four staff recruitment files and checked the training and supervision records of four staff. We also looked at management quality assurance records including audits and surveys.

We looked at the premises and equipment available and observed staff interacting with people. We joined people at lunch time for their meal.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

We found shortfalls with the management of medicines. A procedure for the safe handling of medicines was in place and staff had received training to administer medicines. We saw that tests required ensuring that people were not suffering adverse side effects due to taking certain medicines, such as blood tests, had been carried out. This meant that people were closely monitored to ensure they didn't suffer from any adverse side effects form the medication they were using. Competency checks and training was carried out before people were given the responsibility to administer medicines.

We found when checking how medicines were managed by the home, that the quantity of medicines carried forward at the beginning of the month was not always recorded. This meant it was not possible to check whether medicines had been administered as prescribed because we did not know the amount of medicine which was in stock at the start of the month. In addition, some medicines received were not recorded in line with the service's policy for the receipt of medicines. This also caused difficulty with the monitoring the amount of medicines held in the service. We found medicine for one person which had been discontinued for some time, stored in the medicine cabinet. This meant there was a risk that the person may be administered the discontinued medicine. Some people administered their own medicines and although risk assessments were in place, they had not been reviewed at regular intervals to ensure this practice remained safe. Medicines were stored safely by people responsible for their own medicines.

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

We checked the premises and found that some areas were in need of redecoration and refurbishment. A maintenance plan was in place. It was recognised at the previous inspection that planned maintenance would not happen all at once and that realistic deadlines would be set. We found that a number of improvements had been made. Priority had been given to issues that compromised the safety of people and we saw that this work had been completed. Some scheduled maintenance of a cosmetic nature had not taken place on the planned dates and we were advised that this was due to unforeseen additional work which had to take priority. This included the replacement of all roof tiles for example. The provider was aware that this work must continue and that further improvements were necessary in relation to the standard of décor and furniture in the premises to ensure it remained suitable for the people using the service. This included people's bedrooms and communal areas.

We checked the premises and found that upstairs windows, large enough for a person to fit through, were unrestricted. Serious injuries and fatalities have occurred when people have fallen from or through windows in health and social care premises. We spoke to the manager about this on the first day of the inspection. On the second day of the inspection the manager had completed a risk assessment on all first floor windows, including bedrooms. We discussed the results of these assessments with the manager who agreed that all first floor windows would be restricted.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Regulations. Safe care and treatment.

We found that the home was generally clean. We did not inspect every bedroom since some people did not give their permission, or were resting in their room. The bedrooms we checked were clean and tidy; some people cleaned their own room. The bathrooms were clean and held supplies of liquid soap and paper towels. This meant that the service was keeping people safe and following infection control procedures.

Staff were responsible for cleaning of the home and were aware of infection control procedures. We saw training records and observed good practice such as the use of aprons and gloves when serving meals. At the time of the inspection, the service had a food hygiene rating of three by Northumberland County Council which meant generally satisfactory. Since then, the service had been re-inspected and they now have a food hygiene rating of five, on a scale of 0-5, with 5 being the highest. We spoke with the environmental health officer who said, "I was really impressed when I re-inspected the home. They are now managing people's personal food items much better and they have replaced equipment; everything has been done."

We checked the laundry which contained colour coded cleaning equipment, and personal protective equipment was available for staff. This meant that cross infection was avoided and that the safety of people living in the home was maintained. People told us they were happy with the cleanliness of the home. One person said, "My sheets are changed every Saturday whether they need to be or not. I am very particular about that." Staff told us they had received infection control training and told us they were aware of infection control procedures relating to use of the laundry. A staff member told us, "We use different coloured cloths and gloves and aprons."

Safety checks of the building and premises were in place, and we saw records of fire safety checks and drills, water temperature checks and gas and electrical safety tests. Water temperatures exceeded 50 degrees in some rooms, but baths and showers had temperatures restricted. The provider had carried out individual risk assessments for each person regarding the water temperature in their own basins. Portable electrical equipment was tested in June 2015. An electrical installation condition report dated August 2015 recommended some improvements. Faults were isolated to make things safe but improvement work was scheduled to be carried out. We saw that the five year electrical safety check was booked in January 2016.

We checked staff recruitment. We found that safe recruitment procedures were followed to ensure people were protected. We noted that Disclosure and Barring Service checks (DBS) had been carried. The DBS holds records of people who are barred from caring for vulnerable people. By carrying out these checks, the service ensured that staff employed were suitable to work with people living in the home. Application forms were completed, two references were obtained, and appointment letters provided.
There were two staff on duty during the day and one manager. There was one waking night staff member. There had been regular fire drills to demonstrate that one member of staff could evacuate the building at night within the timescale required by the fire service. Staffing numbers were decided by the dependency levels of people living in the home. We saw that staff had time to spend with people and were not rushing.

People told us they felt safe, "You see those places on the television that aren't run right, but this is run right." There had been one safeguarding incident since the last inspection. This had been appropriately dealt with and referred to the local authority safeguarding team. Staff were knowledgeable about safeguarding procedures and we saw that training had been provided. A whistleblowing and safeguarding vulnerable adult's policy was in place. Staff told us, "I've never seen anything of concern, no physical altercation or anything. We intervene if we think people are getting upset so it never escalates." Another said, "We do safeguarding training so we know the signs of abuse and what to watch for."

Individual risk assessments were in place for falls, accidents, mental health, and issues such as smoking. This meant that risks to health and psychological well-being were picked up quickly and acted upon appropriately.
We checked accident and incident records, and found that these had been acted upon appropriately. This meant that the safety of people was maintained and appropriate care and treatment had been provided.

Good

Is the service effective?

Our findings

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. 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.

The manager told us that she had submitted one application for authorisation to the local authority and was awaiting the outcome. She said that all other people using the service had capacity to make decisions about where they wanted to live.

The manager and deputy described to us a situation where they planned to support a person to challenge a decision made on their behalf and to ensure they were appropriately represented by an advocate if necessary.

We found that one person was receiving treatment prescribed by their consultant, deemed to be in their best interests. This decision had been agreed by other professionals and family members were consulted. We found that while the principles of the Mental Capacity Act 2005 had been applied, this decision and capacity assessment had not been appropriately recorded.

We recommend that records evidence that care is always provided in line with the Mental Capacity Act 2005.

People living in service that had capacity, were able to make informed choices about their health, welfare and the support they needed from staff. Support with personal care was minimal, but consent was sought prior to any intervention. One person told us, "I'm allowed to do practically anything I like here", another said, "You are allowed as much independence as you can handle. I order and collect my own medication and take it myself. The staff are great here." We saw people being supported to appointments and being afforded as much independence as possible. Staff ensured they provided the correct level of support by checking with people if they needed any help. One person arrived back from an appointment and told staff what had happened. The staff member asked if they wanted them to keep their appointment card and put it in the diary, or if they were happy to keep it themselves.

One person proudly showed us their bedroom and collection of items. Bedrooms were homely and personalised, and one person told us, "It is the best move I have ever made coming here. The staff are lovely, I asked for a bigger room because I have so many things so they moved me into a bigger one. I have plenty

of room now."

We checked whether people's nutritional needs were being met. People told us that they were happy with the food provided. Meetings were held with people to decide what to put on the menu. One person told us, "The food is lovely, nothing wrong with the food at all." Alternative choices were available and people told us, "If I don't like it I can make something else"; another said, "We have a meeting every month to see what we want. Every two weeks we have a theme night and a takeaway; last time we had an Indian meal."

There were adequate supplies of dried and fresh foods. Menus were available and had been produced in direct consultation with people. Breakfast choices included cereal or porridge, bacon, egg, tomato and scrambled or boiled egg. Main meals were served in the evening with lighter meals at lunch time which was the preference of people living in the service. People also had their own ample supplies of snacks and drinks and were supported to go shopping for things they liked. One person asked whether an order of beer had been made for over the Christmas period, staff advised them that it was 'on the list!'

Although choice was heavily promoted, we observed that staff encouraged people to eat a healthy and balanced diet. Appropriate risk assessments and monitoring of people's nutrition took place. We saw that some people were supported to lose weight. We read the care plan of one person who had been losing weight unintentionally. These concerns were reported promptly to the person's GP and a nutrition plan was put in place. People's weights were checked regularly.

We found that people's health needs were met. Few professionals visited the home, instead, people were supported to attend appointments in the local community. We saw people being supported to these appointments and read in daily records that people were seen for example by their GP, optician, and community psychiatric nurses. Staff told us about how they had supported people to adopt healthier lifestyles including reducing smoking. One person told us, "I used to smoke loads more but I've got one of these now (electronic cigarette) which has really helped me cut down."

Staff supervision and appraisals were carried out. Records of discussions during supervision were of a good quality. Staff received regular training which was a combination of e-learning (computer based training) and study days arranged through Northumberland County Council. Training relevant to the care of people living in the service had been provided, such as adult autism awareness and epilepsy awareness. Other training records we saw included training in person centred care planning, fire safety, nutrition and health, infection control, safeguarding adults and equality diversity and human rights. Staff told us they were supported to progress in their roles by obtaining further qualifications and through being given additional responsibility.

Good

Is the service caring?

Our findings

We spoke with people who told us that staff were kind and caring. One person said, "The staff are lovely, they are fantastic." Another person told us, "I like it an awful lot, here, my last residential home was too strict but the staff are lovely here."

We observed staff knocking on people's doors before entering and treating them with dignity and respect. They introduced us to people and explained the purpose of our visit, ensuring people were happy with our presence and giving them the opportunity to express any concerns. People were offered support with personal care discreetly, which protected their privacy and dignity.

Regular meetings were held to support people to express their views and choices. Staff also included people in decisions about their care and treatment by involving them in reviews of their care plans. This meant that people had the opportunity to discuss things privately.

We consulted with two professionals that had visited the home on a regular basis and they provided us with feedback. They said, "The clients are always very happy there; they all love it. Staff are very welcoming when we visit and the clients have never ever raised any concerns or complaints with me about the service." The second professional we spoke to said, "My clients have been there a number of years now. They are very happy and their care and support needs are well met. Staff are always very friendly and accommodating, caring and attentive. The manager and deputy are really passionate about the care they provide."

We observed that staff were aware of the emotional needs of people and responded sensitively and discreetly. We saw that one person was distressed and staff responded kindly and offered support. Afterwards we saw that staff continued to check how they were, including managers, who we observed frequently checking people were okay upon hearing anything untoward from the office. Staff told us, "We don't leap in. We watch and we wait. Nine times out of 10, people sort out their own disagreements. If we think things are becoming heated, we would intervene. I have personally never seen anything escalate beyond raised voices, but that happens in everyone's home."

People were well cared for. Personal care was a highly individualised and personal issue, with some people preferring to manage their own hygiene needs. Staff had a good understanding of the needs of people and when it would be necessary to intervene to offer support. Care plans reflecting this were in place.

No one was currently accessing any form of advocacy but the manager was considering making a referral and was aware of the procedure to follow. Advocacy services help people to access information and services, and to be involved in decisions about their lives by helping them to explore options and choices.

We spoke with six staff members who all spoke positively about their caring role. One staff member said, "We are here to boost people if we think they look a bit flat, and the safety of people is paramount to me." Another said, "I love it here. We do lots with people to make sure they are well supported and cared for. I can't think of anything I would change about the care because they (people) decide how things should be

done and we are led by them." Staff also told us they had time to care and weren't rushed, one staff member told us, "I enjoy that we have one to one time with people."

We read feedback surveys provided by the home and completed by people, relatives and visiting professionals. One relative said, "I am made to feel welcome and the staff are caring." Another said, "The Gables is a very happy home and I am always very welcome. (Name of manager) and the team do a great job, long may we always have The Gables!" People said, "I love living here, it's nice and comfortable and the staff are nice to me." Another two people said, "Everything is brilliant here, I have no complaints" and "I am so happy to be here, better than hospital."

Good

Is the service responsive?

Our findings

People told us that they were happy living at the home and they felt staff responded to their needs appropriately. One person told us, "It's so homely, there are just a few of us and you can do what you want and have what you want as long as the staff know where you are". Another told us light heartedly, "The staff take me wherever I need to go, like Ashington and Cramlington, because I'm a shopaholic!"

People were supported to maintain their hobbies and interests. We saw that there were planned activities, which were advertised on notice boards and posters. A number of these were Christmas themed including wreath making. People were looking forward to the festive season. One person said, "I love Christmas here. The best thing about it is the people, and the pressies are great." We saw that people had been involved in a number of one to one activities with staff, including going for bar meals, visiting places important to them, and feeding ducks. Some people enjoyed listening to music, or collecting music memorabilia. Other people enjoyed using IT equipment or electronic games consoles. People also accessed community day activities, and one person went to work. We saw that people were well supported to maintain their hobbies and interests in an individualised way. Care plans for the promotion of social activities and community access were in place.

A collage of holiday photographs was available, and people told us they had very much enjoyed their time away.

People's care records were personalised and contained a one page profile, so that individual needs and preferences could be seen at a glance. Person centred care plans were in place, and were written in the first person; so from the point of view of the person. For example, they included headings such as, "What is important to me and how to support me", and "What a good day and what a bad day for me looks like." We saw that people had been involved in care planning and a staff member told us, "I sit with people and do all of their assessments and reviews with them. I'll write down exactly what they say (if people are unable to) and then I check if they are happy with it." Biographical information, and lifestyle choices and preferences were also documented.

Surveys were given to people living in the service, and staff told us there were monthly meetings for people to give their views and suggestions. They said, "We have regular resident meetings where they speak up and say if they want any activities or anything. They can speak to us about anything." The main issues discussed were activities and meals, and the agenda rotated to cover both of these topics. We read the minutes of a meeting which said that people would like to have a karaoke evening. We saw that this had been responded to, and a karaoke evening was advertised and a new karaoke machine had been purchased.

A complaints procedure was in place, no formal complaints had been received. People living in the home said they knew how to complain and that they would just speak with the manager if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post and was supported by a deputy manager.

A number of audits and checks were carried out by the manager and we noted an improvement in some areas of governance.

Care plans were audited regularly and the registered manager was up to date with information about the care needs of people. She was also regularly included in the staffing numbers so provided direct care to people. This meant that she had a good understanding of the needs of people and staff. Systems to seek the views of people, relatives and stakeholders had been improved.

We found, however, that some audits had not identified shortfalls. For example, we found that despite medicines audits being carried out, the service was not adhering to its own policy of recording all medicines received into the service, nor had it been identified that pain medicine for one person, which had been discontinued some time previously, was still in the cupboard and had not been returned to the pharmacy.

We identified that upstairs windows, which opened widely, were not restricted. The provider agreed with us that these should be restricted but had not identified this risk prior to our inspection.

We found that we had not been notified of an event in line with legal requirements. Notifications are changes, events or incidents that the provider must send us within the required timescale. We discussed this with the manager who said they would ensure this was sent retrospectively. They confirmed their understanding of the types of events that must be notified.

We recommend that the provider carries out regular audits of the service and records in line with their own policies and procedures.

We saw that the registered manager and deputy were visible and accessible to staff and people using the service throughout our visit. A person centred culture was promoted where the needs of people using the service were prioritised. These values were evident during discussions with managers and staff and were well embedded. The office door was open whenever possible, and people frequently called in throughout the day to talk with the registered manager or deputy.

Professional's visiting the service spoke highly of the registered manager and deputy. They told us, "The manager and deputy are very passionate about what they do. They want the very best for people." They told us that the registered manager worked well in partnership with them and was always responsive and accommodating. We saw that the service had links with the community and had contact with key organisations such as the safeguarding team and local authority learning and development unit, from whom they sought support if necessary.

There were clear lines of responsibility and accountability, meaning that staff were clear about the

limitations of their role and the tasks that had to be carried out by more senior staff. We saw staff supervision records which demonstrated that staff had the opportunity to discuss their role with their manager and were supported to develop new skills.

Staff also said that they felt well supported. "The manager supports us. I have asked for more responsibility as I have my NVQ level three now. I am being supported to be a key worker. I'm new to it and I'm being well supported with that." Morale amongst staff also appeared good, and turnover was low, with staff having worked in the service for a number of years.

People living in the service told us that they felt well supported by the manager. One person said, "If I need anything I just need to ask (the manager), it is like a family here." Systems to seek the views of people, relatives and other stakeholders such as visiting professionals were in place. These included regular meetings and questionnaires.

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 12 HSCA RA Regulations 2014 Safe care and treatment A system to ensure the proper and safe management of medicines was not fully in place. First floor windows were not restricted in line with HSE guidance, posing a risk to service users. Regulation 12 (1) (2) (b) (g)