

Jade Country Care Homes Limited

Five Gables Nursing Home

Inspection report

32 Denford Road
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Kettering
Northamptonshire
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Tel: 01933460414

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Five Gables Nursing Home is a nursing home providing personal and nursing care to people 35 people at the time of the inspection. The service can support up to 43 people.

The service is delivered across two separate buildings. Each building has a communal dining room and lounge with access to a shared garden.

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

Risks to people and risks in the environment were not consistently well managed to ensure people were safe and medicines were not consistently managed safely.

Infection control including cleaning and food hygiene required improvement to ensure risks were further mitigated. We are somewhat assured that the service can respond to coronavirus and other infection outbreaks effectively. We have provided guidance to the registered manager to develop their approach in supporting people to stay in contact with their family and ensuring risks for vulnerable people and staff are thoroughly assessed.

We have made a recommendation that staffing numbers are reviewed to ensure there are enough staff to meet people's needs, keep people safe and support them in an emergency.

The registered manager had not fully understood their responsibilities in ensuring ensure people's safety and maintaining a safe environment, this would require further learning, development and support. Systems and processes to monitor the safety and quality of the service were not consistently effective and had not highlighted concerns we found during the inspection.

Staff were recruited safely with appropriate checks in place. People were protected from the risk of abuse by staff who were trained and knew how to raise concerns.

Care plans reflected people's likes, dislikes cultural and religious needs were supported. Relatives and people were considered partners in their care and were listened to and kept informed. People had been supported to stay in touch with family as much as possible throughout the Covid 19 pandemic.

The registered manager and staff team liaised with health care professionals appropriately to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 September 2018)

Why we inspected

The inspection was prompted in part due to concerns received about care of people, staffing numbers and medicines management. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Five Gables Nursing Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safety and managerial oversight of safety at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Five Gables Nursing Home

Detailed findings

Background to this inspection

The inspection

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and one assistant inspector. Following the inspection an Expert by Experience made telephone calls to people's relatives.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Five Gables Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with Covid 19.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, two senior care workers, one care worker, a kitchen assistant and the laundry assistant.

We reviewed a range of records. This included various care records for ten people and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management and monitoring of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records, environmental servicing certificates, do not attempt cardiopulmonary resuscitation (DNACPR) records, risks assessments and related safety monitoring records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Risks around fire were not consistently well managed. For example, the emergency evacuation resident list for one of the buildings did not reflect who currently lived in the home and their support needs. There was only one staff member in this building at night, but records evidenced some people would require the support of two staff to evacuate. This meant there was a potential risk that people's escape in an emergency could be hindered. We discussed this with the registered who agreed to review this to ensure people's safety, we also shared our concerns with the local authority.
- Fire safety equipment was not consistently checked to ensure it was in good working order. Weekly checks of fire extinguishers and monthly checks of emergency lighting had not consistently taken place. Two fire exits were difficult to open with one escape route overgrown with weeds. This meant there was a risk of equipment not operating effectively in an emergency situation and exit routes would not be safely accessed. Following the inspection, the manager advised that these issues had been rectified.
- The risk of legionella was not consistently well managed. The schedule for the descaling of shower heads and water taps showed inconsistency and the routine flushing of unused water outlets was not taking place in line with the provider's policy and procedure. This placed people at potential risk of developing infections from water such as Legionnaire's disease.
- People's health needs were not always safely met. Staff required to carry out clinical procedures had not always had their competency checked by a registered clinician. This meant there was a potential risk of harm.
- Infection control was not consistently well managed. For example, microwave ovens and a fridge contained food debris and food storage areas required more attention to detail when cleaning. We found opened food items in the fridge were not labelled to ensure they were used within their shelf life. This meant people were at potential risk of consuming food that was not safe for consumption.

Using medicines safely;

- Medicines were not always managed safely. Staff did not consistently record the administration of a person's prescribed transdermal patches. There was no reliable system in place to manage when and where the patches were applied and removed. There was a risk of previous patches not being removed, or the sites of the patches not being rotated. This meant there was a risk of the person receiving too much or not enough of these medicines.
- People were at potential risk of not receiving their medicines when they needed them. Staff did not always have protocols in place for as-required medicines to know when and why they would administer people's

medicines and how to measure and record the effectiveness of them.

- During the inspection we identified a medicine cupboard located in a communal area had a broken lock. This lock had not been identified to the registered manager for repair. We alerted the registered manager who arranged an immediate repair.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was consistently or effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individualised risks to people had been considered and assessed. Measures were in place to mitigate risk. For example, people at risk of falls had alarm mats in place to alert staff when they were mobilising and may need assistance. Some people at risk of pressure sores were using specialist mattresses to prevent the breakdown of skin. Records showed that equipment used to reduce risk was regularly checked to ensure it was in good working order.
- Where people were supported with managing diabetes, the registered manager had implemented a clear protocol to support staff with action to take should the person experience high or low blood sugar.
- Where people received their medicine disguised in food this had been managed safely with evidence of pharmacy and GP input.
- We were assured that the provider was following government guidelines to protect people using the service, staff and preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules, safe admissions to the home, using personal protective equipment effectively and accessed regular Covid-19 testing.
- 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 have signposted the provider to resources to develop their approach in supporting people to maintain contact with their families and ensuring risks are properly assessed for people and staff with underlying health conditions or people and staff from black, Asian, minority ethnic groups.

Staffing and recruitment

- Staffing numbers required a review. People had individualised dependency tools in place to determine the staff input required to support them. However, the manager did not use a tool to collate this information to determine overall staffing numbers for the home.
- Questionnaire feedback evidenced one person who was asked what would make them feel more safe had responded "more staff".
- A staff member told us that there were not enough staff in the mornings to support with personal care and they were sometimes rushed. We saw evidence from a staff meeting that the standards of personal care during one morning had not been satisfactory. Another staff member told us that they were sometimes concerned about people's care when the service was short staffed.

We recommend the registered manager reviews staff numbers to ensure there is sufficient support in place to meet people's needs.

- Staff were recruited safely; recruitment processes were in line with current regulatory requirements.
- Disclosure and Barring Service (DBS) checks were completed for staff prior to them working with people. The DBS carries out a criminal record and barring check on individuals who intend to work with children and

vulnerable adults, to help employers make safer recruitment decisions.

Learning lessons when things go wrong

- Systems and processes were in place to record accidents and incidents and monitor trends and patterns.
- The provider had identified through an audit that their internal records had not prompted a review of lessons learned and were taking action to address this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in how to recognise and report signs of abuse and received regular updates. Staff were also trained in managing challenging behaviours and systems and processes were in place to ensure people were not at risk of harm from other people living in the home.
- People told us they felt safe with staff. One person told us staff were caring and supportive and they felt safe with them.
- Staff had access to the provider's whistleblowing policy. One staff member told us they had raised concerns in the past and would again if they needed to. Staff understood how to escalate concerns to the local authority and Care Quality Commission (CQC).

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were not consistently effective in maintaining oversight of safety. Management oversight of infection control procedures did not identify areas that had been missed. Some systems had not been implemented to ensure regular cleaning took place. This included the failure to identify high-touch areas and ensure cleaning rotas covered all areas of the home.
- Individualised Covid 19 risk assessments had not been completed for staff in line with the provider's policy. We identified one staff member was at potential increased risk due to a previous health condition and the increased risk to staff from the black, Asian, minority ethnic groups (BAME) had not been considered.
- The provider did not have sufficient systems to ensure all areas of fire and water safety were monitored. For example, checks on emergency lighting, fire exits and fire extinguishers were ticked as completed, but records reviewed during inspection did not support this. The fire safety policy did not include how buildings would be evacuated in an emergency overnight. Internal systems and processes had also not identified that the emergency evacuation list was not up-to-date. Routine water monitoring was not consistently taking place in line with the provider's policy and procedure.
- The medicines audit had not identified as-required (PRN) protocols were not consistently in place and had not identified issues of safety with transdermal patches.
- The registered manager was not using the provider's early warning system to support clinicians to promptly identify deterioration in people's health and access medical support. This meant people were at potential risk of a delay in access to medical support.
- The registered manager had not understood the requirement to ensure care staff performing clinical tasks had appropriate training and their competency checked by a registered clinician. We identified a temporary member of staff who was deemed competent had not received an appropriate supervision.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider had maintained effective managerial oversight of the quality and safety of the service. This placed people at potential risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

- People did not always have their specialised soft diet presented in line with best practice. For example, we saw that multiple food stuffs were blended together before serving to people. We discussed the use of specialist food moulds with the registered manager as an appropriate method of presenting food. The registered manager had reviewed specialist food moulds in a previous role and at the time had not found the outcome of the presentation satisfactory to justify the cost but agreed to review how food was presented.
- People's likes, dislikes and personal preferences were considered and recorded in their care records. A relative told us, "The home is inclusive and caring. We are involved in the care planning."
- We observed people making choices of where they spent time including support to access outside space when they chose and choices around food and drinks.
- People were supported to stay in contact with their family during the pandemic via socially-distanced visits, video and phone calls.

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

- The provider and management team had demonstrated transparency by reporting incidents to the local authority. We identified an incident that had not been reported to CQC which was submitted during the inspection.
- The provider had a complaints procedure in place. People told us they knew how to make a complaint and would contact the provider or speak with staff if needed.

Working in partnership with others

- Relatives were partners in people's care. One relative said, "I am well advised by staff about the care and support given." Another relative said, "I am contacted on a regular basis; I am kept in the loop."
- The care staff and management team had worked in partnership with other professionals, such as GPs, pharmacists and consultants. The registered manager had identified changes in one person's health support plan and had requested a consultant review to ensure the person's health care needs were met.

Continuous learning and improving care;

- The provider carried out regular auditing of the service and compiled action plans from their findings to support the registered manager to improve the service. We saw evidence that progress was being made on completing actions on the plan.
- The registered manager was open and transparent throughout the inspection with some areas of concern addressed immediately during inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for feedback on the service. Where there had been comments around the food at the home the registered manager had recorded and acted on this. An experienced cook had been recruited and tasked with reviewing the menus to ensure more choice. One relative said, "There have been video calls and I can see how nice the food is."
- Staff received supervisions and there were regular staff meetings. One staff member said, "[I am] loving it since [registered manager] has taken over; you can express yourself a lot more. [Deputy manager] has new ideas."
- People's culture and religion were considered and planned into care. One relative told us, "Staff are very respectful of culture and there is opportunity to join a religious service if wanted."
- The deputy manager had experience in specialist dementia care and had created a sensory experience for

people. This included a beach experience with sensory lighting and a garden experience with tactile objects including flowers that could be picked.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to have systems in place or systems that were robust enough to demonstrate safety was consistently effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not consistently effective in ensuring the quality and safety of care the service.