

HC-One No.1 Limited

The Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Gables Care Home is a residential care home providing personal and nursing care to up to 55 people. The service provides support to older people who may require nursing care and those living with dementia. At the time of our inspection there were 26 people using the service.

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

The Gables Care Home was an organised and well run service that had an open and transparent culture. The registered manager was clear about how the service should be provided and they led by example.

Staff knew how to keep people safe from harm. The provider had systems in place to protect people from the risk of abuse and people told us they felt safe. Risk assessments were completed to help identify and minimise risks people faced.

Staff were caring and treated people with kindness and respect. There was enough staff on duty to meet people's needs. Incidents and accidents were managed safely, the managers took necessary actions to keep people safe and minimise the risk of incidents reoccurring.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Medicines were ordered, stored and administered safely.

People were supported by staff who completed an induction, received appropriate training and support to enable them to carry out their role safely. There was time for people to have social interaction and there was a varied activity programme which changed to ensure people's choices were considered.

Infection control measures were safe. Steps were taken to learn lessons if things went wrong. The registered manager provided good leadership and clear direction. Staff felt supported and were confident people received good care. Systems and processes for monitoring quality and safety were effective.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (published 11 October 2021). At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Gables Care Home

Detailed findings

Background to this inspection

Inspection team

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.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

The Gables Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the area quality director, registered manager, nurse, nursing assistant, activities coordinator, housekeeper and care staff.

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 requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The provider had systems and processes in place to help protect people from the risk of harm and abuse.
- Staff had received safeguarding training and knew what to do if they identified any concerns. All staff knew and understood their responsibilities in relation to safeguarding.
- People were observed to be relaxed and comfortable in the presence of staff.
- Relatives told us that they felt their loved ones were safe and they had no concerns. One relative said, "I feel [family member] is very safe here, they were not safe at home."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were identified and assessed.
- Clear guidance was in place for staff on how to reduce risk and how to keep people safe. Risks identified included people's skin integrity, mobility and diet. Regular reviews took place and assessments had been updated when people's needs changed. Staff knew people well and were aware of the risks and were able to say how they were reduced.
- All significant events such as accidents, incidents and safeguarding referrals, were monitored by the registered manager. A monthly analysis of all adverse events to identify any patterns or trends took place by the registered manager. Records showed action had been taken in response to improve people's safety.
- Lessons learned were shared with staff via team meetings, supervisions and handovers.

Staffing and recruitment

- There were enough staff to meet people's care and support needs. People and their relatives confirmed that there were enough suitably trained staff to respond quickly and meet their, or their family member's, needs. One relative said, "The staff are quick to respond to [family members] needs."
- Staff told us they felt there were enough staff on duty to meet people's needs. One member of staff told us, "Yes, there is enough staff to meet people's needs at the moment. That might change once we get more residents."
- A process was in place to ensure the safe recruitment of staff. This included completion of identification checks and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff confirmed they had received a thorough induction, which gave them the confidence to care for people. One member of staff told us, "I had some days in another service going through policies, procedures, training. Then I undertook some shifts working alongside a more experienced member of staff. Everyone is so helpful and answers my questions."

Using medicines safely

- Medicines were managed safely. We found people's medicines were received, stored and administered safely and their medicine administration records (MAR) were completed. We discussed the lack of detail in protocols for people who require medicine as required. The registered manager took immediate action to ensure they had the required detail for staff to follow.
- Staff were trained to administer medicines and checks on their practice had been carried out.
- Audits were completed regularly. Where any mistakes were identified, these were followed up and action taken.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- There were no restrictions on visitors to the service.

Learning lessons when things go wrong

- The management team shared findings from audits, complaints and events with staff to help ensure there was learning from them. For example, staff told us there had been an increase in falls and falls information was put on display in the staff room.

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 requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they were supported by the service. Assessments included the support that people required including their individual needs, any identified risks and preferences.
- People's relatives told us the service was well prepared to meet people's needs. One relative told us, "The staff visited my [family member] and asked lots of questions. This helped them understand what they needed and could get things ready for their arrival."
- Staff supported people to access health or social care professionals as needed. One relative said, "The staff are quick to call a doctor and will let me know."
- Staff knew what to do if a person became unwell or needed additional support. One member of staff said, "I will always speak with the (registered) manager or senior if I had any concerns about a residents health or any changes in their behaviour."
- Other medical professionals including optician and chiropodist also visited the service.

Staff support, training, skills and experience

- Relatives told us they felt staff were suitably trained for their role. A relative said, "All the staff are brilliant they are always busy, I am always reassured when I go home from here."
- Staff told us they felt training was sufficient and they were given opportunities to further their knowledge. One member of staff said, "We get plenty training and we are able to ask for additional courses to help our development and support the residents."
- We observed staff working in accordance with their training which included moving and handling. We reviewed the training records and saw most training was up to date, and those that were due, were flagged and training was being arranged.

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

- Where people were living with dementia, we saw that show plates were used. This allowed people to see what the choices were. Most people chose to eat in the lounge/dining area, with only a few meals being taken to people in their rooms.
- People were offered drinks throughout the day. A 'round' of drinks and snacks were prepared mid-morning. This included tea, coffee, milkshakes, juices and squash.
- Lunchtime observations were positive; they were very relaxed giving people the time to enjoy their meal. Staff supported people when necessary and encouraged others to ensure they ate their meal.

- Where people were losing weight, the appropriate advice was sought, and fortified foods were provided. People received foods of the appropriate consistency.

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

- The environment was suitable and accessible for people who lived at The Gables Care Home. Housekeeping staff were working to keep the service clean and tidy. Due to people's complex needs this could be quite challenging at times.
- People personalised their rooms and were included in decisions relating to the interior decoration of their bedrooms and the wider communal areas.
- There was further decoration underway and new flooring was to be purchased to aid with cleaning.

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.

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.

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.

- Staff had received training in the MCA and had a basic understanding of how to apply this in their role. Staff supported people in their best interests. We saw staff seeking consent from people when providing care and support to them.
- People had their capacity assessed and best interest decisions noted. People, family members or professionals had been involved in the process and this was documented. This helped ensure that the best outcome had been reached.
- Staff gave people choices, and listened to their decisions, even when they were assessed as not having capacity. Staff knew about people's decision-making abilities and encouraged these.

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 requires improvement. At this inspection we have rated this key question 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

- Staff supported people in a way that showed care and attention. Staff were gentle when supporting people, taking their time. A staff member said, "I love working here and the residents are like my family. Every day is different."
- Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met.

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

- Staff were seen to ask people before assisting them.
- Care plans were developed with people's involvement. The registered manager told us that work was ongoing to ensure people's involvement was captured clearly in plans. A relative said, "I am very involved in my [family members] care and we discuss what their needs are with staff."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected.
- Staff understood the importance of maintaining people's confidentiality. One member of staff said, "It's important to discuss people in private and not where you can be overheard." Staff knocked on bedroom doors before entering and used the person's preferred name.
- Staff encouraged people to be as independent as possible when supporting them with personal care. Care plans reflected people's individual needs and what support they required from staff.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to ensure staff understood how they should respect people's privacy and dignity in a care setting.
- People's care records were stored and maintained confidentially within the service.

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 requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff knew people well. They were able to tell us about individual needs and any changes to their needs. A person said, "I am looked after well." Relatives also felt staff supported people in a person-centred way. A relative said, "[Family member] always looks well cared for." Another relative said, "The care [family member] receives is very good. The staff know them well." A staff member said, "Care plans give us the information needed, but we know people well and talk with each other all the time to ensure people are monitored and we're aware of what's happening."
- People's care plans included information about how they liked and needed to be supported. Although we found that there was a lot of information contained in the care plan. The registered manager told us they would look to archive some of the information that was not current for individuals.

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.

- When the care plan was developed at the start of supporting a person, staff discussed any specific need or preference in which the person communicated. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People and their relatives told us staff communicated well and in a way that met their needs. Our observations found all staff took time to engage with people effectively.

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

- People were encouraged by staff to use the colouring supplies/books, puzzles and magazines available. Two people were seen with dolls/cuddly bears who they were caring for. Staff were seen chatting with people throughout the morning. A staff member said, "We try to keep everyone busy and engaged with something."
- People were using communal areas to get involved in group activities. We observed everyone being offered the activity, people's decisions were respected if they did not want to join. Some were crafting, others were watching the television, listening to music and chatting.
- For people cared for mainly in bed or chose to remain in their room, an activities organiser visited rooms and offered 1-1 activities.
- Care plans included what people liked and enjoyed, and previous interests and past times.

Improving care quality in response to complaints or concerns

- The provider had a complaint's policy which they shared with people and relevant others. Where complaints had been raised, they had been responded to efficiently. One relative said, "I have not had to make a complaint, I would go to (registered) manager if I had any concerns."
- There was an overview of complaints to help the team identify themes and trends.

End of life care and support

- People were supported to make decisions and plan their preferences for end of life care if they wished and relatives were involved where this was appropriate.
- At the time of our inspection no one was receiving end of life care. The registered manager said they would work in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end of life experience surrounded by the people they wish to be by their side.
- Staff had completed end of life training and there was an end of life policy to ensure staff could support people with their end of life care wishes and needs.

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 requires improvement. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to their role and aimed to achieve high quality care for people alongside a dedicated staff team.
- Relatives praised the atmosphere at the service and the approach from the registered manager and staff members. One relative said, "I see the same core group of staff and it's such a lovely place. My [family member] is very settled."
- Relatives and staff told us they had confidence in the leadership at the service. All of the feedback we received about the registered manager was positive. One relative told us, "I have met the (registered) manager, she is very good and I see her when I visit."
- Staff described the registered manager as approachable and open. One staff member told us, "The (registered) manager and staff will try to help no matter what the circumstances. You are free to ask any questions and you will always get a response."
- Learning from audits and checks had been shared with the staff team in a positive manner with the aim of developing and improving the service provided.
- Staff meetings took place; staff told us they were able to share their views and that the registered manager was always open and willing to listen.
- Staff worked with other professionals to ensure people's needs were met appropriately.
- Referrals were made for people to relevant professionals when required for specialist advice and support. For example, dietitians, speech and language therapist.

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; Continuous learning and improving care; Working in partnership with others

- The provider understood the requirements of the duty of candour, ensuring they were honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider maintained effective working relationships with outside agencies such as the local authorities and GP practices.
- Concerns, incidents and accidents were reviewed. The provider was open, transparent and willing to learn. They shared the information from learning across the whole company and wanted to ensure they improved people's care
- The registered manager and nursing staff met daily to discuss changes made to people's care.

- The provider notified CQC of incidents they were required to tell us about. This is so we can check appropriate action has been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had effective quality monitoring systems in place. Action plans were produced from audits and they were being used to review and improve the service.
- The registered manager and provider were committed to the continuous development of the service. They assessed the quality of the service to drive additional improvements. They included regular reviews of people's care and regular observations of staffing numbers and audits.
- There was a culture of consulting with and involving people as much as possible in making decisions regarding their own care and support.
- People's relatives told us they felt involved in care planning and were reassured by open and ongoing communication from the registered manager and provider.