

Gables Care Home (Market Harborough) Limited

The Gables Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected The Gables Residential Home on 10 December 2015. This was an unannounced comprehensive inspection. This meant that the staff and provider did not know that we would be visiting. The service was last inspected on 16 December 2013 when it met the all of the regulations we looked at.

The Gables Residential Home provides accommodation for people who require personal care for up to 10 people and personal care for people living in their own homes. At the time of the inspection eight people were living in the residential home and nine people were receiving care in their own homes. The home is located on two floors with a stair lift to access both floors. The home had a communal lounge and dining room where people could relax. Most people who received care in their own homes lived in flats that were on the same grounds as the residential home.

The service had a registered manager who was registered to manage both accommodation for people and personal care. 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.

People told us that they felt safe. Most people told us that they liked living at The Gables Residential Home and they liked receiving support in their own homes. Staff knew how to identify and report abuse.

People living in The Gables were not protected from the risks of potentially dangerously hot radiators. The registered manager told us that environmental audits had been carried out but these had not identified the risk of the hot radiators. Radiator covers were in place but were broken and did not provide the protection they were meant to.

The provider did not have robust recruitment procedures in place. Pre-employment checks had not always been completed, and information about staff's previous employment history had not been fully recorded.

People told us that there were not enough staff available and that they were kept waiting. There were not enough staff to meet the needs of people using the service.

Medicines were not stored correctly, some creams were not dated when they were opened and were not recorded as being administered. This meant that there was a risk that people were not receiving all of their creams and that they may have been open for longer than the recommended timeframe and not effective.

Staff were supported through training to be able to meet the care needs of the people they supported. We found that training records were not updated, not all training was in date and supervisions were not taking place regularly.

Staff told us that they sought people's consent prior to providing their care. We saw that people's capacity had been considered in their care plan.

People who lived at The Gables told us that staff were busy and did not always have time to respond to them. We saw that staff were completing a number of different roles and were supporting people in the care home as well as people who received care in their own home.

People received care and support that was centred on their individual needs. Their care plans included information about how they wanted to be supported.

Staff knew people well and understood their care needs. Staff treated people with dignity and respect.

People had not always had assessments completed that identified what support they needed and when they needed this. People who received support in their own home were receiving support at times then they wanted but this meant that people who lived at The Gables were sometimes waiting for support.

We found that quality assurance systems were not effective and audits had not been completed. The provider had not identified the shortfalls in quality that we found during this inspection. This meant that the provider was not able to ensure the people were receiving safe, effective, or responsive services that met their needs.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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?

Inadequate ●

The service was not safe.

Staff understood and practised their responsibilities for protecting people from abuse.

The radiators in The Gables were extremely hot to touch in communal areas and corridors. Radiator covers were broken and were not protecting people.

Recruitment procedures were not being followed.

There were not enough staff to meet people's needs.

Medicines were not stored correctly. Medicines administration records were not always completed fully.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Training for staff was not up to date and staff training records were not up to date. Staff supervisions had not taken place regularly.

The manager and staff had an understanding of the Mental Capacity Act 2005.

People were supported with their nutritional and health needs.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff we spoke with had a good understanding of the needs of people they supported.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People who received care in their own homes had not always had an assessment of their care needs.

People were supported to participate in activities they enjoyed.

A complaints procedure was in place. People told us they felt confident to raise concerns.

Is the service well-led?

The service was not consistently well led.

Some systems were in place for monitoring the safety of the service but these had not been completed. In other areas there were no systems in place and issues found during this inspection had not been identified.

Quality assurance systems had not identified where there were shortcomings.

Staff felt able to raise suggestions and that these were acted upon.

Requires Improvement ●

The Gables Residential 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 December 2015 and was unannounced.

The inspection was carried out by two inspectors 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. The expert had experience of caring for someone who used this type of service.

Before the inspection we reviewed information we held about the service and information we had received about the service from people who had contacted us. We contacted the compliance team from Leicestershire County Council to obtain their views about the care provided. The compliance team work with a provider to ensure that they are meeting their contractual obligations with the council.

We met people who used both parts of the service and we spoke with six people. We observed staff communicating with people who used the service and supporting them throughout the day. We spoke with the provider, the registered manager, the deputy manager, one senior care worker, three care workers, a district nurse and a friend of someone who lived in the home.

We looked at the care records of six people who used both of the services and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at two staff recruitment files to assess the recruitment process.

Is the service safe?

Our findings

We found that people were not consistently protected from risks relating to their health and safety. Risks had been assessed and control measures had been identified but we found that these had not been implemented.

We found that the radiators in the lounge, corridors and some people's bedrooms were very hot to touch and painfully hot to hold. This presented a risk to people who used the service, particularly those at risk of falling and those who would be have been either unable to recognise or respond to danger. There were people who lived at the service who were living with dementia and who may not have recognised the danger of the temperature of the radiators. Radiator covers were in place for some radiators but a number of these were broken and in a poor state of repair. This meant that they did not offer appropriate protection from the radiators.

One person had suffered a minor burn from contact with a radiator that required treatment from a district nurse. Following this the home had provided a cover for the radiator but this was also prone to getting hot. A risk assessment was in place that identified that the radiator needed to be kept cool to reduce the chances of the person burning themselves again. This meant that the person was not able to adjust the temperature of their radiator if they were cold. We saw that there were no alternative forms of heating offered.

One person had been identified as being at risk of burns due to the placement of their bed near a radiator. It was not possible to place the bed in another position due to the layout and size of the room. A cover had been put in place but we found that this was broken and the panels were not covering the radiator. The damage to the cover had not been recorded in the maintenance book. This meant that the control measures to reduce the risk and protect the person were not in place.

We looked at records relating to health and safety and found that where concerns had been identified these had not been followed up. For example an alarm on a door had been broken since 14 October 2015. A notice had been placed by the alarm but no action had been taken to repair this.

We looked at records relating to fire safety. We found that there had been no fire drills carried out in the last twelve months. The registered manager confirmed that they had not carried out any drills. This meant that if there was a fire people who used the service and staff, had not practised evacuating the premises and responding to an alarm which could make an evacuation more difficult as people may not be aware of what they should do. People may also not recognise the sound of the alarm and respond to this.

These matters constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

People could not be assured that the provider had followed safe practices in recruiting staff to support them. We looked at the recruitment records of two people employed at the home. These showed that staff had not always been safely recruited as the provider had not carried out the necessary checks to ensure staff

were suitable to work with the people who used the service.

We found that one person had a Disclosure and Barring Service (DBS) Certificate on their file. This check had been completed in February 2015 by another provider. The member of staff had started working at the service in November 2015. The provider had not carried out checks to ensure that the member of staff had not undertaken any activities that would have been recorded on a DBS certificate in the time between the certificate being printed and the time of employment. The registered manager told us that they had not completed a risk assessment around recruiting the member of staff without completing a new DBS check. This meant that the provider had not ensured that this staff member had not been convicted of any offences that would make them unsuitable for this type of work and had not considered the potential risks to people who used the service.

One person had only one reference in place. The provider had requested references from two people. Only one had been received at the time the person started work in September 2015. The registered manager advised that a second reference had been received recently. One person had gaps in their employment history that had not been explained.

One person had a Criminal Record Bureau check on their file that had been completed in 2006. This check had been replaced by the DBS check. No checks had been carried out since 2006. This meant that the provider had not carried out checks to make sure that the member of staff remained suitable for this type of work. The registered manager told us that checks should be carried out every three years to make sure that staff were still suitable for this type of work. The registered manager agreed that they would make sure that the member of staff had an up to date check completed.

We found the provider had not obtained satisfactory evidence of staff conduct in previous employment. They had not checked that staff had not been convicted of any offences that may have made them unsuitable for this type of work. The provider had not obtained a satisfactory written explanation of any gaps in employment.

These matters constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper person employed.

People living in The Gables told us that they felt there were not enough staff and that they had to wait for staff to have their needs met safely. One person told us, "There are times when you have to wait, sometimes fifteen minutes to half an hour." Another person told us, "I have had an odd accident (incontinence) having to wait, The staff are busy and you can't fault them." Another person told us, "There has been two times recently when there have only been two staff on for the flats and the home." Staff told us that they felt that there was not enough staff as the staffing levels had been reduced recently from four staff to three staff on the morning shift.

We saw from records that there were two people who received support in their own homes who required two staff for moving and handling. Staff who worked at the residential home were also providing support to people in their own homes. This meant that when either of these people needed support there would be only one member of staff at The Gables to support the people living there.

We saw that staff were preparing breakfast as well as supporting people with personal care and medication. The registered manager told us that staffing levels had been reduced as the home had two spare rooms so the staff were supporting fewer people. They told us that the cook was off work and care staff, the management team and the provider were all covering for the cook. The registered manager told us that they

would review the staffing levels and make sure that people using both sides of the service received timely care and support.

These matters constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

People who used both of the services told us that they felt safe. One person told us, "I feel safe." A friend who was visiting told us, "I feel [person's name] is safe and very looked after." A health professional told us, "The residents are safe."

Staff we spoke with had an understanding of how to protect people from types of harm and abuse. Staff understood their responsibilities to report any safeguarding concerns to a manager or to an external body such as the Care Quality Commission. The Managers were aware of their responsibility to report any safeguarding concerns to the local authority. Staff told us that they had received training in safeguarding adults. The registered manager confirmed that staff had attended training but that they needed to receive the certificates for this.

Staff managed risks relating to people's care. Each care plan had information about the risks associated with people care and how staff should support the person to minimise risk. For example, one person had a risk assessment relating to being supported with moving and handling. Risk assessments had been reviewed six monthly. The registered manager told us that risk assessments were reviewed if people's needs changed. This was important to make sure that the information was current and based on people's actual needs.

Staff maintained records of all accidents and incidents. These were monitored by the registered manager and an audit was carried out around accidents and incidents to try and prevent these from happening. For example, when one person had three falls in one month additional support was requested from a specialist team to reduce the risk of further falls.

A friend who was visiting told us, "The staff help [person's name] keep their room clean." The premises had been cleaned but there were areas that required further cleaning. The staff told us that they did the cleaning and there was not always time for this. We saw that there was a maintenance book where some jobs were recorded. We found that not all works had been recorded in this book and where they had been they had not been completed. The registered manager said that they had reminded staff of the importance of recording works that needed to be completed. We saw that one person's main lightbulb in their room was not working. The staff told us that this had not been working for at least four days. The registered manager told us that she would get this changed. The registered manager told us that they did not employ a maintenance person and any works were completed by the owners.

We saw that system tests were carried out for the fire alarm, and for the emergency lighting. We found that visual checks of fire equipment had not been completed and checks on the temperature of water were not being completed. There was no legionella risk assessment in place and testing had not taken place for this. The registered manager advised that where people may need additional support in the event of an evacuation this had been identified and personal emergency evacuation plans had been completed. Where someone had specialist equipment, for example a hoist, we saw that maintenance checks had not been completed in accordance with the guidance for the equipment. The registered manager advised that they would make sure that these checks were completed and since the inspection had provided evidence that these have now been completed.

We saw that not all medicines were stored correctly. The home administered medicines that were controlled drugs and these required specialist storage. This was not in place. The registered manager arranged for suitable storage to be put in place on the day of the inspection. Temperatures were not recorded in areas where medicines were stored. This meant that the medicine may not be stored at the correct temperature. The medicine may have either lost their effectiveness or become unsafe to use. We understand that since our visit the registered manager has implemented temperature recording for these areas.

Staff had received training in medicines management. We saw that one person had been observed giving medicines and been deemed competent to do so. This had been carried out in 2013 and not refreshed. The registered manager told us that they were introducing competency annual checks for all staff who administered medicines.

We saw that medicated creams were not dated when opened or recorded as administered. The registered manager had a template that they could use to record this but it had not been used. The registered manager told us they would start to use this form. We saw that protocols were not in place where medicines were as required or in variable doses. This meant that there was no clear guidance for staff to follow when medicines were not given on a regular basis. Since the inspection the registered manager has implemented protocols for all as required medicines and sent evidence of this to the inspector.

One person was administering their own medicines. There was no care plan or risk assessment in place to make sure that this was being carried out safely. The registered manager told us that they would put a care plan and risk assessment in place.

Is the service effective?

Our findings

People who used both services told us that they were cared for by staff who had been trained to meet their needs. One person told us, "Oh yes, I have great trust in them." A friend who was visiting told us, "everything is all as it should be."

Staff told us that they had completed an induction that included training and shadowing more experienced members of staff. One staff member told us, "I always felt there was someone I could go and ask here." There were no records to show that staff had completed an induction at the service. The registered manager told us that they had contacted a training company so that they could start using the Care Certificate in the new year. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction.

We spoke with staff who told us that they enjoyed the training they had completed. Comments included, "You need to keep up with training, it is good," and, "I have done all the training." One member of staff told us that they felt that some of their training could be updated. There were no records in place to show what training staff had completed. The registered manager told us that they were in the process of updating a training matrix to monitor the training needs of the staff team and reflect what training staff had completed. . We saw that some staff had certificates in their files but these were not for all courses that had been completed. This meant that it was not possible to accurately show that the staff had received relevant training to enable them to carry out their roles. The registered manager told us that they were waiting on certificates for some staff and that they were working to identify any gaps in peoples training to see what courses needed updating.

Staff told us that they felt supported by the managers within the home. One staff member told us, "We can go to the owners and the management with things." Staff told us that they particularly felt supported by the deputy manager. One staff member told us, "You can approach the deputy manager and they will listen and are always willing to help." Staff told us that they did not have regular supervisions. All staff we spoke with told us that they had only one supervision meeting with their manager this year. Records we saw confirmed that each staff member had only had one supervision meeting in 2015 and the notes of these meetings were very brief. We saw that one staff member had raised a concern about their work and this had not been addressed. The registered manager told us that she was aware that staff had received limited supervision and they were going to be completing more regular supervision meetings with staff. They told us that they were developing new paperwork to ensure that people received more thorough supervision.

The Mental Capacity Act (MCA) 2005 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.

We saw that capacity had been considered in peoples care plans and information as recorded about how to support people to be involved in making their own decisions. Where people had legal representatives in

place to make decisions on behalf of the person this information was recorded in the care plans. Staff told us how people made choices and how they supported them with this. For example, one staff member explained how they offered people choices with what they wore. Another staff member explained to us that people had the right to refuse their care and support. We saw that people were asked to sign their care plan to say that they agreed to receive the care and support recorded within the plan. The registered manager told us that they had not carried out any mental capacity assessments at the time of the inspection, however there were areas where family members had been involved in making decisions on behalf of someone else. This meant that there may have been a reason why someone was not able to make their own decisions and capacity assessments should have been carried out to ensure that the correct process was being followed.

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 DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty an application had been made to the 'Supervisory body' for authority by a specialist worker. This had been authorised and the registered manager had the paperwork confirming this.

People told us that there were choices at mealtimes. One person told us, "I can never remember what I ordered, I just eat it." We saw that people were offered a choice of meals in the morning. Staff told us that people had been asked what they wanted on the menu and that new foods were being introduced including meals people had requested. Vegetarian options were available. One person told us that the vegetarian option was sometimes a very simple meal, for example pasta with a sauce. We discussed this with the registered manager who advised that more varied vegetarian meals were being tried to see what people liked. Staff told us that people could request something that was not on the menu if they preferred this at meal times. Staff and the registered manager told us that there was usually a cook at the service. The cook had been off work for a number of weeks. We saw that staff, managers or the provider were covering this role. People were offered support by staff at mealtimes however we saw that this was limited due to the number of staff. People had care plans which included information on dietary needs and allergies. We saw that monitoring charts were used where needed to monitor people's fluid or food intake. This recorded what people had eaten but did not record how much they had been given. This meant that the records were not accurately recording how much the person had actually eaten. The Gables had been rated a 4 for food hygiene in July 2014. This rating was from the food standards agency and shows that there were good food hygiene procedures followed.

People's healthcare was monitored and where a need was identified they were referred to the relevant healthcare professional. One healthcare professional told us, "They (staff) are good, sometimes too good at calling us in." Records showed that people were supported to attend routine appointments to maintain their wellbeing, such as the dentist or chiropodist. Care plans showed that information from health appointments was recorded. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken.

Is the service caring?

Our findings

People at both services told us that they felt that the staff tried to provide good care but that they were very busy. One person told us, "I feel that the girls do try their best, but there are just not enough of them." Another person told us, "They try their best it's just that they don't have time to just chat." A friend who was visiting told us, "[Person's name] is well cared for." A health professional told us, "The staff are definitely kind and caring. I have no concerns."

Staff knew the people they cared for, they were able to tell us about what people liked and disliked, and how they used this information to support and care for people. One staff member told us that they had been encouraged to get to know people. Another staff member told us how they liked to try and spend time talking with people about things that they liked. We saw that information in people's care plans contained information about the person's history and what was important to them. We saw that when staff were supporting one person that they were talking to them about their history and knew about the person. This showed they used the information in that person's care plan. We saw that a volunteer worker came in and spent time talking with people and getting drinks for people when they asked for one. The volunteer came in two days a week and people told us that they liked it when she visited. We saw that staff and the volunteer communicated with people effectively. They ensured that they were at eye level with the person they were talking to and altered the tone of their voice appropriately. We saw the volunteer sit down and talk to people on a one to one basis. Staff told us that they tried to spend time with people but didn't always get to do this. One staff member told us, "Some people need time but we don't get as much time as we would like to do this." This showed that the staff were caring in their approach but this was being affected by them not having enough time to spend meaningful time with people.

People told us that their families had been involved in reviewing their care plans. We saw that reviews had been held approximately every six months and that people and their family had been involved in the review. We saw that the care plans had information included about what the person wanted. This showed that people were involved in planning their support.

People told us that staff protected their privacy and dignity. One person told us, "Oh yes, they maintain my dignity, They only help me when I ask for help, I can do the rest myself." Another person told us, "I sometimes can manage myself and she [staff member] stays outside." Another person told us, "They encourage me to my top half and then they help me with the bottom half." Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, using people's preferred names and encouraging people to do as much for themselves as possible through encouragement and prompting. We saw that staff provided reassurance and explanations to people when they supported them.

People told us that their family visited them. One person told us, "Visitors can come at any time." Another person told us, "I like it when my husband visits." We saw that people visited throughout the day. A friend who visited told us, "The staff help [person's name] to skype with their family and keep in touch." This meant that the person was supported to maintain contact with their family.

People were encouraged to personalise their own private space to make them feel at home. We were invited to see four bedrooms and people had brought their own items to make them feel at home. The communal areas had been decorated in a homely manner. For example there were pictures and ornaments around the home. There were compact discs, books and games available so that people could use these. We saw one person was supported to do a jigsaw puzzle by the volunteer and they appeared to enjoy this time.

Is the service responsive?

Our findings

People told us that their relatives contributed to assessments and care plans. One person told us, "My son has done that."

We saw that care plans for both services had information about each person, their needs, how to support them and any changes to their needs. The care plans had been updated within the last six months to help ensure that the information was accurate. We saw that reviews were held involving the person and family. We saw that care plans recorded information about the person, what support they needed, their preferences and what was important to them. This meant that people received care that was personalised for their needs.

We saw that where people were receiving support in their own home there was no assessment carried out by the service to determine how many hours support each person needed. We saw that each person had a care plan that showed what support they had requested or that identified their needs based on an assessment carried out by the local authority. However this did not record how many hours support each person received or needed. This meant that it was not possible to say how much support each person needed to meet their needs or show that the correct levels of support had been provided. We discussed this with the registered manager who agreed that these would be carried out. They told us that some people had been assessed by a social worker before they started receiving support but other people funded their own care and had not had this assessment. Staff told us that people could call for support if they needed it and staff would respond. We saw from care plans that the times that people requested support were quite flexible for the people who lived in their own homes. This meant that staff were responsive to requests for support for people who received care in their own home however it also meant that staff were not always available to respond to people living in the care home. This meant that people did not always receive the care they needed when they asked for it due to staff not being available. The registered manager told us that they would carry out assessments to see what support people needed and when they needed this to make sure that staffing levels were appropriate.

Information about people was shared effectively between staff. We saw that staff shared information about any changes to care needs or if something happened. This was recorded in people's daily notes and staff also verbally shared this information. This meant that staff received up to date information about people.

People told us that they took part in some activities. One person said, "I went to town." Staff told us that people did do activities. We saw that there was an activities notice board that had details of upcoming activities and trips that had been planned. There was an activities co-ordinator who worked part time. They were on holiday on the day of the inspection. We saw from records that people had gone on trips including a trip to botanical gardens, a park and shopping. Staff told us that some activities were held in the home. These included armchair exercises, hairdressing and bingo. The registered manager told us that people could choose to go to their own hairdresser or access the one who visited the home. On the day of the inspection we saw a relative collect their mother to take them to the hairdressers.

People were not sure if they had attended residents meetings. The registered manager was not able to find the minutes from the last meeting. The minutes were not available on the noticeboard to remind people what they had discussed. The registered manager told us that these were held approximately every three months and were chaired by the activities co-ordinator.

People told us that they would raise concerns with the staff or the manager. One person told us, "I tell the staff and the manager if I am not happy. It doesn't always change things." A person who was visiting their friend told us, "I would talk to the staff if I had any concerns." Staff told us that they had not received a formal complaint but would know how to report it if they did. We saw that there was a complaints procedure in place but this was not displayed. The registered manager told us that she would display this and people had received a copy of the complaints procedure when they moved into the home or started to receive services. The registered manager told us that they had not received any complaints.

Is the service well-led?

Our findings

Providers must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. Risks that relate to the health, safety and welfare of people who use the services must be assessed, monitored and mitigated.

We looked at the audits that had been completed. The only audit that had been recorded was a medication audit. This had been completed weekly and we saw that there were few actions or issues that had been identified as a result of this audit. We identified a number of areas for improvement with medicines at the service. The audit had not picked up on any of these issues such as the incorrect storage of medicines, creams not being dated when opened or recorded as being administered, the lack of recording temperatures where medicine was stored and staff not having competency checks.

The registered manager told us that they carried out environmental audits but that these were not recorded. We identified a number of areas for improvement with the environment at the service. There was no evidence that an audit had been completed however if an audit had been completed by the registered manager then this had not picked up on any of the issues we identified. For example we found that the radiators were very hot, the radiator covers were broken, lightbulbs were not working, a door alarm had been out of use since October 2015 and no action had been taken to repair this and areas that required more thorough cleaning.

The registered manager was not aware of their responsibility to complete any other audits, for example monitoring care plans, training, assessments, recruitment, risk assessments, health and safety and the premises. The registered manager told us that they had not carried out any further audits. This meant that systems and processes were not in place to assess, monitor and improve the quality and safety of the service. There was no process in place to enable the provider to identify where quality and safety were being compromised and respond appropriately and without delay.

There were systems in place to ensure that checks were being carried out in relation to water temperature testing and fire safety testing. We saw from the records that the checks were not being carried out. The registered manager confirmed that the checks were not taking place. This meant that people may be at risk of scalding themselves on the water, or at risk of fire equipment not being safe for use and appropriate equipment not being available in the case of an evacuation.

There was no system in place to ensure that checks were being carried out in relation to legionella testing. The tests had not been carried out. The registered manager was not aware of their responsibilities in this area and had not undertaken the appropriate safety measures. This may have put people at risk of contracting legionnaires disease.

The registered manager told us that they had carried out a survey in April 2015 for people who used the service and relatives. The registered manager told us that they had read the results and would discuss it with people if they had raised any concerns. There was no system in place to review the feedback and implement

any actions that were required. This meant that people who used the service and relatives did not know the results of reviews about the quality and safety of the service and any actions that were required following this.

Systems and processes in place were not being completed effectively. Where they were being completed they were failing to assess, monitor and improve the quality of the service.

These matters constituted a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good Governance.

Some people told us that they were happy living at The Gables. One person told us, "I like it here." Another person told us, "I have lived here for a long time. I like it." However one person told us, "It is awful here, I want to go somewhere else." We discussed this with the registered manager who said that she would talk to the person who told us this to see if they could make things better for them.

The registered manager had taken on the management role approximately 18 months ago. The deputy manager had been in post approximately 6 months to offer additional support to the registered manager. The staff told us that they felt that the addition of the deputy manager had been positive for the service. The registered manager and the deputy manager told us that they had plans in place to improve the quality of the service that was delivered. They had not recorded any information about the plans they had. This meant that it was not possible to see an action plan that showed what had been identified as an area for improvement, what was going to be done, who would do it and when by.

Staff told us that they knew how to raise suggestions and felt comfortable to do so. Staff we spoke with told us that they had a team meeting about six weeks ago. We saw minutes from a staff meeting and saw that staff were encouraged to discuss the service and their suggestions were acted upon.

We saw that there was a vision for the service which was to offer both short term and long term care, We saw the service was offering both long and short term care however we found that there were no clear boundaries between the two separate services. For example, when the washing machine had broken at the Gables, it had been agreed with a person who received care in their own home to use their washing machine. This meant that the person who received care in their own home was asked to use their own personal equipment to provide a service for people who lived at The Gables which was not appropriate. Staff told us that some people came to the home for day care activities who lived in the community and that people who received care in their own home could also access the activities that were offered. We saw that some people who received care in their own home either had their lunch prepared by the staff at the care home and taken to them, or came to service for their meals. The registered manager told us that this was a long standing arrangement and that people had not been consulted to make sure that they were happy with people eating with them in their home, or visiting for activities. This meant that people had not been asked for their views on what was happening in their home. The registered manager told us that they had found that providing two services with the same staff team was confusing for staff. They told us that they were working to create more boundaries between the two services so that support could be more consistent for everyone.

The registered manager was developing their understanding of the responsibilities of the role and told us that they were looking at the regulations and what they were required to have in place. They had not reported events they were required to report to the Care Quality Commission. For example we had not received any notifications of serious injuries or deaths. We found that these had occurred and the service should have notified us of the events that had happened. This was discussed on the day of the inspection

and since the inspection they have reported events that they are required to report.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>12 (2) (d) The provider had not ensured the safety of their premises and the equipment within it. The systems and processes in place had not assured compliance with national guidance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17 (2) (a) The provider had some systems and processes in place. These were not being completed and had not identified where safety was being compromised.</p> <p>The provider did not complete regular audits of the service and did not assess, monitor and improve the quality and safety of the service. Where audits were being completed they did not identify issues.</p> <p>The provider did not analyse and respond to information gathered from people's feedback.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Personal care	19 (2) The provider did not have effective recruitment and selection procedures in place. Recruitment checks were not fully carried out. The provider did not demonstrate that they had

assessed the accuracy of staff members applications and their suitability for the role.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Personal care	<p>18 (1) The provider did not have sufficient numbers of staff to make sure they could meet people's care and treatment needs.</p> <p>There was no systematic approach to determine the number of staff required to meet the needs of people using the service and to keep them safe at all time.</p>