Black Swan International Limited

The Gables Care Home

Inspection report

1 East Park Street
Chatteris
Cambridgeshire
PE16 6LA
Tel: 01354 693858
Web site: www.blackswan.co.uk

Date of inspection visit: 20 January 2016
Date of publication: 09/02/2016

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

Overall summary

The Gables Care Home is registered to provide accommodation for up to 49 people who require nursing and personal care. At the time of our inspection there were 20 people living at the service. The service is located in the town of Chatteris close to local shops, amenities and facilities. On-site parking is provided as well as the home being easily accessible to people, staff and visitors. Access to the accommodation is provided by stairs, stair and passenger lifts to the first floor. There are two floors which people are able to access freely. Bathing and shower facilities are available for people with this preference.

This unannounced inspection took place on 20 January 2016.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

All appropriate recruitment checks had been completed to ensure that staff were safe to work with people who

Summary of findings

used the service. These checks helped the provider determine staff's suitability for the role they had applied for. People's needs and preferences were met by an appropriate number of staff in a timely manner. An effective induction process was in place to support new staff.

Safe medicines administration was undertaken by trained staff whose competence to do this had been assessed. Staff were knowledgeable about identifying any potential harm to people and also the correct reporting procedures.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about when an assessment of people's mental capacity was required. No person using the service currently met the criteria to be lawfully deprived of their liberty. However, not all staff had an embedded understanding of the MCA and how a DoLS would be determined. This meant that there was a risk that people could be provided with care that was not always in their best interests.

Staff understood and were attentive to people's needs and supported people in a compassionate manner. Staff knew what was meaningful and important to people. People's privacy and dignity was respected by staff.

People and their relatives or representatives were involved in planning the care they/ their family member received. Staff ensured that people's care plans and records were regularly reviewed and updated. The registered manager provided people with information on accessing independent advocacy if any person required this support.

Arrangements were in place to, respond to and, support people with their health care needs. This was by the most appropriate, or a combination of, health care professionals such as speech and language therapist or occupational therapist. Health care professional advice was adhered to by staff. Up-to-date risk assessments to help safely support people with risk to their health were in place and these were kept under review according to each person's needs.

People were supported to achieve and maintain a healthy weight. Sufficient quantities of food, drinks and snacks for people were made available to people when they wanted. This included a choice of appropriate diets for those people at an increased risk of malnutrition, dehydration or weight loss.

People were given various opportunities to help identify and make key changes or suggestions about any aspects of their care. People were supported with a wide range of hobbies, social interests and stimulation. Staff recognised and responded promptly to any situations where people were unhappy about any aspects which affected their day-to-day living.

A range of effective audit and quality assurance procedures were in place. These were used as a means of identifying areas for improvement and also where good practice had been established. Information regarding the running of the service and people's care was shared through a range of forums including residents', managers' and staff meetings.

The registered manager kept themselves aware of the day to day culture in the service. They supported staff as well as engaging with people on a day to day basis.

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 safe?
The service was safe.

Good

Recruitment practices were robust and these helped ensure that a sufficient number of suitable staff were employed.

Risks associated with people's care were identified and managed to help keep them safe. Staff had received regular safeguarding training and knew how to raise any concerns to reduce the risk of harm to people.

Medicines were managed and administered safely.

Is the service effective?
The service was effective.

Good

People were supported with their independence to eat and drink sufficient quantities. Risks to people were managed effectively. Health care professionals visited the service regularly and staff followed their advice.

Staff were supported to improve the quality of care they delivered through training and regular supervision.

People were asked to consent to their care they were provided with. Staff respected people's decisions. However, not all staff had an embedded understanding of the Mental Capacity Act 2005.

Is the service caring?
The service was caring.

Good

Staff related well with people and were kind, friendly and supportive. People liked living at the service and relatives were complimentary about the caring attitude of staff.

Staff recognised people's rights to privacy and dignity. People were treated with respect.

Staff understood people's preferences and people were supported with their right to a family life and stay in touch with those people who were important to them.

Is the service responsive?
The service was responsive.

Good

Creative ways were used to supported people with a wide variety of their preferred social activities, hobbies and interests.

People were empowered to make meaningful decisions about how they lived their lives. People's sense of wellbeing was enhanced by staff who knew people's preferences.

People's comments, compliments, suggestions and concerns were used as a way to identify what worked well.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Effective quality assurance and audit processes and procedures were in place.

Staff were supported by the registered manager and representatives of the provider. There was an open and honest culture which the registered manager fostered on a daily basis.

The registered manager and provider used a variety of methods and sources of information to help keep staff skills up-to-date. Staff demonstrated the shared beliefs and values of the provider by implementing opportunities for improvement.

The 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 unannounced inspection took place on 20 January 2016 and was undertaken by two inspectors 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. Their area of expertise was in caring for older people and those living with dementia.

Before the inspection we looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with eleven people living at the service, five relatives, the registered manager, the regional manager, one senior and two care staff and the chef.

We observed people's care to assist us in understanding the quality of care people received.

We looked at five people's care records, the minutes of residents', managers' and staff meetings. We also looked at medicine administration records and records in relation to the management of the service such health and safety checks. We also looked at staff recruitment, supervision and appraisal process records, training records, compliments, complaint and quality assurance records.

Good

Is the service safe?

Our findings

People told us and we saw that they were safe living at the service. This was because staff responded promptly to people's requests for assistance. People's needs and preferences were met by a sufficient number of staff. One person said, "I need two staff to help me and they do." A relative told us, "[Family member] is safe here. I visit regularly and there is always staff around. They even have time to have a chat about [family member]." Another person confirmed to us that they felt safe because their requests for assistance were responded to quickly. People told us that they were able to take risks such as eating as independently as possible and going out into the community. One person said, "I feel secure here and when I go out with staff in my wheelchair."

Staff told us and we found that they had received training and regular updates in ensuring that people were safe. Staff had a good understanding of protecting people from harm. They were able to tell us about different types of abuse, such as physical or emotional abuse, how to recognise potential harm and how to report it. They said that they would be confident about reporting suspected harm or poor care practices within the service and knew how to report concerns to external organisations such as the local safeguarding authority if necessary. One person said, "I have never seen anything I am worried about. The carers [staff] all speak to us kindly and they are patient to those they help." This showed us that that there were systems in place to help ensure that people were as safe as practicable.

Information was available to people and staff in the service about how to report any concerns to the local authority or the CQC. Staff had access to the contact details for reporting any potential or actual safeguarding events. One person said, "I have lived here for a while and I feel as safe as houses. If I ask for staff to help me they do. I have a call bell in reach to help me with this." A relative added." My [family member] used to fall at home and now if they do this I am reassured to know there will be someone [staff] there for them."

Risks to people, including those at an increased risk such as eating, drinking, moving and handling and health conditions were managed effectively. This included the provision and use of mobility equipment, appropriate diets to reduce people's risk of choking and sensors in place to alert staff if people got out of bed. People's level of risk was documented in care plans and updated in response to changes. Effective measures such as regular repositioning of people were in place to support people with risks such as with their skin integrity. Moving and handling risk assessments allowed for days where people may have needed either one or two care staff. This meant that people were looked after safely according to their assessed needs at the time. One person said, "I do like it here, everybody is kind and patient so I do feel safe." This meant that there were processes and measures in place to support people safely with their risks.

A planned programme of maintenance was in place to help maintain a safe environment in the home. This included checks for lifting equipment, electrical systems and food hygiene. This helped ensure that the service was a safe place to live and work in.

Accidents and incidents, such as people experiencing unplanned weight loss or an increased number of falls, were investigated and action was taken to prevent recurrence. For example, referrals were made to the most appropriate health care professional. This included the person's GP or occupational therapist. In response to these the registered manager told us and we saw that where falls team interventions had occurred that people were more safely supported and had experienced less or no further falls.

The provider used a recognised dependency assessment tool to help determine the number of staff to safely meet people's needs. Other aspects considered by the registered manager included what people's preferences were and how people's individual care needs were to be met. We observed that people's needs were met by a sufficient numbers of staff and that this was done in a timely manner. We were told by people and relatives that staff had the time to spend talking, interacting and engaging in meaningful conversation with them. We saw that staff responded promptly to people and that they sought assurance people were safe.

One person told us, "I feel safe here. I know that I need staff to keep me safe especially with my medicines." The registered manager and all staff told us that there was enough staff to meet people's needs. One care staff said, "It's better now as there are more staff. It all depends on how many people are living here." Another staff member said, "It's a team effort if any staff are off sick or on leave.

Good

Is the service safe?

The [registered] manager pitches in too sometimes. We cover for each other." The registered manager and staff confirmed that agency staff were only used to support people where they had the right skills and it was safe for them to do so.

Staff told us and we found that there was a robust recruitment and induction process in place. We found that checks included requests for four written employment references, evidence of any unacceptable criminal convictions and recent photographic identity. Care staff confirmed to us the records that they had been required to provide, as well as their job interview before they were offered employment. The regional manager explained the process to us and staff told us about their interview. This demonstrated that people who were employed had undergone rigorous checks that deemed them suitable to work with the people who used the service.

We observed that people were safely supported with their prescribed medications by trained staff. Care staff who handled medicines received regular assessments of their competence before they managed and administered medicines on their own. People confirmed to us that they were happy with the way that staff managed their medicines. The registered manager whilst administering people's medicines demonstrated this by checking with people individually whether they preferred a spoon or cup to take their tablets. One person told us, "They [staff] stand by while you take them [medicines]." All medicines were stored, administered, recorded and disposed of safely. Staff were able to tell us about the requirements to support people with their medication such as with skin patches. The registered manager confirmed that they were kept up-to-date with current guidance from organisations such as the Medicines Health Regulatory Authority. This was to ensure that people were prescribed safe doses of their medicines.

Good

Is the service effective?

Our findings

People's choices, preferences and assessed needs were met by staff who were skilled in meeting these. We saw that staff supported people to be as independent as possible when eating and drinking and respected their choice. A relative told us, "They [staff] know what they are doing with [the food and drinks] for [family member]. In fact, they know [family member] as well as, if not better than me now."

Staff were supported with a formal induction and shadowing opportunities with experienced staff. We found that staff completed their induction prior to working on their own. One staff member said, "I get 100% support from [name of registered manager]. If I need help I get it." Another care staff said, "All the senior staff help me. It doesn't matter what it is about, they are for me." Staff told us about the subjects they had been trained in. These included moving and handling, fire safety, infection prevention and control and dementia care. The registered manager told us and records confirmed that staff completed the provider's mandatory training as well as updates to this when required. Staff told us, "We also get training in diabetes care and catheters if anyone needs this support."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found that some staff's understanding of these subjects was not embedded. This put people at risk of receiving care that was not always in their best interests. Staff were however able to tell us that they respected people's decisions even if these were unwise. No person using the service lacked the mental capacity to make decisions with or without support from staff. Lawful advanced decisions were in place for people's health, finances and welfare. This was for people if they ever lacked mental capacity to make their own decisions. Records viewed showed us when and whether people could or couldn't make specific decisions. For example, if they wanted a bath, shower or to go into the local town with staff.

Processes were in place to ensure all staff received the support they needed. The registered manager and staff confirmed that they were well supported. Support was also provided by a regional manager who confirmed they attended the service two to three times a week depending upon the urgency of the support. One staff member said, "I have a formal supervision every few months. I can raise any matters that affect my work as well as discussing training and any aspect of my job that could be improved." The provider and registered manager were keen to develop all staff's knowledge. This was with any additional training needs such as gaining health care related diplomas. This also included completion by two staff of the Care Certificate. This is a nationally recognised qualification for new staff with care responsibilities. This also included additional training including basic life support. Monitoring arrangements were in place to ensure staff completed, supervisions, appraisals and training in a timely manner.

We saw and the chef confirmed that people, including those with food allergies, sugar free, or soft food diets, were offered a choice of appropriate food and drinks. This included a variety of drinks, meals, fruit and snacks that were accessible throughout the day. Staff respected people's independence with their eating and drinking. One person told us, "Food is quite good really. You have a choice. I always have the same for breakfast – what I want – yoghurt, bananas and blueberries. I try to be healthy. I always have it in my room." We saw that people were supported with their eating and drinking by staff to ensure people ate and drank sufficient quantities. We observed staff asking a person if they wanted meat and vegetables together or separately. The person then responded to staff with their preference. One person told us, "The food is always very good. We have the option of an alcoholic drink if we want." We saw that compliments about the food that people or their family members had provided included, "It's as good as anywhere," and, "The Christmas dinner was excellent." A relative told us, "They [staff] invite us to eat

Good

Is the service effective?

with our relatives. It is nice to have staff eating with people as well as this encourages them [people] to eat." Another person said, "I don't get up until 10am. I can have my breakfast then."

People could be assured that the staff would take action to reduce and prevent any risks associated with their health. Where people were at an increased risk of weight loss or due to their skin integrity, food and fluid intake levels were recorded and monitored. This included regular weight checks. This was to help ensure that people received a healthy, balanced or fortified diet that was appropriate to their needs. One person told us, "My [family member] sorts out the dentist and the optician for me. If I wasn't feeling well they [staff] would get the doctor without any problem." A relative told us, "If ever [family member] has seen a GP or had a fall the [registered] manager lets us know." Staff made referrals to health care professionals such as a speech and language, or occupational, therapist. Another relative said, "The district nurse comes in every week to address [family member's] health needs. They [staff] are very good here getting [family member] the medical help they need."

Good

Is the service caring?

Our findings

Without exception, people and their relatives were very complimentary about the compassionate care provided by the staff and management team. One relative said, "I can only say they [staff] are excellent." They told us that this was because it was like a big family, that their family member was very well looked after and that they could not be in better hands. One person told us, "They [staff] are all very good. You are friends with them. It's all very personal the care they give you." Another person said, "The staff are like a friend to me. They make sure I have everything I need." Another person's relatives told us, "We're very happy with the care [family member] gets here. We can't fault it. Staff are always asking how [family member] is even when just passing."

People were provided with individualised care based upon what was important to them. Interactions observed between people and staff showed us how well staff knew the people they cared for. Staff made the time to sit and talk to people in the dining room between their main course and pudding. One relative said, "From time to time they [staff] come and we go over it [care plan] together. My [family member] does most of this side of things but anything urgent they get in touch with me straight away." Throughout the day we observed meaningful conversations between people, staff, and relatives together. At lunch time we observed care staff helping a person up to the table in their wheelchair, talking to them the whole time, helping and encouraging them to lift their feet up onto the floor plates. This showed us that people's needs were considered.

Staff supported and engaged in a conversation with people who wanted to walk to the dining room. They ensured that people were able to rest at convenient points along the way. Another example we observed was two care staff using a hoist to move a person from their arm chair into their wheelchair. The care staff said, "Please lift your arm up [name of person], and, "Please hold on, we are going up. Well done – nearly there." The person responded, "Thank you. Can I let go now?" The staff acknowledged this request and then helped the person to go to the lounge. People valued their relationships with staff and felt that staff always aimed to exceed their expectations wherever possible. A relative said, "Even the kitchen staff stop and have a chat."

People told us and our observations confirmed that staff were always respectful of their wishes, were attentive and spoke politely to them. Examples included ensuring people were given the freedom to be with family members in private as well as supporting people to be as independent as possible. One person said, "I have grand and great grandchildren visit me. It's nice to see them." Care records were held securely and were only reviewed or read in private. We saw that pet dogs visited as well as the provision of a fish aquarium. These events were the subject of much jovial discussion and people showed their happiness, excitement and pleasure at these. All people, relatives and staff we spoke to described the service like a big family home. This is what we found. For example, by having areas where people had privacy with their families or in groups. These events demonstrated that the provider had considered people's right to privacy and a family life.

All staff, including those in a non-care role such as the chef and cleaning personnel, were passionate about making a difference to people's lives. One relative said, "It's an all-round package. They [staff] care for my [family member] but they care for them as a person such as knowing what their favourite DVD film is."

Staff described how they respected people's privacy and dignity. This included talking with people, offering reassurance and ensuring people remained covered as much as possible whilst ensuring their care was provided. Ways staff used to respect people's dignity was by closing curtains and doors. One person said, "They [staff] always knock on my door. They only come in when I am ready." We also observed that when a person's phone rang the staff handed the person the telephone and then they left the person's room.

We saw that staff regularly sought or asked about people's general well-being and responded appropriately where this was required. Throughout the day we saw that the registered manager and visiting management and all staff spent meaningful time with people. We observed that people responded with general conversation. People told us the registered manager and care staff, chef and activities staff were always available, asking how they were and if everything was alright.

We found that people had relatives, friends and representatives who acted as an advocate for them if required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. The

Good

Is the service caring?

registered manager and staff were aware of organisations which offered this service if required. This showed us that people's wishes, needs and preferences were respected if people were not able to speak up for themselves.

Good

Is the service responsive?

Our findings

Before people used the service the registered manager assessed people's care needs, life history and found out information about them. This was to help them understand what people were interested in and what really made a difference to people's lives. This included visiting the person and assessing their needs, preferences and the way they would like spend their time at the service. This was to help ensure that the service and its staff were able to safely meet people's needs. Records we viewed confirmed this. People were given many opportunities to contribute to the assessment and planning of their care needs. This included day to day conversations as well as more formal care plan reviews. One relative told us how their brother was made fully conversant with the care needs of their family member and any changes that had been made recently. For example, with the addition of food supplements.

People were provided with individualised care that was focused on what they wanted. This included hand manicures, having a chat, being read the newspapers and talking about people's day to day, current and past lives. For example, people had discussions with staff about famous people that they had known and socialised with as well as reminiscing about the person's life history. One person told us, "They [staff] are all very good – you are friends with them you see – it's all very personal the care they give you." It's good we get on well with them." One care staff said, "I love talking with people and learning about them. It helps me to provide care in a way they like as well as understanding them better." They told us that this helped them support people in an individual way and respond to the person based upon what was important to them This was confirmed in our observations. We observed several examples throughout the day of staff responding to people in a person centred way such as repositioning people carefully where they had fallen asleep in a chair and getting people their favourite drink or snack. At recent residents' meetings people had confirmed the various social activities that had been provided. These included a quiz and cake making. We saw that people had been supported by staff to be involved in making these cakes and eating them.

Each person had a key worker. This is a member of staff with specific responsibilities for the individual aspects of people's care. This included the responsibility to keep families and relatives informed, reviewing care plans and being the person's first point of contact. A senior care staff told us that people's wishes were the most important. They added that this was because the care provided was what people wanted rather than what staff thought they needed. Care staff also used information from relatives and friends to be included in care plans they had read and knew well. This was for the aspects of people's lives that were important to them. This was to inform people's care plans. One care staff told us how they had been successful in encouraging people to take part in certain hobbies where they previously had never done so. The person told us, "I never thought I would do [name of activity]." One relative told us about the difference staff had made and the way staff had responded positively to their family member's needs and this meant that their family member no longer required a wheelchair to get about in.

People and staff told us about the social activities, hobbies and interests they had taken part in as well as others that were available. The service took a key role in the local community and was actively involved in building further links. These included a visiting pat dog, jazz music events as well as a singer. Care staff said, "We even take people to the market on Friday." Other hobbies and interests that people were supported to take part in included baking, celebrations of festive occasions, a garden fayre as well as going to a local farm and attending pantomimes. People, relatives and staff confirmed how much people had enjoyed these occasions. The registered manager told us and meeting minutes confirmed that whatever requests people had such as trips out, were considered. For example, there had been requests for more quizzes and we saw that these had been acted upon. One person's comments were that staff had provided useful stimulation which kept their mind active. Games and puzzles were provided in an appropriate colour/size and format so that people were able to take part as much as possible.

We observed the care staff and also the staff with specific responsibilities for activities. Staff interacted, assisted and reassured people. One person said, "We always have something to do. I can choose what, when and which subjects interest me most." We saw that a quiz was in progress and people were actively taking part in this. Care staff told us that various planned events were organised and most people attended these. The registered manager explained that one person preferred the theatre to pantomimes. They had arranged for the person to attend a

Good

Is the service responsive?

local cinema for a live screening of a theatrical performance. Care records confirmed that the person had enjoyed this. This showed us that the service used creative ways to enable people to continue to live as full a life as possible.

The service also put on films from an era which people were familiar with. This included musicals which people enjoyed singing along with. One relative said, "They [staff] have movies and sing-alongs and we can bring pets into the home. They're very good at stimulating residents and keeping them interested." This showed us that people were supported to have their care provided in an individual way that involved people so that they felt consulted, empowered, listened to and valued.

Staff used a nationally recognised organisation to assist them in developing new opportunities for people's interests. The activities staff, as a champion for this role were actively looking at exploring additional options of where and what other interests people could be supported and encouraged to go to. For example, we noted that they were looking at introducing the British Olympic Foundation for chair based exercise programmes.

People were actively encouraged to give their views and raise concerns or make suggestions before they had the potential to become a complaint. We saw that the regional manager had reminded people that if they were unhappy about any aspect of their care that they should bring this to management's attention. People, their relatives or representatives knew how to make a complaint and staff knew how to respond. Information in the form of a service user booklet was provided on how to raise a concern or complaint. One person said,"My daughter complained for me – you see I like [name of pastime] and I need to go outside. So as a result of that they moved me downstairs at my request so I can take myself out. They [name of provider] seem very receptive to ideas and issues that are raised with them."

Good

Is the service well-led?

Our findings

People's views about developing and improving the service were sought in the most appropriate way. This included residents' meetings as well as staff spending time with people and their relatives, seeking their views. Comments were then used as a way to drive improvement. A relative told us, "The [registered] manager is very nice as they are right by the door you can see them at any time really." Another relative said, "I come every Sunday and several times a week. I spend a few hours here in the lounge with my [family member]. They [staff] always offer me a cup of tea and a biscuit. They are very friendly."

A combination of formal audits and quality assurance procedures were undertaken by the regional, and registered, manager. The registered manager had from records viewed, notified the Care Quality Commission of incidents and events they are, by law, required to tell us about. We found that appropriate action had been taken to ensure the person was safe. This meant that the requirement to notify the CQC of certain events had been identified and acted upon.

Other quality assurance procedures had identified key themes on what the service did well and where improvements were required. For example, requests for further visits to zoos, garden centres and cinemas had been positively received. One relative told us, "They [staff] always ask if we would like to help with the bigger outings. I loved the zoo as [family member] really liked the change going out." Another relative said, "It wasn't a problem when I asked if I could attend to a residents meeting." We saw that the majority of people who lived at the service attended these meetings.

Strong links were maintained with the local community and included various trips out to local shops, theatres and garden centres. A relative told us, "I went with [family member] to the garden centre, bought some plants and helped plant them." Other links included a visiting musician and staff taking people to special family events. At the Strawberry fayre held at the service local neighbours to the home had also been invited and they had attended. Social inclusion was promoted and supported.

Relatives were very positive about the attitude towards them when visiting their family members by staff at the home. A relative told us that they liked the hot drinks machine that had been installed as well as the celebration of a special occasion for their family member. They said, "They [management and staff] make us so welcome. If I stay for lunch there is no charge but I generally make a donation." The registered manager told us that their "door was always open" whatever people or staff had to say. We saw that the visiting management and senior staff spent their time engaging with people and relatives.

Staff told us that as well as daily hand over meetings they also ensured comments from people were recorded in daily notes as well as passing these to the registered manager. This helped identify the finer points of people's care and that prompt any action that could then be taken if required. For example, changing the format of people's pain relief. One relative said, "It [name of care home] is well managed. It is always clean and tidy just like my [family member] is." Another relative told us, "They [name of provider] will do anything for you. You just have to ask."

Staff spoke confidently about the provider's values of treating each person as an individual and making sure people's wishes were always responded to positively. Staff confirmed that they liked working at the service. One relative said, "I don't look upon The Gables Care Home as a 'care home', but more of a home away from home."

People and their relatives commented favourably about how accessible the registered manager was and the frequency of their visits to each person in the service. One person said, "I know [name of registered manager]. They ask me lots of questions and if there is anything else I need." We saw that this was the case. One relative said, "Without exception, staff are all friendly and caring I never have any worries regarding [family member's] care here."

From our observations throughout the day we saw that all managers and staff understood their role and the key risks and challenges in running the service. This included managing risks to people using the service such as those people at an increased risk of malnutrition or falls. This showed us the provider strived for improvements in the quality of care it, and its staff, provided. Information from compliments was used as evidence by management in recognising what worked well. For example, one person was complimentary about the balloons, streamers and finger food that had been provided on their birthday.

Staff were regularly reminded of their roles and responsibilities at supervisions and staff meetings. Staff

Good

Is the service well-led?

told us they felt very confident that they would be supported to escalate any issues or concerns they became aware of if this was required. One care staff said, “I would report it straight away to the [registered] manager or the deputy manager.” The registered manager also worked shifts, completed spot checks and worked with staff at nights/weekends. This helped them identify any issues either at day or night in a proactive manner. If required they then put measures in place to support staff such as additional mentoring. Another staff said, “There is a good staff team culture and we are all here to help each other, especially if one area of the home is busy.”

The service had been awarded a rating of five out of five for food hygiene. [This is the highest award]. Part of this assessment includes the management of food hygiene. Examples we saw that demonstrated this is was the efficient serving of meals so they were hot and that meals were prepared by a trained chef in a suitable environment.