

Rhombus Care Group Limited

Gabriel House

Inspection report

47 Alness Road
Manchester
M16 8HL

Date of inspection visit:
09 May 2023
14 May 2023
24 May 2023

Date of publication:
30 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gabriel House is a small residential care home that provides accommodation and personal care for up to 5 adults with learning disabilities and/or autism. At the time of our inspection there were 3 people being supported at Gabriel House.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Recruitment at the service was not always safe. There was sufficient staff at the service to allow individuals to access the community safely. The environment needed some maintenance and upkeep and we have made a recommendation about this to the service who are already making steps to achieve this. Individuals had positive behaviour support plans which helped staff support individuals and use de-escalation. Staff provided person centred support. Medicines management at the service was safe.

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

Right Care: There were sufficient staff deployed to meet people's needs and wishes. A small number of agency staff were used to cover staff vacancies however following recruitment this had reduced. We have made a recommendation about agency staff induction. People received person-centred care. Staff recognised and responded to changes to individual's physical and emotional needs.

Right Culture: The quality assurance systems did not provide full oversight of the service. Audits had not highlighted some of the areas we found on inspection. Improvements were needed in oversight and embedding the new systems in place. The service had a new registered manager who was making improvements in this area.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (Published 08 July 2021).

Why we inspected

The inspection was prompted in part due to concerns received about oversight and staffing. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report. We have assurances that the issues identified are being acted upon by the management team.

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

Enforcement and Recommendations

We have identified breaches in relation to staffing and oversight at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Gabriel House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was conducted by 1 inspector, a medicines 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 09 May 2023 and ended on 24 May 2023. We visited the location's service on 09 May 2023 and 14 May 2023.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also used information obtained from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager, assistant manager and care staff. We reviewed a range of records at the service. These included 3 peoples care records and their medications records. We reviewed 4 staff files in relation to recruitment and staff supervision. We reviewed a number of other records including training and documents relating to the management of the service including policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment at the service was not always safe.
- While most checks were completed some gaps in employment were not explored in line with requirements for at least 2 staff.
- One individual did not have references from a previous employer. The individual was employed in a care role.

The provider did not ensure robust recruitment checks were in place for all new staff members. This is a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staffing levels at the service met the current needs of those living at the service.

Systems and processes to safeguard people from the risk of abuse

- Systems and process at the service were not always effective at safeguarding people from the risk of abuse. We found some safeguarding's had not been reported in a timely manner to the local authority or the CQC. The service had recently employed a new registered manager who was making changes in this area and had introduced measures to ensure this was improving. We had seen an improvement in notifications to ourselves, this now needs to embed within the service.
- Where safeguarding involved allegations, appropriate actions were taken to safeguard individuals. Investigations were detailed and thorough.
- Staff at the service received safeguarding training and knew how to whistle blow should it be needed.
- One person who lives at the service told us, "I feel safe and the safest I have ever felt in a long time."

Using medicines safely

- Systems and processes were in place for the safe storage, administration, and use of medicines and staff followed these. Staff were trained and competent to administer medicines.
- Person centred protocols were in place or medicines to be administered 'when required' (PRN). These provided staff with enough information to administer these medicines appropriately.
- Information was available for staff to identify individuals needs and preferences and supported people using the service to take their medicines in a way that met their requirements.
- The service ensured that people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of

people with a learning disability, autism, or both), and ensured that people's medicines were reviewed by prescribers in line with these principles.

- Although there was a system in place for the recording of the application of topical medicines such as creams, we found these were not always completed accurately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk assessments were detailed; covering individual areas of risk and were person centred. Each individual had a positive behaviour support plan which provided staff with guidance on how to manage behaviours including triggers and methods that worked.

- Safety checks and safety certifications in relation to the building and premises had been completed and were all in order.

- The home required some maintenance and redecoration including improvements to communal areas. A schedule of work was in place with immediate works already being quoted for at the time of the inspection.

- Staff told us they knew how to raise concerns.

- We reviewed the accident and incident log to determine if lessons were learned following incidents and the new registered manager had put into place trackers and debriefs following incidents.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was permitted in line with current guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvements. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- Staff support at the service was good.
- Staff had completed all mandatory training except for 6 staff missing physical intervention training. This was being completed during the inspection.
- The service had recently introduced a two-week off-site induction for new staff starting or recently started at the service which included mandatory training and introductions to those using the service.
- The service had introduced a new induction checklist for the service which marked when important activities had been completed.
- Inductions for agency staff and staff coming from other provider services were not as robust as those new to the service.

We recommend the provider considers how it inducts employees from other services and agency staff into the service giving staff enough information to ensure that staff working have the correct knowledge and skill to carry out their role.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- Prior to moving into the service people's needs were assessed by the service. This helped to create the care plans which included people's choices and preferences for their care.
- Individual positive behaviour support (PBS) plans were personalised and gave guidance for staff on behavioural understanding and management.

Supporting people to eat and drink enough to maintain a balanced diet;

- Individuals received support they needed to eat and drink a balanced diet.
- The service had a menu which was co-produced with staff, staff encouraged healthy eating where possible.
- The service did have a communal dining table however this was used infrequently due to individual choice.

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

- Records indicated that the service worked with others to ensure health care needs were met.
- Each individual had a health action plan which detailed important health contacts and multi-disciplinary

contacts within it.

- The service had recently requested reviews to ensure that individual needs could continue to be met.

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

- Communal areas at the home required personalisation and decoration. The service lacked general care and maintenance with small amounts of damage throughout the property. There was a schedule of works to the property with work being quoted for at the time of inspection.
- Individual rooms required maintenance and one room required some additional cleaning, this was raised with the service on the day of inspection and actioned. Individual rooms were decorated in line with individual wishes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People living at the service had appropriate legal authorisations in place.
- The service incorporated mental capacity within care planning.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were well cared for; staff were supporting individuals in a calm and focused manner. Staff were attentive to individual need.
- Staff knew individuals well and could support them in a person-centred way.
- One person told us "I am involved in my care plan, and they ask me what's important to me and I sign my own care plan."

Supporting people to express their views and be involved in making decisions about their care

- The service completed questionnaires with people living at the service to gather their feedback on the service.
- Those people living at the service who may struggle to express their views had access to independent advocacy where needed.

Respecting and promoting people's privacy, dignity, and independence

- We observed good practice when it came to individuals' privacy and dignity, we observed staff being courteous and knocking before entering people's rooms.
- Individuals were supported with community access where possible.
- Individuals had their own rooms and space but also access to the home's communal lounges, garden, and kitchen.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed, and person centred. PBS plans contained information to help staff support individuals. Where possible the individual involved was involved in the care planning process.
- We saw individuals at the service had choice about their care and support including community access.
- One person told us "A good day is going out on activities. Last week I went to Blackpool. I go out most days. I can do what I want when I want within reason so for example if I want to go bowling, I can do"

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service understood and catered for individual communication needs.
- Each individual had a communication support plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was flexible to people's needs and wants and catered for individual choice.
- People accessed the community including opportunities to eat away from the home.

Improving care quality in response to complaints or concerns

- The provider and registered manager were responsive to any feedback given and were proactive in providing additional information when requested.

End of life care and support

- The service did not have anyone at the service who was receiving end of life support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems at the service had not picked up on the issues we identified during this inspection. The registered manager had implemented some changes at the service and had a plan to address outstanding issues.
- Due to recent changes at the service, leadership had not embedded some of the quality oversight including recruitment and notifications as quickly as needed.
- Management was clear what was needed and were working with partners to improve quality performance at the service.
- The service responded well to recent concerns and implemented actions in a timely manner. An example of this was the physical intervention training.

Systems and processes were not consistently effective in maintaining effective oversight of the safety and quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- There had been a lot of change at the service with a new leadership team and some changes to systems at the service, these had not been embedded into the service.
- People at the service appeared happy and supported.
- Staff told us they knew how to raise concerns and felt that management would take the concerns seriously. We saw an example of a recent investigation following concerns being raised and investigations were detailed.
- One person told us, "I can approach the staff and they resolve things I know how to make a complaint."
- The service had been responsive to complaints and concerns. This included with people who use their service and families.

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

- The service used questionnaires to engage with those who use or interact with the service. We could not assess their effectiveness as the questionnaires were being completed at the time of inspection.
- The service worked well with external health care providers including primary care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective oversight of some areas at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not ensure that recruitment at the service was always safe.