Karamaa Limited

The Gables

Inspection report

29 - 31 Ashurst Road
Walmley
Sutton Coldfield
B76 1JE
Tel: 0121 351 6614
Website:

Date of inspection visit: 3 June 2015
Date of publication: 31/03/2016

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 3 June 2015 and was unannounced. At our last inspection in March 2015 we found there was a breach of Regulation 9 Health and Social Care Act (Regulated Activities) Regulations 2010. During this inspection we saw that changes had been made and the provider was now meeting the requirements of this regulation.

The provider had made improvements to the service including creating new care plans and identifying people's individual needs and preferences.

The Gables provides accommodation with personal care for up to 24 people, including people with dementia. At the time of our inspection there were 24 people living in the home. The Nominated Individual of the provider was going through the process of becoming the registered manager for the service. There was previously no registered manager for the service at our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were kept safe in the home by staff who had a good understanding of safeguarding and the different types of abuse. The staff we spoke with all knew how to report any concerns and were confident in doing this to make sure people were safe. There were risk assessments for people which identified the different risks associated with their care and conditions.

There were enough staff to meet the needs of people using the service. The manager had reviewed the staffing levels based on the identified needs of people and recruited new staff to meet these needs. Staff were recruited using safe recruitment processes and had all completed criminal records checks and provided application forms with employment history and details of their skills and experience.

People's medicines were managed safely by staff who had a good understanding of the medicines procedure and were skilled in managing people's medicines. We saw that medicines were recorded properly and were handled using the correct procedure by staff.

People were supported by staff who were well trained and supported in their work, staff were up to date with their training and received monthly supervision for either the manager or the deputy manager. Staff sought people's consent for their care and the service operated in accordance with the legal requirements to protect people's freedom.

People were supported to eat and drink the amount they needed and had the appropriate diet provided for them.

People were given choices of meals based on the day's menu and could request alternatives if they did not like the choices. People with specific dietary needs received these, including people who needed thickened and fortified food or people with diabetes on a low sugar diet.

Staff were caring and we saw many positive interactions between staff and people Staff supported people to make decisions about their care and asked people what they wanted and how they wanted to be supported. Staff respected people's privacy and dignity, and we saw examples of staff supporting people discreetly when they required personal care.

People had care plans which included information about their life history and preferences. However, the risk assessments and plans were not always personalised to their individual needs. We saw examples of generic risk assessments which were the same in different people's care files rather than being tailored to each individual person. The provider had identified this problem and had created a new style of risk assessment which was being implemented but was not yet complete.

The provider had a complaints procedure in place which was available in the communal areas and provided to people when moving into the home. People and relatives were able to make complaints and put forward their suggestions for improvements and changes to the home.

Staff told us they were happy working at the service and that it had improved recently. The manager had implemented many changes to the service which had had a positive impact on the home. There were systems in place to monitor falls and take action based on patterns identified through the analysis of the monitoring.

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.

People were supported by staff who could recognise different types of abuse and were able to report this. People's risks were managed safely as staff knew what these risks were and how to minimise them. There were enough staff to meet people's needs. People's medicines were managed safely and these were recorded and handled correctly.

Good

Is the service effective?
The service was effective.

Staff were well trained and supported, which gave them the skills and support they needed to provide care for people. People's consent for care was sought by staff and people were supported to make decisions for themselves when possible. People were supported to have enough to eat and drink, with special diets provided when required. People had access to other health professionals, including district nurses and podiatrists.

Good

Is the service caring?
The service was caring.

Staff knew people well and provided good caring interactions with them. Staff respected people's privacy and dignity, and provided care that promoted these. People were given choices about their care and support.

Good

Is the service responsive?
The service was not always responsive.

People's care was not always personalised to their needs and risk assessments were not all personalised to individual needs. The provider had a complaints procedure which people and relatives were made aware of.

Requires Improvement

Is the service well-led?
The service was not always well led.

There was not a registered manager in post, but the Nominated Individual of the provider was registering as the manager. The culture within the home had improved and staff told us the management and leadership had improved since our last inspection. The quality assurance system was new and could not provide evidence of its effectiveness yet. The provider had some systems to monitor care and demonstrated changes from these.

Requires Improvement

The Gables

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.

The inspection took place on 3 June 2015 and was unannounced. The inspection was done by two inspectors.

Before the inspection we reviewed the information that we held about the service. The provider had completed a Provider Information Return (PIR) which contained information about the service, current care provided and staffing and information about their plans to develop and improve the quality of the service. We also looked at statutory notifications, which the provider is required to send to us about incidents including safeguarding concerns. We also spoke with the local authority who had visited the home.

During the inspection we observed the care of people, spoke with three people, one relative, four care workers, the cook, a domestic staff member, the activity coordinator, the deputy manager and the manager, who was also the provider of the service. We also spoke with visiting professionals, who included a district nurse and podiatrist who were both providing care for people during the day of our inspection. We also looked at four people care records and daily reports.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in the home and were comfortable and well looked after. We discussed the care provided with one relative, who told us their relative was cared for very well and they were happy with the safety of the care provided. We discussed with staff the safety of people and how they protected people from harm. They had a good understanding of the different types of abuse and the safeguarding procedure. They could tell us about the process they would follow to report any concerns they had or abuse they had witnessed, to make sure that people were kept safe from harm. They were confident that their concerns would be listened to and acted upon appropriately. The manager had a good understanding of the process to report any concerns and showed us details of reports they had made to the local authority.

People's risks were assessed and monitored to maintain their safety and freedom. We looked in people's care records and saw they contained risk assessments for the different aspects of each person's care. For example, one person was at risk of falls and had a risk assessment for this. The assessment detailed the equipment they needed to support them, with clear instructions for staff to follow including checking the equipment, making sure the person's footwear was on properly and how to help the person with the equipment. We saw staff supporting this person and the correct procedure was followed and the person was supported safely and with kindness. We saw examples of people's risk assessments were updated through reviews and when there had been a change in a person's care needs or an incident had taken place.

The provider had employed enough staff to meet people's needs. On the day of the inspection we observed the staffing level was appropriate for the number of people using the service and their level of need. In addition to the care staff, we also saw there were additional staff members employed such as activities co-ordinator and a full time cook to make sure that people were fully supported in their wellbeing and nutrition as well as their care needs. We saw there were enough staff to support people when they needed care. People were attended to by staff promptly when they required support and the mealtime was managed well so that people who needed support to eat received this when they wanted to eat their meal.

The provider had followed safe recruitment processes for recruiting new staff. We discussed the recruitment process with a new member of staff, who confirmed they had completed all the appropriate checks on their identity, previous employment, skills and experience and had completed a criminal records check through the Disclosure and Barring Service, to make sure they were safe to work in a care service.

People's medicines were managed safely by staff who were trained and supported to make sure people received the correct medicines at the times they needed them. We looked in detail at four people's medicines records, including the stocks of their medicines and their Medicines Administration Records (MAR). We looked at the MAR sheets for each person, and saw that they had all been completed correctly, with each staff member administering the medicines signing them once they had been taken. They followed the correct recording procedures for when people refused medicines or were away from the home. We saw that some people were prescribed medicines to be taken as required (PRN). Each person's medicines profile had clear information about the PRN medicines and when they were needed and any additional information. We saw that people had been able to request these medicines and the reasons for them were noted on the MAR sheet.

Each person had a detailed medicines profile with their medicines, which had a photograph of the person, details of any allergies and a list of their prescribed medicines with a picture of the tablet and details of what it was for, any potential side effects and instructions on how to administer the medicines. Staff members responsible for administering medicines were able to tell us the process they used and we saw that medicines were managed safely.

Good

Is the service effective?

Our findings

We saw that people were supported to have enough to eat and drink and maintain a healthy balanced diet. We saw that the cook spoke to everybody in the home to ask them about their choices for lunch, with people being able to have the main choices or a different meal if they did not like the choices available. During lunch we saw that people had received these choices and people were enjoying the food. We looked in one person's care file and saw they required a thickener in their drinks and meals where people required added nutrition to their food to keep them healthy. We saw this person being given thickened drinks throughout the day and they were supported by staff to eat their meal which had been prepared in line with the instructions in their care plan. We spoke with the cook who told us how they were aware of all the different requirements and preferences of people and prepared the food that people wanted and needed.

People were supported by staff who had received the required training and support they needed in order to provide people with safe and effective care. We spoke with staff who all told us about the range of training courses they had been on, including those specific to meet the needs of people using the service with dementia. The staff had completed all of the required training, and demonstrated they knew how to provide safe care for people. We saw people being supported using different techniques to maintain their safety while being helped to stand and walk.

Staff were supported by the manager to be effective in their roles through regular supervision and annual appraisals. One member of staff told us they had monthly supervision with the deputy manager and found this useful to discuss any issues they had and talk about how to provide good care for people. Members of staff also told us about additional qualifications they were working towards, with care staff training for level three qualifications and management staff working towards level five qualifications to give them the skills they need for their work.

People were asked for their consent for their care and treatment which was recorded in their care records. We saw that people had discussed their care with staff and were supported by family members when they were unable to make their own decisions. The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is a legal requirement to make sure that people's decisions are respected and their freedom is protected. We discussed this with the manager who understood the MCA code of practice and told us that that people had capacity to make decisions, and if they did not have capacity for a specific decision they would follow the correct procedure. We saw details of capacity assessments in people's care files that been completed correctly and the appropriate process had been followed for people. We spoke with care staff who had received training on MCA and DoLS and understood how to work within these guidelines and promote people's freedom and independence.

People were supported to maintain their health and were supported to see other healthcare professionals to get the treatment they needed. During the inspection we spoke with two healthcare professionals who were visiting the service that day. Both of these professionals told us the quality of care in the home had improved and that people's health needs were being met. We saw in people's care files that they regularly saw the professionals they required and their care plans were updated following any change in their care. We saw another person was diabetic, which was detailed within their care plan and had a separate risk assessment for it. This person was receiving the correct diet and was attending the diabetes clinic to manage their condition effectively.

Is the service caring?

Our findings

People we spoke with told us they were happy living in the home and that the staff were kind and caring. One person told us they were happy with the care provided and that the staff were all good and caring with their relative. A relative told us the staff in the home were very caring and the best home to be in for their relative We saw many good interactions between staff and people using the service. We saw staff talking and laughing with people in the main lounge and engaging with people to keep them stimulated. We saw staff members kneeling next to people and holding their hands while talking to them to make sure people felt comfortable and supported, with care being given with kindness and compassion. One member of staff told us, "I treat people like I would want to be treated, or like they were my Mum or Nana." We saw a member of staff supporting a person in the lounge to eat their breakfast. They spoke with the person and engaged them throughout, letting them take the time they needed to eat. The care was provided in line with what we saw in the person's care plan.

People were supported to give their views about their care and were able to make decisions about what they received. We saw that staff members asked people what they wanted, if they needed support and encouraged people to do tasks for themselves if they were able to. We saw one member of staff ask one person if they wanted support to eat their meal. The person said they wanted to eat alone at first, which the staff member respected. When they returned later the person asked for help and the carer supported them to eat. Staff knew people well and understood their individual preferences for their care. We spoke with one member of staff who could tell us in detail about the preferences of people they cared for and knew how to support the person in the way they wanted.

We saw in people's care records they had discussed their care and were able to give their views and make decisions about how they received their care. People were provided with information in different formats so that people with different levels of capacity and understanding could get the information they needed. We saw there were picture cards and easy read leaflets available in the main lounge and communal areas.

We observed staff supporting people in the lounge and they provided care that promoted people's dignity. Staff discreetly supported people who required personal care to leave the room so they could provide them with the care they needed. The staff spoke to people kindly and provided reassurance to people who were confused or distressed. We saw in one person's records there was a focus to maintain their independence and dignity at mealtimes, with guidance for staff on how to do this effectively. We saw during lunch that this person was supported appropriately by staff who knew how to help them eat with as much independence as possible. We saw information about privacy and dignity in the entrance hall, which gave details on what people should expect and how the home promoted people's privacy and dignity. People's relatives were able to visit when they wanted. The manager told us they had an open door policy and encouraged relatives to come when they wanted to visit. We saw relatives visiting on the day of the inspection.

Requires Improvement

Is the service responsive?

Our findings

During the inspection in March 2015 we found the service was not always responsive to people's needs and was in breach of the regulation about providing individualised care. We looked at this regulation and saw the provider had made many changes and improvement to the quality of care and was now meeting the requirements of this regulation. We discussed this with the provider, who told us they were going to be delivering further changes to the care plans of people to make them more tailored to each person's needs, because current care plans were not sufficiently personalised.

We looked at people's care records and saw that people had care plans and risk assessments related to their care, but these were not always sufficiently detailed and had some generic details which were not tailored to the individual needs of the person. We saw examples of risk assessments that were generic in different people's care files that did not provide enough detail about the risks for the individual and how to provide the correct care for them. Two people had assessments for their risks of falls. The risk assessments within these included assessing the use of equipment including bath and shower chairs, wheelchairs and a passive hoist. These risk assessments were the same in both of these care plans and did not reflect the individual circumstances of each person.

We saw within the care plans there had been reviews since our last inspections and the main care plans were more detailed and personalised. People told us they had been asked about their needs and what care they wanted. The care plans contained information from people and their relatives about their preferences for their care and other personalised information. We saw in one person's care file there was a detailed section on their personal history, which included their preferences, their family background and information about their career and life, which staff could use to talk to them and engage them in their care and maintain their independence. The provider showed us the new style of care plan which was being introduced. These care plans were more detailed and provided instructions for staff on how to provide individualised care for each person. These care plans were still being developed and had not yet been implemented.

There was an activities co-ordinator to provide people with a range of activities in the home. We saw them deliver a morning exercise session in the lounge which people could choose to join. We saw people enjoyed this session and the staff members supported people to take part. We also saw them delivering other group activities including a group game and a quiz. One person's care file stated they needed to follow an individual exercise plan every day. We saw this person received this exercise plan, and saw in their daily records in their care file that this had been done every day. We saw the activities board in the lounge had details of the different activities each day and people told us they enjoyed them. We spoke with the activities co-ordinator who told us about their plans to provide more activities both in and out of the home, and planned to organise more trips into the community for people.

The provider had a complaints policy in place and had responded to the concerns and complaints of people and their family members. The provider discussed the complaints procedure with us and gave us details of how they had developed since our last inspection. We also saw that there were details of how to make a complaint or suggestion on the noticeboard in the entrance hall of the home, so relatives and other visitors were made aware of the procedure. People told us they could talk to the staff about any problems and they listened to what they had to say. During the last inspection relatives told us they had raised concerns and complaints with the manager, but these had not been acted upon. We discussed these issues with the manager who told us about the processes for dealing with complaints and now encouraged people and relatives to discuss any issues with them and they would make any appropriate changes. They also told us they had not received any new complaints since this time.

Requires Improvement

Is the service well-led?

Our findings

We spoke with staff who told us the culture and overall atmosphere within the home had improved significantly. One member of staff told us, "It's so much better here now. It's really changed."

At the previous inspection the home did not have a registered manager, and there had not been a registered manager in post in over 12 months. Since our last inspection the Nominated Individual had taken over as manager of the service and is currently in the process of becoming the registered manager with us. Since taking on this role, the manager had begun to implement changes to the service, including the new audit system, daily checks, recruited new staff and improved support systems for staff. The manager has begun to implement a new quality assurance system to monitor the quality of care provided. We discussed this system and the plans for how it would improve the quality of the service. The process will include spot checks on staff, care file audits and regular checks on the service, which will be used to assess quality and create action plans to improve the service. The manager acknowledged this system was still in development and has not yet been fully implemented. The staff were being trained in how it would work and impact on their roles.

We saw a copy of the most recent newsletter for the home. This featured details of the satisfaction survey that had taken place. This showed there was a satisfaction rate of 50%, which demonstrated a significant improvement from the previous survey and that people were happier with the home and care provided, but there was still more work to be done by the provider to improve people's satisfaction with the service. The results also showed 90% of people were happy with the leadership and management of the home, showing there had been improvements. We discussed this with the manager who told us about further plans to improve the quality of the service and respond to people's comments and suggestions better. The newsletter also detailed changes that had happened since the last newsletter in March. This included a change in the furniture and an improved layout of the lounge, providing people with more seating and different spaces for them to use following feedback from people and their relatives.

We discussed the staffing with the manager, who told us since they took over they have changed the staffing levels to be based on the needs of people using the service and supported to staff to have more control over their own work and have more input into the running of the home. The manager told us staff had become more conscientious through this new system as they were able to ask questions and put forward their ideas and had more ownership of their work. We spoke with staff who told us they found the manager to be approachable and supportive, and felt much more supported in their work now there was more visible leadership within the home. One member of staff told us, "Something has changed here. We're happy working here now." We saw the manager interacting with people and relatives during the inspection. We saw they knew people well and had a good relationship with people in the home.

We spoke with the manager who understood the requirements of the role. There was additionally a deputy manager to make sure there is the right level of managerial support for staff within the home.

The manager had developed processes for monitoring the service and could identify any patterns in incidents such as falls. We saw they had an audit system to look at the falls that had occurred to identify any patterns, such as time of day or location of the falls. We saw the falls analysis for the previous month, and saw that this had identified one person had a suspected urine infection, and was referred to the doctor for treatment. We also saw the new induction programme for staff that had been developed by the manager to meet the requirements of the care certificate, which promotes quality care for staff.