

# Bupa Care Homes (CFChomes) Limited

## Gable Court Nursing Home

### Inspection report

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#### Ratings

### Overall rating for this service

Good



Is the service responsive?

Requires improvement



#### Overall summary

This inspection took place on 09 September 2015 and was unannounced. At the last inspection on 15 January 2015 we saw care plans had not been reviewed monthly as outlined in the services record keeping policy and there was gap in the recording of care. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gable Court Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Gable Court Nursing Home provides personal care, including nursing care for up to 51 people in a purpose

built building located in a residential area. The service is arranged over three floors and there are garden and patio areas. Most people's rooms have an attached private bathroom.

The service does not have a registered manager in place. 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 previous registered manager was no longer working for the service.

At this inspection we found the provider had taken sufficient action to ensure people were protected from the risks of unsafe care and support as we found care records had been reviewed and updated regularly to reflect the needs of people.

# 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 responsive?**

The service was responsive. People received care that was responsive to their needs by thorough assessment and reviews of care plans, involving people or their relatives.

**Requires improvement**



# Gable Court 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.

This inspection was undertaken to check that the provider had made improvements to meet legal requirements after our 15 January 2015 inspection. We inspected the service against one of the five questions we ask about services: Is the service responsive? This is because people were not wholly protected from the risks of unsafe or inappropriate

care and support as we saw care records were not always up to date. This posed a risk that staff may be referring to information which did not reflect people's current needs to ensure their care, welfare and safety.

This inspection took place on 09 September 2015 and was unannounced. It was undertaken by an inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. During the inspection we spoke with one relative, four people using the service, two staff members, the acting manager and the quality manager. We looked at four care plans and other records relating to the care people were receiving for example turning charts and wound charts.

# Is the service responsive?

## Our findings

Comments from people were positive, indicating that staff were kind and helpful in meeting their care needs. One person said, “The staff are very good and I don’t have any complaint.” Another person said, “The care here is good and the staff are helpful and caring.” One relative told us, “I do not have any concern about the care, staff are very kind and do their best for the residents.” The relative also told us they were involved in planning the care for their family member.

At the last inspection in January 2015 we found a breach of the regulation in relation to record keeping not being reviewed or updated. We looked at five care records and found that care was assessed when people first moved into the service and was supposed to be reassessed monthly. However, three out of the five care records reviewed showed that care plans had not been reviewed monthly as outlined in the services record keeping policy. We also found other gaps in the recording of care. For example between January and December 2014 a person on enteral support feeding (nutrition via a tube that goes directly into the stomach) who was assessed as needing monthly nutritional risk assessments had only had these five times in 2014. The same person’s turn chart indicated they needed three hourly turns. However, the turn chart dated 14/01/2015 did not indicate that the person was turned every three hours. Another care record we reviewed also showed gaps in the recording of nutritional assessments and indicated that a person’s care plan had not been reviewed since October 2014. All the above showed inconsistent record keeping which was not always accurate and did not reflect the current needs of the people using the service.

During this visit we looked four care plans and found them to be more comprehensive as the provider had started using a new format to plan peoples’ care needs. The care plans we reviewed clearly showed changes in people’s needs over time. We saw that staff had updated the care plans accordingly to reflect the change in care needs. There was also evidence that the input of external professionals such as GP’s and dietician had led to changes in care plans to reflect their advice. Examples seen included regular monitoring of fluid intake for those who needed additional support, as well as fortified diets. People who needed thickened or fortified drinks had this recorded in their care plans. Where people had dietician input, their advice was reflected in the person’s care plan. Another example we saw was one person had recently developed a pressure sore and the staff had sought advice from the tissue viability nurse. The care plan was updated to include the treatment as prescribed by the tissue viability nurse. We also noted that staff were changing the position of the person on a more regular basis and an updated record was kept by staff on a daily basis.

Each person living at the service had a care plan which provided detailed information about their care and support needs. They were easy to read and each section was divided and indexed making information easy to find. The plans covered all areas of each person’s health and personal care needs. People or their relatives were involved in planning their care. The care plans were regularly reviewed and updated. This indicated staff were responsive to changes in people’s needs, and people could be confident that their care and support was based on up to date information.

Staff we spoke with said the format of the new care plans were easier to use and more informative. One staff said, “The new care plan is better.”