

Jade Country Care Homes Limited

Five Gables Nursing Home

Inspection report

32 Denford Road
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Northamptonshire
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 24 June 2015. Five Gables Nursing Home provides residential and nursing care for up to 39 people. There were 32 people living at the home at the time of our inspection

There was a registered manager in post at the time of our inspection. 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.

The service was flexible and responsive to people's individual needs and preferences. Staff used creative ways to increase people's sense of well-being and quality of life. People were supported by staff that knew how individual people wished their care to be given.

There were procedures in place to assess people's ability to make decisions about their care and support. Care plans were in place detailing how people wished to be supported and where possible people were involved in making decisions about their care.

Summary of findings

There were robust and effective recruitment processes in place so that people were supported by staff of a suitable character.

Staffing numbers were sufficient to meet the needs of the people who used the service. Staff received regular training. Staff were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and meet their needs.

People told us they felt safe, and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about their responsibilities to safeguard people.

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Medicine management systems were in place and medicines were stored administered and disposed of safely.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There was a suitable complaints system in place, complaints were responded to promptly.

Management audits were in place to monitor the quality of the service, and improvements had been made when required in a timely way. People and family members were encouraged to feedback about the quality of the service and changes were made as a result of this.

Summary of findings

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 safe

There were enough staff on duty to provide care and support to people when they needed it.

People were protected from the risk of abuse, staff knew how to identify abuse and what action to take to keep people safe.

People had their risks assessed and regularly reviewed so that the care that was provided met their needs.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to carry out their role and appropriate training was provided and refreshed.

Regular supervision and appraisal systems were in place for staff.

People had sufficient to eat and drink to maintain a balanced diet. Dietary advice and guidance was sourced and followed by staff.

People had access to healthcare services to assess and receive on-going healthcare support which met their needs.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People were supported to make choices about their care and staff were respectful of their decisions.

Staff were confident in their knowledge of people's care requirements and carried these out with kindness and compassion at the correct pace to meet people's needs

People's dignity and privacy were respected and upheld by the staff. Staff respected people's wish to have gender specific carers to attend to the personal care needs

Good



Is the service responsive?

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences, Staff used creative ways to increase people's sense of well-being and quality of life.

Hobbies and interests were actively encouraged and supported in groups and on an individual basis.

People's care plans were individualised and had been completed with the involvement of people and family members.

Good



Summary of findings

The provider sought the views of people and had made changes as a result of this.

There was a complaints process in place and complaints were dealt with promptly and thoroughly.

Is the service well-led?

The service was well led.

The service has a registered manager in post.

Quality assurance systems were in place and improvements to the service had been made as a result of these.

Audits had been completed by the manager to check that the service was delivering quality care to people.

Staff understood the philosophy of the service and how they can contribute towards this.

Staff and relatives had confidence in the management of the service.

Good



Five Gables Nursing 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.

Prior to the inspection we reviewed the information we hold about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and the local authority safeguarding team.

This inspection took place on 24 June 2015 and was unannounced. The inspection team consisted of two Inspectors. We spoke with people who lived at the home and also to their family members. We did this so we could obtain their views about the quality of care provided at the home.

During our inspection we spoke with three relatives of people who lived at the home and 13 staff including the registered manager, the director of the company, one nurse and several care staff, one chef, support and administration staff. We also looked at records and charts relating to five people, and four staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and the arrangements for managing complaints.

Is the service safe?

Our findings

Arrangements were in place to keep people safe. All the people we spoke with said that they felt safe.

The staff we spoke with told us about the training they had received in the safeguarding of people and was able to demonstrate an understanding of the different types of abuse and the process to follow if they had any concerns that people were at risk of being abused.

There were appropriate arrangements in place for the management of medicines. We observed staff administering medicines to people and heard them explain what the medicines were. People who had recognised swallowing difficulties and were at risk of choking were offered their medicines with thickened water in line with health professional's recommendations.

Staff were able to confidently describe the procedure for the safe administration of people's medicines and they told us that they had had their training and competency assessed before being allowed to dispense medicines to people. Staff records were looked at confirmed this. We saw that a robust procedure for the ordering, storing, administering and disposal of medicines was in place.

People's care requirements were regularly reviewed to ensure that the care provided was in keeping with people's current needs.

People that were at risk of developing pressure ulcers or who had pressure ulcers had risk assessments in place and these had been reviewed on a monthly basis to ensure that the care was correctly provided to people.

People who required equipment such as pressure relieving mattresses or cushions had these in place; we saw that the pressure of the equipment was set at the correct levels for each person according to the person's weight.

There was an appropriate recruitment process in place. Staff were only employed at the home after all essential pre-employment checks and evidence of their good character had been satisfactorily established.

We observed two members of staff when they were using a hoist to move people. We noted that they safely moved people and ensured they were comfortable and re-assurance was given throughout the process. Staff were able to demonstrate the correct procedure for the safe use of a hoist.

People said that there was sufficient staff on duty. The manager told us how they arrange safe staffing levels to meet the needs of people living at the home. The manager also said that they were going to complete a 'dependency score' so that staffing numbers would clearly reflect the needs of people living at the home. They also said that due to recent changes in people's care needs that an additional member of staff had been allocated to work between 10:00 am and 4:00 pm.

On the day of our inspection we noted that while staff were busy attending to people's requirements, there appeared to be enough staff on duty and care was being provided at a reasonable pace so that people were not rushed.

Is the service effective?

Our findings

Staff had a good level of knowledge and skills to look after people. We observed that staff were prompt in contacting health care professionals to assess people if they had become unwell. Relatives also said that the staff kept them well informed if their family member required antibiotics or to feedback from health related appointments.

People were provided with prompt treatment. Referrals had been made to GPs and dieticians if there had been any concern about loss of weight. We saw that the guidance from healthcare professionals had been incorporated into people's plans of care. The staff we spoke with were able to demonstrate their knowledge and skills in caring for people that required support with feed via a percutaneous enteric gastrostomy (PEG) and also diabetes management. Staff had received training in PEG management and diabetes which enabled them to appropriately carry out people's care

There was a system of supervision and appraisal in place for staff. Staff we spoke with also said that as they worked closely with the manager they were also able to discuss any important issues with them in-between their next planned supervision meetings.

The provider had a policy for staff to follow with regards to the Mental Capacity Act (MCA) and the Deprivation of

Liberty Safeguards (DoLS). The manager understood their responsibilities and was clear on the action to take when it had been necessary to deprive or restrict people's liberty. We saw that capacity assessments had taken place. For example when it was necessary for people to have protective cushions and sides attached to their bed, wherever possible family members had been consulted and best interest meetings had been held which ensured that people were cared for in line with current legislation.

People were supported to have sufficient food and drink. We observed people having their breakfast and lunch. Staff knew what people's likes and dislikes were such as one person like their toast 'well done'. The mealtimes were conducted at a relaxed pace with people choosing where they took their breakfast and lunch.

People were assessed via a malnutrition screening tool (MUST) for risks associated with not eating and drinking enough. For those people that were at risk food and fluid charts demonstrated that people were eating and drinking well. Meals were freshly prepared on site and the cook had a list of people's requirements such as food that should be mashed, finger foods, pureed foods and foods suitable for people with diabetes. People's preferences were clearly displayed within the kitchen such as a dislike of tomato soup and pork. There was also a list of people's birthdays so that celebrations could be catered for.

Is the service caring?

Our findings

People were looked after by staff that developed positive caring relationships with them. People told us that the staff were very kind. One person said “the staff are lovely” another person said “I can’t fault the staff they are one hundred per cent kind and caring”. We observed staff interact with people and we noted that they incorporated small chats and acknowledgements such as waving to people throughout the course of the day. One relative told us that their family member was not able to read or join in with any hobbies and interests but that she liked to watch the staff and it made her smile when they waved to her.

When one person was being hoisted from wheelchair to chair, both care staff spoke with them, explaining what was happening and offered reassurance. Another person was being supported to walk with a frame and the accompanying staff member was courteous and patient. Relatives praised the staff for their “empathy and sensitivity when working with their family member.”

We observed staff when they were talking with people, they were all polite and respectful and clearly had good relationships with those they cared for as we saw people sharing jokes and laughing with staff.

People were treated with dignity and respect and their personal preferences were known by the staff. For example one person preferred to be assisted to the toilet by a carer of the same gender, when they asked to be assisted to the toilet the carer asked a carer of the same gender to assist the person to the toilet. We met with one person that had recently come to live at the home, we heard them ask for assistance to get washed and dressed and they asked for a female carer to help them with this. This was acknowledged by staff who communicated this wish to other staff members.

We saw that staff knocked on people’s open doors before gaining their permission to enter. Staff told us that they ensured that when they were providing any personal care they would close the bedroom doors to ensure privacy and dignity.

There were photographs on the walls which showed a recent evening event which had taken place in a nearby venue. People who used the service, their families, the director and staff had attended the event and they had enjoyed the entertainment. Relatives said that the staff had looked after everyone very well to make sure they all enjoyed the event.

Is the service responsive?

Our findings

People received personalised care and staff recognised and changed people's routines to benefit their well-being. One member of staff told us that they had worked on night duty and had noticed that one person became agitated and distressed during the evening and into the early hours of the morning. When the staff member came onto day duty they asked the manager if they could change that person's evening routine to try to alleviate their distress. The manager agreed and the member of staff suggested that the person went to bed at a slightly earlier time when they had finished watching their favourite television programmes. We saw that since this change in routine, the person was able to sleep throughout the night without becoming distressed; they no longer needed any night sedation and had gained weight.

People's individual hobbies and interests were actively encouraged. We spoke to one person who had a passion for knitting, they told us that they often knitted for other people that lived at the home and staff brought in wool for them to use. Other people that enjoyed crafts or painting were provided with the materials which enabled them to carry this out.

For some people that were not able to engage in these types of activities we noted that staff spent one to one time with them using photographs and observed them reminiscing about the past. There was a piano available in the lobby inside the front door which people stopped to use as they passed by. One person had taught the piano when they were younger and enjoyed the opportunity to play. Joint church meetings were arranged so that people could attend a service within the home.

People and their family members were involved in the planning of their care. Relatives said that they had been involved in the plans to support their family members to encourage them to make choices. One relative told us that they knew their family member had made a choice to be cared for in their bedroom; staff had respected their choice and provided care within their bedroom.

Care records were written in a 'person centred' way and reflected people's wishes including end of life wishes. Records were regularly updated and contained relevant information about people's assessed needs and how staff should carry out care to meet people's requirements. Relatives also said that staff had an excellent understanding of their family members requirements for example one member of staff was praised by relatives for their calm and encouraging manner when their family member exhibited some challenging behaviours. Another person required a special cup to enable them to drink without spilling, but they did not like to use the beaker with a spout so staff brought them a different style of cup which they much preferred to use.

People were actively encouraged to give their views about the service. One person told us that they approached the director of the company to say they wanted new curtains in the lounge. The director had asked people about their preference on the colour and type of material and had brought in some new curtains. People had also been involved in the choice of carpeting. One person said "We have some lovely new curtains, they are really posh", and "The staff listen to us and we tell them what we like. People's feedback was valued and people felt that the responses to the matters they raise are dealt with in an open, transparent and honest way.

Complaints were responded to promptly. The manager said that they dealt with any issues as soon as they became aware of them. Relatives and people that we spoke with said that the manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family member.

We also noted that the results of recent relative's survey showed that all the relatives had confirmed that they knew how to raise a complaint. People and relatives were actively encouraged to give their views and raise concerns or complaints.

Is the service well-led?

Our findings

Staff have the confidence and knowledge to question practice. There was a whistle blowing policy in place at the home. Staff told us they knew about the whistle blowing policy and how to access it. One member of staff said “If I had concerns I would ring the Care Quality Commission.”

Staff were happy in their work and were motivated and had confidence in the way the service was managed. The service had good visible leadership. Staff said “[name] is the best manager we have worked under.” Other staff also said “the manager is easy to talk to and [name] listens to what we have to say.”

Quality monitoring of the service was in place. The manager was also supported by staff and the director of the company in order to ensure that the service was managed well. We looked at a variety of the audits that had been completed which demonstrated that systems were in place to monitor the safety of the environment such as monthly water temperature checks and weekly flushing of water outlet to prevent legionella. We also noted that audits to monitor people’s care records and medicines were also in place with action for staff to take if required to improve any areas.

We found there were systems in place to ensure that incidents were recorded and reported correctly and any safeguarding issues were notified immediately and acted upon. The manager was clear on their responsibilities to notify us and we had received notifications in line with the regulations.

Staff had the opportunity to discuss the service with the manager during staff meetings. Comments made by staff

were acted upon by the manager. For example we noted in the minutes of a recent staff meeting that staff had been asked to ensure that people’s finger nails were kept clean. Staff had requested that people had their own nail clippers and that they remained in their rooms. The manager told us that they had subsequently sourced and purchased individual nail clippers for people. However staff said that they never had to wait until a meeting was arranged as they could always talk to the manager and bring things to their attention

People and their relatives provided feedback on the service. Relative received questionnaires from the manager yearly asking for feedback on the service such as the environment, odours, approachability of staff and access to the manager. The results were then fed back to the staff and areas where improvements could be made were highlighted, for example putting people’s clothes away neatly. We also noted that the director had responded to a request to have a new carpet in the conservatory and we saw that this had been completed.

The services saw concerns and complaints as part of driving improvement. We spoke with a relative that had raised a concern and they told us that they had received a written response from the manager and they showed us that they had also received a copy of a letter from a professional external to the service that had been involved in the resolution of their concern.

Some of the comments that relatives had made on the questionnaire included “Excellent staff, the best”, and “It’s a lovely home with lovely staff and when I am ‘old and past it’ I would be happy in there.”