

Prime Care SW Limited

Five Gables Care Home

Inspection report

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12 April 2018

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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

Five Gables Care home is a residential care home for 13 older people with dementia and sensory impairment. There are two floors with the first floor having access via stairs or a stair lift. There is a communal living and dining area and a quiet lounge on the ground floor.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. The home was in the process of reviewing the activities they offered people and were planning on creating an activity programme.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood

their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Five Gables Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 11 April and was unannounced. The inspection continued on the 12 April 2018 and was announced. The inspection was carried out by an inspector and expert by experience on day one and an inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service and five relatives. We met with one health professional, six staff, one domestic staff member and the head chef.

We spoke with the registered manager and operations manager. We reviewed six people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 resident and relative's survey results. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people who live there. We used the Short Observational Framework for Inspection (SOFI) at meal times. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We asked the operations manager to send us information after the visit. This included policies and the staff training record. They agreed to submit this by Friday 13 April 2018 and did so via email.

Is the service safe?

Our findings

People, relatives and staff told us that Five Gables care Home was a safe place to live. A person told us, "The home is the best; the staff are friendly and helpful". Another person said, "I feel safe and like it here because they [staff] are very nice and they treat you right. Always been nice". A relative told us, "It's a brilliant service. Home from home. Very safe". Another relative said, "My loved one is safe, well looked after, no worries". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines both prescribed and non-prescribed on time and in line with the providers medicine policy. People and relatives confirmed that medicines were administered on time. A person said, "They [staff] bring round my tablets. I know what some of them are for. They [staff] are prompt with the tablets". Another person told us, "I am given medicines three times a day which I take." We observed a person being given a painkiller. The staff member said, "Hi, [person's name] I have your paracetamol. It is to help the pains you get in your shoulders". This demonstrated that when medication was given to people its purpose was explained. The person then took the tablet themselves.

The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately. We did however find one bottle of medicine kept in the stock cupboard which was out of date. We discussed this with the registered manager who arranged for it to be collected and disposed of on day one of our inspection.

There were enough staff on duty to meet people's needs. We found that the registered manager had reviewed staffing levels based on roles, staff workload, dependency levels of people and ratio of staff to people. The registered manager said that they were confident that staffing levels met people's needs and that additional staff were put on rotas as and when people's needs changed. A relative said, "I think there are enough staff here. They have time to talk to people which is important to my loved one". Another relative told us, "There is enough staff, there is always someone around". Staff comments included; "There are enough staff and we all work well together". "I believe there are enough staff here both day and night. If people's needs change then more staff are put on shift". The service also employed cleaning and kitchen staff to help ensure the service ran effectively. The registered manager explained that staff who worked in the kitchen had appropriate food hygiene training.

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "We have no safeguarding concerns and have the confidence that the home would manage these well".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If an incident occurred I would assess the situation, get my senior or the registered manager, call 111 or 999 for advice and support and then record it".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to discreetly monitor the person. A professional told us, "I think risks are managed well here, equipment is never left out, moving and assisting is done safely and assessments are in place. I have never had any safety concerns".

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested in 2017 and was due to be tested in May 2018 to ensure its effective operation. People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Is the service effective?

Our findings

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Consent to care was sought by staff from those that had capacity, this included consent for photos. A person said, "They (staff) always ask for my consent to do anything". A relative told us, "I'm involved in best interest decisions and the home makes sure that my loved one is as much as possible too". We found that MCA and best interest paperwork was in place, complete and up to date. Capacity had been assessed and best interest meetings involved relatives and other relevant parties. A staff member told us, "Where people lack capacity or can't talk we involve families, advocates, professionals etc." Best interest decisions included; the delivery of personal care, medicines, bed rails and the use of equipment, for example; hoists, stand aids and sensor mats.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Assessments and best interest's decisions are completed".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made for people who required Deprivation of Liberty Safeguards (DoLS) and were pending assessment by the local authority.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I receive enough training and recently did moving and assisting. This was practical training which I prefer". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; death, dying and bereavement and dementia. A senior staff member said, "Staff receive regular supervisions six monthly. We do additional one too if there is a reason to like performance or concerns". Another staff member told us, "I receive regular supervisions. I find them useful and regular enough. If I have any questions, issues or concerns in-between these I can always see the registered manager". The staff member went on to say, "We also have appraisals. These are useful. I thrive on praise and I embrace learning opportunities as I want to develop. I hope to be a senior and one day run my own home".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I had a

good induction. It was informative. I shadowed senior staff and was shown what to do".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. A relative said, "My loved one had a good and fair assessment before coming to Five Gables Care Home. I am always kept up to date and involved in the planning of their care".

We observed two staff handovers and found that an effective system was used. Each person was discussed and a summary of their morning given. This included any changes, concerns or observations. These meetings also gave all staff an opportunity to seek further advice and ask any questions before starting their shift.

People were supported to maintain a healthy diet and food and fluid charts were in place where appropriate. A person told us, "I recommend the food. There are certain dishes that I don't like. You get to choose. If there is something that you don't like they don't serve it again. For breakfast I have porridge, toast and prunes. I am always asked if I would like something different. In the summer I change the porridge for Weetabix or Corn Flakes. I like plenty of vegetables, even when we have fish and chips I always have peas". Another person said, "There is a choice at mealtimes. It is corned beef hash today". A relative told us, "The food looks good, my loved one eats it up and says they like it".

At lunch time we observed a person arriving in the dining room about half an hour after everyone else had started. A person had misplaced a personal item in their bedroom. A staff member had found it for them. This demonstrated that people could vary meal times and that staff react promptly to any issue that a person may have.

The kitchen had been awarded a five star food standards rating and all staff had received food hygiene training. We met with the head chef who told us that there was a four weekly menu which was currently under review with the people who lived at Five Gables Care Home. The chef was able to tell us people's dietary requirements including their likes and dislikes. They told us they went around each morning informing people what the meal options were and offering alternative options if people didn't like the options. We observed this happening on both days of the inspection. We were told that visual menus were not being used currently but that they were going to incorporate this in the menu review.

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Tables were nicely laid and drinks were available to people. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms or the communal dining room.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "They (staff) arrange health appointments if I need to see someone". A health professional said, "Staff know when I am coming and I am always welcome. The partnership work is good. Information is always shared, concerns are raised with us for example any determination in people's health" Recent health visits included; District Nurse, GP, out of hours GP, and a Chiropodist.

People told us they liked the physical environment. The home was split across two levels and had been clearly adapted to ensure people could access different areas of the home safely and as independently as possible. There was a working stair lift in place providing access to each floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I can go outside if I want to". Another person told us, "I can walk around the home freely and if I want to go outside I can". We observed two people sitting outside on the patio on day one of our inspection.

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "I like being here because the staff are very kind and helpful". Another person said, "Staff are polite, kind, caring and always cheerful". A professional told us, "Staff are kind and caring. People, professionals and families are respected. Staff seem to have a genuine caring approach. There is a high level of care here and staff make time to speak to people". Relative comments included; "Staff are always very patient and attentive", "Staff are kind and caring, they always want what is best for my loved one"; "Staff are caring, they are patient and always reassure my loved one if they are anxious".

People were treated with respect. For example, at lunch time we observed a person saying "oops I have dropped something". A staff member immediately picked it up to limit any embarrassment the person may have felt at dropping the food, helping to preserve the person's dignity. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. One person told us, "The staff are kind and show respect". A relative said, "Staff will always seek my loved ones consent and inform them before doing anything. They (staff) respect my loved one and they trust the staff". A staff member said, "We respect people's dignity and privacy by making sure we know their preferences, closing doors and covering private areas". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included. "In general I feel comfortable with the care", "I am happy here, the care is very good", "We are happy with our loved ones care".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A relative told us, "The service promotes equality and diversity". We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. However we noted that some practicing faiths were not fully understood by the management. The management told us that they would research these and discuss with the people how they may be able to support them more effectively.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There was a quiet lounge so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "We are able to visit any time that we like really". Another relative said they came when they wished and were always greeted politely by staff and made to feel welcome. Staff were aware of who was important to the people living there including family, friends and other people at the service.

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They

demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient and did not rush the person. A relative said, "My loved one wanted to watch a TV programme after lunch. Staff made sure they were back in their room in time for this". A staff member told us, "We treat everyone equally but recognise that everyone is different and that needs are not the same".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I get up about 9:00 and I dress myself". Another person told us, "I get up early about 7:30. Staff help me select my clothes, but I dress myself". A staff member told us, "I promote independence and enable people to make choices and decisions for themselves. I offer options and promote freedom of choice". People appeared well cared for and staff supported them with their personal appearance.

The home had received a number of compliments and thank yous. We read one which said, 'Our loved one received excellent care at Five Gables from the time they arrived to the end of their life. I cannot recommend them highly enough'. We read another from a professional which read, 'The home is wonderful and the best in West Moors'.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I'm involved in my loved one's care planning. The registered manager keeps me up to date. Decisions are always two way". Another relative told us, "We are involved in planning and reviewing our loved ones care. The home keeps me up to date with appointments and general health". The registered manager told us that annual review meetings took place with the local authorities, families and people where possible.

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The registered manager alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. A professional told us, "Record keeping is good here. One person has recently been put on a turn chart. This is clearly completed, up to date and accurate. There is good communication. Information is always shared". A relative said, "My loved one recently had a chesty cough. The service kept me informed which I appreciated".

The registered manager told us that they were in the process of recruiting an activities coordinator. The registered manager said that they would be creating an activities programme to inform people and staff what activities were available to them. There was a volunteer who visited the service twice a week and used their time to speak to people, take people out and engage people in activities. The volunteer told us, "I take people out to shops, the local community, local towns and garden centres. People appreciate these opportunities and always thank me when we get back to the home". A person said, "I used to read and write but I can't do that now. A carer comes to my room about twice a week and I dictate poems to them which they write down, so I can show them to my friends". Another person told us, "I don't easily get bored because of the radio and the talking magazines". We observed one person singing along to tunes on the radio. A carer asked them what the song was called and who the artist was. The person was able to answer the artist's name.

The service used to arrange for a memory box to be delivered. These boxes were filled with past time memories to engage people in conversation and allow them to reminisce. Staff we spoke to said that they were not sure why this stopped and that people enjoyed them. The registered manager told us that they would rearrange for these to be delivered.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, however it did not capture steps taken to resolve these. The registered manager told us that they would order a complaints log book. We found that there were no live complaints at the time of our inspection. A person said, "I never needed to complain but I would talk to [name of registered manager and the owner]. Very kind, both of them". Other people we spoke to told us they felt able to raise concerns with staff or management. Relatives we spoke to said that they had no concerns or complaints. A professional

mentioned that the home was really good and that they had never had any concerns.

People were supported with end of life care and preferences were recognised, recorded and respected. A professional told us, "End of life care is good. The service always seek and receive advice well and it is always followed". A relative said, "The registered manager recently asked me about my loved ones end of life preferences. I asked them to discuss these with my relative which they did". We found that these preferences and wishes were reflected in the persons care plan.

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, kitchen, medicines and equipment. The registered manager told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary.

The manager told us that they promoted an open door policy. The manager's office was located on a main corridor on the first floor. The registered manager told us they recognised good work which was positive and promoted an open culture. The service had an 'employee of the quarter' scheme in place. On day two of the inspection we observed a staff member being awarded this. Staff told us that the scheme made them feel valued, recognised and motivated in their roles.

Staff, relatives and people's feedback on the management at the home was positive. A person told us, "The management are very nice here". One staff member said, "The registered manager is very hands on which sets a good example to us all. The operations manager is lovely. Approachable, efficient, organised and goes the extra mile". Another staff member told us, "The registered manager is very approachable, supportive and they promote good team work". A relative said, "A very good manager, very involved in everything. Knows what is happening. I feel this is important and shows that the home is very well run". Another relative told us, "The management are all very approachable. They contact me as and when required. I am always welcome. They are reactive. It's great!"

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "The service manage situations well. The management are proactive and communication is good". A relative said, "Five Gables Care Home has a good local reputation".

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A staff member said, "I think the service learns from mistakes. Learning is shared with staff, people and relatives through meetings. A positive open environment is always promoted".

People, relatives and staff told us that they felt engaged and involved in the service. A relative said, "The home is really supportive. I feel I can raise ideas and am involved in improvements. I can't think of any examples now though". A staff member told us, "I'm involved in decisions. Management listen to my views

and opinions".