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The Gables Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Gables Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The home provides nursing, residential and dementia care to a maximum of 23 older people.

People's experience of using this service and what we found
There were various activities organised for people focused on their needs and preferences. Families of people using the service told us they felt their love ones were safe living at The Gables Nursing Home. The provider had effective safeguarding systems in place.

People received their medicines safely and as prescribed. Systems and processes were in place to keep people safe and staff protected people's privacy and dignity. Staff were recruited safely and there was enough available to meet people's care needs. Staff received appropriate training, which was relevant to their role and people's needs.

Staff were supported by the management team and felt supported and listened to. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more 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 13 February 2018).

Why we inspected
This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our safe findings below.

The 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
The inspection was carried out by an inspector and an Expert by Experience. 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
The 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.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be at the location to support the inspection. We visited the location on 30 September 2021.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We observed the delivery of care and support in communal areas to help us understand the experience of people who were unable to talk with us. We reviewed a range of records both during and after our visit to the home. This included three people's care records and multiple medication administration records (MAR). We also spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager. We also spoke to one visiting professional.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 requires improvement. At this inspection this key question has now improved. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• At the previous inspection we recommended the service addressed the required maintenance of the home. At this inspection we found the premises were clean and well maintained. Regular checks of the buildings and the equipment were carried out to keep people safe.
• The service had appropriate measures in place to manage risk associated with eating, drinking, mobility and skin integrity. Care plans contained information for staff to manage risks to people's health and wellbeing.
• Staff knew people well and were aware of people's risks and how to keep them safe. We observed members of staff using de-escalation techniques to reduce one person's agitation.
• Relatives we spoke with praised the staff for their ability to keep their loved ones safe. One relative said, "Yes, I think it's not easy to keep [person] safe because [person] is mobile with a small danger, [they] could harm [themselves], but they are taking what steps they can".
• Staff showed an understanding of the risks people faced. We found risk assessments had been completed, specific to the individual, including, taking medicines, nutrition, moving and handling and pressure care.

Staffing and recruitment
• There were enough staff employed to ensure people's needs were being met on a daily basis. People and their relatives said there were enough staff to meet their needs.
• Staff told us there were enough staff on shift. One staff member said, "Staffing levels are fine, very rare we are short staffed."
• We observed staff responding to people's needs in a timely manner, although staff were busy, care was delivered in line with people's care plans.
• The provider had recruitment checks in place to ensure staff were suitable to work in a care setting.

Using medicines safely
• We observed medication being administered safely. Staff gave people time to take their medicines and supported people appropriately if they were reluctant to take their medicines.

• Medicines including controlled drugs (CDs) were recorded and stored appropriately. There were clear records to confirm medicines were administered as prescribed.
• Medicine audits were effective in ensuring medicines were used safely.
• Guidance protocols on the use of medicines to be taken only when required were person centred and up to date.

Learning lessons when things go wrong

• Incidents or accidents were recorded and managed effectively. The registered manager at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.
• Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of abuse and unsafe care. People told us they felt safe and staff were responsive when needed.
• Staff knew how they could whistle blow. Whistleblowing is where people can disclose concerns, they have about any part of the service they feel dangerous, illegal or improper activity is happening. There was a policy with specific emails and numbers staff could call.
• Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
• There were appropriate safeguarding processes and procedures in place to protect people from the risk of abuse. Staff understood their responsibilities to protect people from possible harm or abuse.

Preventing and controlling infection
• Most cleaning records were adequate, however we found the staff did not clearly document the cleaning of the shower chair after use. This was raised with the registered manager at the time of inspection who following our visit to the home provided evidence this issue is now resolved.
• We were assured that the provider was preventing visitors from catching and spreading infections.

• We were assured that the provider was meeting shielding and social distancing rules.

• We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE (personal protective equipment) effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager met with people to assess their needs before a decision was made about whether their needs could be met at the home.
• Assessments of people's needs considered their physical and emotional needs.

Staff support: induction, training, skills and experience
• Staff were appropriately trained and supervised to provide care and support to people who used the service.
• Staff told us they were supported in their role by the manager and the management team. We observed staff morale was good.
• New staff received an induction to the service, its policies and expected ways of working.

• Staff told us that they felt well supported by the service. They received regular supervision and an annual appraisal. Staff observations were also carried out to provide assurance over their skills.

Supporting people to eat and drink enough to maintain a balanced diet
• People received good support with eating and drinking.
• Staff knew each person's dietary needs due to their allergies, religious preferences and consistency of food they could eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to access healthcare services. Records confirmed people had access to a GP, dentists, opticians and had attended appointments when required.

• Timely referrals were made to other healthcare professionals where there were changes in a person's physical or mental wellbeing.
• Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans.
• The registered manager told us that the GP visited promptly whenever they called them.

Adapting service, design, decoration to meet people's needs
• People had been supported to personalise their rooms with their own pictures, items and furniture.
• The atmosphere and appearance of the home was homely, and people looked comfortable and relaxed in

their surroundings. There were several communal areas where people could spend time with others and people also had space within their own room to relax should they want privacy.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Appropriate DoLS applications had been made for people living in the home. These were awaiting assessment by the local authority. We saw staff helped people maintain their freedom and independence and delivered care in the least restrictive way.
• Specific capacity assessments and best interest decisions were documented to fully demonstrate that decisions made for people without capacity had been made in their best interest.
• People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People were treated with kindness, compassion and their rights protected.
• We observed staff displaying patience and understanding with people and stepping in to de-escalate any distress appropriately.
• We observed staff had developed good, positive relationships with people. Staff shared laughter with people, we could see there was a good rapport between them.
• Staff were knowledgeable about the people they supported and dedicated in ensuring they received high quality support.
• Relatives spoke positively about the care their relatives received. Staff were described as being 'Very patient.'
• Staff were trained in equality and diversity and there was an up to date policy. We found no evidence to suggest anyone using the service was discriminated against and no one we spoke with or their relatives, told us anything different.

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to make decisions about their care.

• We observed staff asking for consent from people before supporting them.
• One relative said, "They always ask the residents what they would like to happen. When they are allowed out, they ask the residents where they would like to visit."

Respecting and promoting people's privacy, dignity and independence
• People were treated with dignity and respect by staff. We observed staff interact with kindness and compassion throughout our inspection. People's privacy was respected, we saw staff knocked on bedroom doors before entering and spoke about people in a respectful manner.
• Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• Most care records were adequate however we found the staff did not clearly document oral care. This was raised with the registered manager at the time of inspection, following our site visit we were provided evidence this issue is now resolved.

• Staff were knowledgeable about people's specific needs and preferences. Staff could explain how they supported people in line with this information.

• People's likes, dislikes and what was important to the person were recorded in people's care plans.

• Relatives told us people were involved in their care planning and their care plans included preferences for care. When asked if their family is involved in their care, one relative said, "Well yes, yes I feel [person] is."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The service was meeting the requirements of the AIS. People's communication needs were fully assessed, and information recorded as to how staff should best support them. Information had been made available in different formats such as large print and staff used a range of techniques including non-verbal communication to help people communicate effectively. We observed staff were familiar with people's individual communication techniques.

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

• At the last inspection we recommended the provider takes action to improve the availability of activities. At this inspection we found there were activities available for all people using the service. Relatives told us people enjoyed the activities offered and one relative said "They (staff) will write down what [person] has planned for the day and go around and ask them if it's okay or do they want to do something else. Christmas time they decorate and ask the residents to join in. They (staff) always ask the residents what they would like to happen."

• Staff told us people had access to various group and one to one activities.

• We saw there was a person-centred approach with routines flexible depending on people's preferences on any given day.

Improving care quality in response to complaints or concerns
• There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support
• People's wishes and preferences regarding the end of their life were discussed and recorded. Care plans documented people's preferences.
• End of life care arrangements were in place to ensure people had a comfortable and dignified death.
• The service worked with families and people to assess and document their end of life wishes. These were recorded within care plans.

Good

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff said they were able to raise concerns with management.
- The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- The provider audited the service on a periodic basis, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service.
- The management team were clear in their responsibilities to act on concerns raised and provided effective responses to complaints.
- The management team understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team sent statutory notifications to the Commission as required.
- Throughout the inspection the registered manager was honest and open with us. Where they saw improvements were needed, they took prompt action.

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

- There was an open and positive culture. Staff told us they felt part of a team and were supported by the management team. One staff member said, "We work as a team, I feel supported".
- People and relatives told us they felt well supported by the staff team.
- Relatives had provided positive feedback about the service and the outcomes it had achieved with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Daily meetings were held with staff to ensure they were updated with any new changes within the home.
- Relatives told us communication with staff was good. Surveys were carried out to ask people and their relatives for their views on the service so they could continually improve.

Working in partnership with others

• The home had established good working relationships with health professionals and received compliments from visiting professionals. We spoke with one visiting professional who told us communication from the home was good.