

T.L. Care Limited

Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gables Care Home provides accommodation, personal and nursing care for up to 64 people, across 4 separate wings. Two of the wings provide nursing care and one of these specialises in providing nursing care to people living with dementia. At the time of the inspection there were 32 people living in the home.

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

People were not always supported to receive their medicines in a safe way. Staff did not feel supported and did not receive regular supervisions in line with the provider's policy. Risks to people were assessed but risk assessments were not always updated to reflect people's changing needs. The quality and safety of the service was not fully monitored. Quality systems in place at the service hadn't indicated shortfalls found during the inspection.

There were malodours evident throughout the home and some areas were not thoroughly cleaned.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff did not always meet people's social needs. There were limited activities available that were not always reflective of people's individual hobbies and interests. We have made a recommendation about this.

Staff morale was low in the home. People and relatives were happy with the service. However, there was limited evidence that people and relatives were consulted about the development of the home. We have made a recommendation about this. Staff felt that they were not kept informed of changes in the home and communication with management was poor.

People and relatives felt the service was safe. Staff safeguarded people from abuse. There were enough staff to meet people's needs. Accidents and incidents weren't thoroughly recorded although there was limited evidence that the provider learned from accidents and incidents to mitigate future risks.

People's needs were assessed before they moved into the home and on an ongoing basis. Staff were suitably trained. People were supported with their nutritional needs and to access a range of health care professionals.

Staff treated people with respect and supported them in a dignified manner and in line with their wishes. Relatives told us, "The staff are a credit to the home; I can't fault them. They are very supportive, and they listen" and, "The quality of the staff is what makes the home a good one." Staff were passionate about their roles and caring for people. One staff member said, "All I want is for the residents to be happy and comfortable."

Care plans detailed how people wished to be supported. Staff knew how to effectively communicate with people, although alternative communication methods were not always detailed in care records. People and relatives knew how to raise concerns and any complaints received were investigated and actioned in line with the provider's policy.

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 28 February 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing, culture, medicines management, governance, management and the safety of the service. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to make improvement. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent to care, good governance and staffing. We have also made recommendations around activities and engaging with key stakeholders to improve services.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Gables Care 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 3 inspectors, 2 medicines inspectors and 2 Experts 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

Gables Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gables Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and 16 relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager, senior home manager, quality assurance manager, digital lead manager, operations director, divisional director, digital lead manager, quality manager, a chef and care staff. We also received written feedback from 4 other staff members.

During the inspection we reviewed 7 peoples medicine records including MAR charts, support plans and care plans.

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We reviewed a range of records including 3 people's care records and quality audits. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

Using medicines safely

- Medicines were not always managed in a safe way. Medicines stock balances were consistently incorrect for the records we looked at. Medicines no longer required were not disposed of in a timely manner.
- Improvements were needed in the management of percutaneous endoscopic gastrostomy (PEG) care, for example, care plans lacked detail and clear instruction on the frequency of PEG cleaning and how this is to be recorded.
- People were not supported in the safe and effective use of inhalers. We asked the registered manager to take immediate action following the inspection.
- Care plans were in place, however they required further information to ensure residents with complex needs were fully supported by staff.
- Audits were undertaken to identify areas for improvement; however themes from audits were not collated but there were plans for this to be part of the review in the new year.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always managed effectively. Risks to people had been identified and some mitigation had been put in place. However, risk assessments had not always been updated following changes in people's care needs. For example, changes in skin integrity.
- Accidents and incidents were not thoroughly recorded, and risk mitigating actions identified were not always completed. For example, updating risk assessments and care plans following an incident.

There was no evidence that people were at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people and their care needs well. People and relatives felt safe being supported and cared for by staff.
- There were environmental risk assessments in place including fire, and regular checks and testing of the premises and equipment were carried out.

Preventing and controlling infection

- The décor of the home did not promote effective infection control. Some areas of paintwork were damaged, and some areas of the home were not adequately cleaned.
- There were malodours through the home during the inspection. A relative commented, "The home appears clean, but I ask myself why the home smells, as that would indicate something is not being cleaned up."
- Staff wore appropriate PPE when supporting people.

Systems and processes to safeguard people from the risk of abuse

- Staff supported people to keep them safe from harm. A person told us, "The carers look out for me. I feel very safe in here. I've got a bell in my room, next to my bed, if I need help."
- Staff knew people well and were aware of how to report any safeguarding issues or concerns. Staff had completed safeguarding training. One staff member said, "If I saw it [abuse], I would report to the nurse and expect them to act on it."

Staffing and recruitment

- There were enough staff to safely meet people's needs. A relative said, "I feel there are enough staff. They sit and chat with [person]. When I visit, I see staff sitting and chatting with other residents, especially those that haven't got a visitor."
- On the day of inspection staff were visible around the home and call bells were answered quickly. However, staff didn't always use available time effectively. For example, to engage with people and provide social stimulation.
- The provider determined staffing levels in line with people's dependency levels and individual support needs.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported in their roles. A staff member told us, "As a current employee at Gables Care Home, I feel that there is no support for staff."
- Staff did not receive regular supervisions. Records showed almost all staff had only received one individual supervision between January and October 2023 and some staff hadn't received any. This did not comply with the provider's supervision policy and quality systems had failed to identify this.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed regular training to make sure they had the correct skills and knowledge to appropriately support people.
- Staff completed a comprehensive induction at the start of their employment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider didn't always work within the principles of the MCA. Where limitations and restrictions were being imposed upon people, some MCA documentation was unclear or incomplete. For example, some best interest decisions were in place, without accompanying capacity assessments.
- Some restrictions were being imposed on people without evidence of capacity assessments and best interest decisions. For example, limiting the number of cigarettes a person can have in a day.

- There was limited evidence of signed consent forms in care files.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider assured us they would review all care files and ensure that all MCA documentation was present and correct when restrictions were in place.
- DoLS applications had been submitted to the local authority for review in line with legal requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received support. However, some assessments didn't contain details of all needs. For example, equipment required to manage the risk of falls.
- People's choices and preferences were included in their assessments and associated care plans.

Adapting service, design, decoration to meet people's needs

- The home's décor did not fully support the orientation and needs of those people who were living with dementia.
- The provider had recently recruited a new maintenance person who was due to start imminently. The provider informed that they were planning redecoration once the maintenance person was in post.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged and supported people to maintain a balanced diet. A relative told us, "[Person] enjoys the food; she says it is always lovely. She has a good choice at each meal. She is cared for well, as she gets plenty of drinks and snacks. They put juice and a cup by her bed too."
- Care records detailed any specific dietary needs people had and what support they required from staff. The chef had good knowledge of people's individual dietary requirements.

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 maintain their health. Staff assisted people to access support from health care professionals such as GPs, speech and language therapists and the falls team, when required.
- Relatives told us staff arranged for people to see health professionals when required. A relative commented, "The doctor has visited [person] a couple of times when she has had an infection. The optician has also visited and she has been given new glasses."

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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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 felt respected, listened to and very well cared for. People and relatives described staff as "very kind", "caring" and "very good." One person said, "The ladies are very nice to me and I'm happy. They got me these gloves to put on this morning when I said my hands were cold."
- Equality, diversity and human rights policies were in place to make sure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- Staff spoke fondly of people and engaged with them in a warm and friendly manner. One staff member said, "The residents come first in my eyes. I have a lot of respect for them all. I enjoy going to work and seeing all the residents, talking to them, seeing them smiling and making them happy."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about their care. A relative told us, "I am totally involved in making all the decisions for [person]'s needs and how she is looked after. The home keeps in contact with me for everything."
- Some people had relatives who advocated on their behalf which was clearly documented in care records.
- Staff knew people's choices and preferences in relation to their care and these were detailed in their care plans. A relative told us, "The staff know [person] very well; they listen to her and they know her needs."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a dignified way and respected their wishes and choices. A relative told us, "The staff are pleasant with [person] and all the other residents. They talk to her and demonstrate empathy. When they are with her in her room, they will close her door if they are supporting her."
- Staff promoted people's independence. A person said, "I sometimes ask them to help me shave if I can't manage and they always ask if I need help in the shower."
- Some care plans lacked person-centred details in relation to what support people required and what they could do for themselves to help promote independence. We fed this back to the provider who informed that care plans would be reviewed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- Staff did not always meet people's social needs. At the time of the inspection, the permanent activities co-ordinator was absent from work. One relative said, "Activities do take place, but just recently there don't seem to have been as many as the co-ordinator has been off."
- There was an interim activities co-ordinator in the home on the day of inspection. However, we did not observe any activities taking place with people.
- Relatives told us people were supported to enjoy hobbies and interests. One relative told us, "[Person] has always liked doing jigsaws and crosswords. I told the home and they have provided her with jigsaws and crossword books for her to use."

We recommend the provider reviews activities in the home to ensure people receive social stimulation.

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

- People received person-centred care which met their needs and preferences. However, care plans were not always updated in a timely way, when people's needs changed.
- Staff personalised support to suit individual people's preferences. A relative told us, "The support is perfect for [person's] needs, which makes her happy."

Meeting people's communication needs 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 provider did not always meet people's communication needs. People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. However, alternative ways of communicating with people were not always detailed in care plans. We have raised this with the provider.
- Some staff did not always know how to effectively communicate with people who were living with dementia.
- Relatives felt staff understood their family members and were able to communicate with them in alternative ways. One relative said, "They [staff] know [person] well. She can't communicate well, but they know what she wants by the faces she makes."

Improving care quality in response to complaints or concerns

- Complaints or concerns received by the provider, were recorded and actioned in accordance with the provider's complaints procedure.
- People and their relatives knew how to raise concerns. A relative said, "I have had no need to complain. Information about making a complaint is in the information I have been given."

End of life care and support

- People's end of life wishes were respected. Care records contained details of people's wishes, spiritual faith as well as if they had a Do Not Attempt Cardiopulmonary Resuscitation in place.
- At the time of the inspection there was no one receiving end of life care.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care

- The systems in place for checking the quality and safety of the service were not always effective as they failed to identify the shortfalls detailed in this report. Shortfalls were identified in relation to medicines and risk management, infection control, staff support, need for consent and record keeping.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from key stakeholders was not always gathered and used to improve the service. There was limited evidence that people and relatives were consulted about the development of the home or service provided. Some staff felt that they were not kept informed of changes in the home and communication with management was poor.
- Relatives told us they weren't invited to relative's meetings and they hadn't received a survey in the last 12 months. A relative told us, "I am not aware of any meetings that have taken place so that I can express my views, but I have been asked face to face if everything is ok and if anything can be improved."

We recommend the provider reviews how they engage with and consult key stakeholders, to inform the improvement of the service.

- Monthly staff meetings took place in the home to keep staff informed and give them the opportunity to contribute to improvements. However, some staff told us they didn't feel able to speak up nor felt listened to during staff meetings. One staff member said, "If I say anything, I'm seen as causing trouble. I say things all the time, but it gets ignored."
- The provider, registered manager and staff worked in partnership with other health professionals to achieve positive outcomes for people such as GP, podiatrist, falls team and speech and language therapists.

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

- Staff morale was low in the home. The service was going through a period of unsettlement which had affected the staff. One staff member said, "There is no staff morale at all at the moment which is a shame as

there are some nice people that work here."

- The local authority commissioners were working with the provider to make necessary improvements in the home, that were previously identified as significant risk.
- Staff were passionate about people and their roles caring for them, but they did not feel supported. They told us management were not approachable and they had noticed a decline in the home within the last 12 months.

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 registered manager understood and acted on the duty of candour. They notified CQC when things went wrong, such as safeguarding concerns and serious injuries.

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 11 HSCA RA Regulations 2014 Need for consent The provider failed to act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Regulation 11(1)(3)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to safely manage people's medicines. Regulation 12(2)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to monitor the quality and safety of the service. Regulation 17(1)(2)(a)(b)