

David Cooke

The Gables Residential Home Limited

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The Gables Residential Home Limited provides accommodation and personal care for up to 20 people. At the time of our visit there were 20 people living at the home. The home provides care and support to older people.

There was a clear criteria on the people the home could support. The service provided care and support to people who were mobile and fairly independent who may need support with personal care.

People's experience of using this service:

People and their relatives spoke very highly about the home, the management and the staff. The Gables was very much seen as each person's home. They were fully involved in decisions about their care and the running of the home.

People received care, which met their needs. Guidance was in place to support people consistently and in the way, they wanted. Care plans were informative. People had access to other health care professionals when they needed it.

People were supported to pursue their interests and hobbies. Regular social activities were organised for the enjoyment of the people living at the home. These were kept under review. People were provided with sufficient home cooked food and drink to maintain their health and wellbeing.

Staff knew people extremely well. They were extremely caring and showed compassion in their approach. People and their relatives expressed a high level of satisfaction with the care. People were very much listened too and provided with the care and support that they needed and wanted. People felt confident to talk about any concerns that they may have. Where people had made suggestions for improvements these had been acted upon very promptly.

Staff had received ongoing training and support to enable them to provide care that was effective. There had been very little turnover of staff with many working in the home in excess of 10 to 15 years. Staff were valued and enjoyed supporting the people living at The Gables.

The service was well led. There were suitable quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: Rating at last inspection: Good (report published December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the home continued to meet the characteristics of good with the caring domain being outstanding.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per

our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Gables Residential Home Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one 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 Residential Home Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The provider, registered manager and staff team did not know we would be visiting. We carried out the site visit of the inspection on 22 May 2019.

What we did:

We reviewed information we had received about the service since the last inspection in November 2016. This included details about incidents the provider must notify us about.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people, four relatives and a health care professional. People looked relaxed and comfortable with the staff who supported them. We spoke with four care staff, the registered manager and the provider. We received feedback from a professional prior to our inspection. You can see what they told us in the main body of the report.

We reviewed a range of records. These included four people's care and medication records. We also looked at three staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home training and supervision for all the staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe and well supported by the staff.
- Staff had received training in safeguarding and were aware how they could report concerns to external bodies and the registered manager. Staff said they would have no hesitation in reporting concerns about poor care delivery.
- Visitors to the home were required to sign the 'visitor's book' kept in the entrance hall of the home.

Assessing risk, safety monitoring and management.

- People continued to receive a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe. These had been kept under review and amended as people's needs had changed.
- Staff understood the risks to people and knew the actions to take to keep people safe.
- The environment was safe and well maintained. Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents.
- Equipment such as bath seats were serviced and checked regularly. There were no hoists or moving and handling equipment. The registered manager told us that the service did not support people who required this level of support. There was an expectation that people would be mobile.
- Staff received training in safe moving and handling. They told us, if a person had fallen the staff would encourage the person to get themselves off the floor. They explained this would be with the assistance of a chair using a gradual approach. If the person was not well enough to do this then they would call 999 for assistance.

Staffing and recruitment.

- Safe recruitment processes were in place to ensure suitable staff were employed.
- Staffing levels were planned and organised in a flexible way to support people with their daily needs and for additional activities and appointments outside of the home.
- Staff confirmed there was sufficient numbers of staff to support people. They spent time engaged in activities and talking to people.
- People were supported by consistent staff. The registered manager told us that a member of the management team and existing staff members would cover short term staff absences if needed. Agency was rarely used.
- People and their relatives confirmed there was sufficient staff. One person said, "Yes very safe here there is plenty of people around and they respond quickly if I have needed them."
- People confirmed their call bells were answered promptly.

Using medicines safely.

- Medicines were stored, administered and disposed of safely. People's medicines were kept in their bedrooms in a locked cupboard. Records confirmed they received their medicines as required.
- People were able to keep control over their own medicines if they had been assessed as safe to do so. People told us they were happy with the support they received with their medicines.
- Staff completed training in medicines administration and their competency and knowledge was checked.
- People's medicines were regularly reviewed by the GP.

Preventing and controlling infection.

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately.
- The home was extremely clean and odour free. Housekeeping staff were employed to keep the home clean. Regular checks were completed to ensure all parts of the home were clean and tidy.
- The home had been awarded the highest rating of five stars from environmental health for food safety standards in the home.
- People and their relatives were very complimentary about the cleanliness of the home.

Learning lessons when things go wrong.

- Falls, accidents and incidents were recorded and analysed to identify trends and patterns and ways of reducing risks. A new digital care planning system had been introduced so the manager could analyse any correlation with falls or other incidents. This meant actions and preventive measures could be put in place quickly and lessons learnt to reduce further incidents.
- There had been only a few minor accidents, and none had been reportable to the Care Quality Commission.

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.

Good: 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.

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- The registered manager said it was important for people to visit the home as part of the assessment process. This was to ensure they could meet the care and support needs of the person and they were compatible with others living at The Gables. The registered manager said they were unable to support people with complex support needs.
- One person was spending time during the day in the home taking part in the activities and for meals to help aid the settling in period once they were admitted. The registered manager said this had been really positive as they had rekindled a friendship with one of the people already living in the home.
- Information from the assessment had informed the person's plan of care. Care records were held electronically. Staff were able to access the live electronic system and update it from handheld devices.
- Regular reviews were taking place to ensure the support people received was effective. Meetings were held with the person, their relative and where relevant the placing authority. A relative commended the registered manager in respect of a recent review. This was because less than 24 hours after the review, the registered manager had started to complete the agreed actions to support the person.

Staff support: induction, training, skills and experience.

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, where they were new to care.
- Staff confirmed they received the training they needed to support people effectively. All training was face to face and updated annually. This was provided by an external provider.
- Staff received regular supervision every two to three months. Staff told us they felt well supported in their roles and they could speak with the manager and provider at any time.
- People and their relatives spoke highly of the staff and their knowledge and understanding of the people they supported. Comments included, "Excellent staff", "Staff know mum really well". One person told us, "I know the staff are trained". They told us the staff team had recently used part of the dining area for training. A relative said, "We are confident in the staff and know they are knowledgeable about their work."

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

- People told us they enjoyed the food and there were lots of choices. There were three or four choices for each meal. People were asked on a daily basis what they would like to eat. Preferences were very much catered for and nothing was too much trouble.
- Comments from people included, "We always get a lovely meal it is a good portion size and always have

fresh vegetables. We can choose what we like, and the cakes are amazing" and "I love the food it is high quality and we are always eating no-one is hungry living here". A relative said, "Dad has put on weight since living here he really enjoys the meals and I notice how good it looks, they make it all onsite and also homemade cakes and biscuits."

- The mealtime was calm and unhurried and was a very happy, relaxed and enjoyable experience. The tables were laid beautifully with tablecloths, napkins and flowers. People were offered a glass of wine with their meal.
- People could have drinks whenever they wanted. People had access to fruit and snacks throughout the day. In addition, there was a cold water dispenser in the corridor that people, their visitors and staff could help themselves too.

Staff working with other agencies to provide consistent, effective, timely care.

- Feedback from a health and social care professional was positive. They told us staff were prompt in making referrals and acting on their advice. They said they had no concerns about the support that was in place.
- Staff communicated effectively with each other. There were systems in place, such as daily records and handover meetings, to share information among staff. Staff knew what was happening in people's lives and knew when changes had occurred.
- The registered manager said they liaised regularly with the GP. This included obtaining an up to date care and treatment plan. This included information about a person's medical history, current medication and treatment plan with health professionals. The registered manager said this could be shared in the event a person needed to go to hospital.

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

- The home was bright, airy and decorated to a high standard. There was a large lounge, a smaller quieter snug area and a large dining room. There were patio doors from these rooms leading on to the garden. There was additional seating in the entrance hall and corridor, so people could choose whether they wanted to spend time with others or in quieter area.
- People had their own room with an ensuite. Their bedrooms had been personalised to suit their own taste, hobbies and interests. Each person had access to a call bell. Most of the bedrooms overlooked the garden.
- There were sufficient bathrooms throughout the home which had been designed to ensure people's safety. Bathrooms and ensuites had lighting that switched on when a person entered. The registered manager said this was positive as it minimised risks at night for a person falling as they were not looking for a light switch.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required.
- People's weight was monitored monthly. Any concerns in respect of weight loss was then discussed with the person's GP.
- District nurses visited the home to provide support with any nursing care needs such as wound care management or medicines for diabetes.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make

decisions, any made on their behalf must in their best interests and as least restrictive as possible.

- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Care plans were developed with people and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care. Staff encouraged people to make day to day decisions on how they liked to spend their time, when to get up, what to eat and what they wanted to wear. People confirmed they were consulted about their care and provided with choices.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).

- The registered manager told us that everyone presently accommodated at the home had the mental capacity to make decisions for themselves. There was no one subject to a DoLS.
- The registered manager told us they had completed a DoLS for one person in the past telling us the reasons and the process. This demonstrated they fully understood the process and the legislation.

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity.

- The atmosphere in the home was calm and friendly. Staff were observed talking to people in a kind and affectionate ways. Interactions between staff and people showed positive relationships had been developed. The majority of the staff had worked in the home for many years offering people stability and continuity. A relative told us, "Mum sees the staff as part of the family".
- Our observations showed people displayed positive signs of well-being. People were keen to tell us how happy they were living at The Gables. There was an inclusive, and happy atmosphere.
- People were engaged and had a sense of purpose to their lives. It was evident people saw the Gables as a 'home from home'. One person said, "I feel young again and have a purpose, I continue to live my life how I want and meet up with friends. I am really happy here".
- People were supported to have parties to celebrate birthdays inviting their friends and family. There were open visiting arrangements. Family had been invited to join their loved one for a Christmas meal as they would have done had they lived in the own home.
- Staff spoke fondly of the people they cared for. Staff comments included, "I love my job, the people and the staff. It is an amazing place to work and live", "I would not work anywhere else people have so much choice and control". Another member of staff said, "I am not ready to retire yet. I love my job". Everyone we spoke with said they would recommend the service to others as a place to live and work.
- The registered manager was passionate and promoted The Gables as the person's home. We were told whatever people wanted they could have from what they wanted to eat, to an item for their bedroom or an activity. They met with each person on monthly basis. It was evident this was a positive experience for the people in having their voice heard about what they would like to do.
- There were many examples of this happening. One person told us, they had said to a member of staff that fairy lights would like nice on the tree outside their window. They told us the next day there were fairy lights on the tree. It was evident this had a positive impact on the person. Another person was planning a holiday and was worried about having appropriate clothing. Staff were supporting them to go shopping. It was evident that life did not stop at The Gables and staff listened to what people wanted and needed.
- People were supported to lead the life they wanted and try new things. One person was being supported to go for a meal for their birthday in a hotel outside of Bristol where they had worked when they were younger.
- Relatives spoke positively about the service their loved one received. Comments included, "We are so pleased with the home it ticks all the boxes and we are well informed about dad he is very much at home and enjoys being here", "Excellent cannot fault it here, all the girls are kind, and nothing is too much trouble".
- People were protected under the characteristics of the Equality Act. The Equality Act is legislation that

protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care records included information about their individual characteristics which had been identified as part of their needs assessments. For example, we saw that where people had religious beliefs, they were supported to maintain their faith.

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

- Regular meetings were taking place for people and their relatives to express their views about the care and support in addition to the individual meetings they had with the registered manager. From these meetings people were able to express if they wanted things done differently or if they needed any additional support. From talking with people, their families and the registered manager it was evident that these requests for support were met.
- There was a notice board containing information about events, activities and other news about the service.
- Surveys were sent out regularly to provide another way for people to feedback their thoughts and ideas. Feedback was positive about the service with most saying the support they received very good.

Respecting and promoting people's privacy, dignity and independence.

- Staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. For example, one person continued to attend an art club they had attended prior to moving to The Gables. They were also supported to paint pictures in their room. They told us, "I was offered a bigger room, but I did not want to move".
- People were addressed by the name that they preferred. Staff were aware of each person's preferences.
- People appeared well groomed and clothing looked clean and tidy. People's hair was also styled to their preference. People were offered assistance to bath and shower as many times as they wanted throughout the week. One person said, "I can have a bath or a shower every day if I wanted".
- The layout of the home meant people had access to two lounges, dining area and quiet areas. Seating was available throughout the home, so people could find company or peace and quiet. People could entertain their visitors in the quiet lounge or in the privacy of their own bedrooms.
- People were very much involved in life at The Gables. One person said, "I have a new lease of life. It is now my home and I love it." Another person told us, since moving to the home they had rekindled their love of gardening.
- People confirmed they were encouraged to do what they could do for themselves. One person said, "If you don't use it, you lose it". Another person said, "The girls help me with what I cannot do". They gave the example of staff putting cream on their legs and back, but staff left them to do the bits they could manage. Another person told us, "I actually feel more confident in doing more for myself than I did at home but that is because I feel more secure living here."
- Some people had their own telephone line to enable them to make calls in the privacy of their own bedroom, whenever they wanted.
- Staff were observed knocking on bedroom doors and asking permission before entering a person's room. People told us the staff treated them well and in a dignified manner.
- Staff clearly knew people's relatives, which contributed to a relaxed and friendly environment. A relative told us they could help themselves to tea and coffee. They said it was like visiting Granny's home and also the grandchildren knew where the biscuits were kept. There were toys available for when small children visited. This showed that The Gables was home to the people that lived there.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People and relatives were involved in the planning of the care. One person said, "From when I moved in the staff have got to know how I want things done. If I want to have things done different I just ask, and they do it". Care plans were reviewed regularly and contained detailed guidance for staff.
- People enjoyed a wide range of activities provided at the home. These were designed and delivered to meet people's particular needs. People were also supported to pursue individual interests, hobbies or aspirations such as attending external clubs.
- Staff organised themed days which were based around popular themes such as a day at the beach, Easter celebrations and, wartime. Staff said these were lively and enabled both staff and people to learn from each other.
- Weekly entertainers visited the home and provided musical events, light exercise and arts and crafts. People were involved in the gardening if they wanted. Raised flower beds had been purchased to make this easier for some people.
- Regular activities were organised such as bingo. Staff said people liked the prizes. However, a person said they were getting bored of the bingo and another asked for more gentle exercises. This was fed back to the registered manager. Staff and the activity co-ordinator worked together to provide activities for people.
- Staff understood the Accessible Information Standard. People's communication needs were identified and recorded in care plans. These needs were shared appropriately with others. Information was available in large print.

Improving care quality in response to complaints or concerns.

- There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed.
- There was a book to record complaints in the main entrance of the home. There had been no formal complaints received by the home. The registered manager said they operated an open door policy.
- People and their relatives told us they could always speak with the staff or the management if they had any concerns. They were confident these would be addressed.
- We saw many letters and cards sent to the service thanking them for their care and support.

End of life care and support.

- At the time of our inspection, the service was not supporting any person to receive end of life care.
- Care plans contained information about people's individual end of life wishes.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager, provider and staff were passionate about providing care that was very much led by the person in 'a home from home' in environment.
- People were very much part of the delivery of care. Comments included, "It is more like a home than a care home. I can do very much what I want to". The registered manager met with each person living in the home once a month to discuss their care and support and any suggestions they may have.
- Staff were very complimentary about the leadership at the service and provider. The registered manager and the senior management team led by example which influenced staff's attitude to work in a positive way. They worked alongside the staff in supporting people.
- Throughout the inspection the registered manager took time to speak with people and their relatives. They showed a genuine compassion for people, their relatives and staff.
- People we spoke with were extremely complimentary about the registered manager and the staff. Comments included, "She runs a tight ship", "Excellent manager, nothing is too much trouble", "I think she does a great job and all the staff have been here a long time so that speaks volumes" and "On the ball, X (name of manager) gets things done straight away. All the staff are lovely".
- The registered manager understood their responsibility of the duty of candour. Relatives confirmed they were kept informed about any changes. They were clear about their responsibilities for reporting to the CQC and the legal requirements.

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

- There was a programme of quality assurance checks in place, including care provided, care records, health and safety and medicines. These enabled the registered manager to address any shortfalls promptly, assess any improvements they could make and provide people with a high quality service. The new electronic care plan system would make this area more robust. This was because there was a central place to record these checks and provided staff with prompt when things needed checking.
- From our discussions with the registered manager there were lots of informal checks such as checks on the environment and general safety of people. The registered manager told us moving forward they would formalise these and record their findings. It was evident the lack of formal reporting was not having a detrimental affect on people due to the high standard of the environment and positive feedback from people and their relatives.
- The registered manager told us that the provider was very supportive, and they were in regular contact. Staff spoke very highly of the provider. From our conversations with the provider they were very committed

to providing people with care that was person centred in a home from home environment.

- The registered manager was very proud of the team and their commitment to providing care that was person centred. It was evident the team worked well together.

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

- The registered manager and provider demonstrated that staff were highly valued by sharing praise, celebrating birthdays and organising a Christmas meal. Staff felt valued, which meant there was a high level of staff retention, which meant that people received consistent care from staff who were happy in their work.
- Daily handovers were used to communicate updates keeping staff informed about any changes to people's care.
- Team meetings were organised to discuss the running of the home and the changing needs of people. The registered manager said they also organised an informal meeting over a Chinese every two months and found staff were much more engaged and communicative.
- In addition, to the registered manager meeting up with individual people on a monthly basis, two meetings were organised each year for everyone in the home and their relatives. Whilst the minutes were comprehensive they did not include comments made by people. It was evident that people were empowered to voice their opinion, and this could have been better evidenced. The registered manager moving forward said they would include people's comments.

Continuous learning and improving care.

- The registered manager had a management qualification in health and social care. In addition, staff were encouraged to achieve care qualifications and received ongoing training relevant to their role.
- It was evident from talking with the registered manager that they were committed to continuous learning to improve the care people received. This included reading regular articles and attending care conferences. In the past they had attended the local authority's care home provider forum meetings.
- Regular meetings were held with people and the staff, surveys were sent out to relatives and people enabling them to continually improve the care and support to people.
- The service had been voted one of the top 20 care home in the South West by the carehome.co.uk four years in a row. This was based on the amount of positive reviews the home has had from people.

Working in partnership with others.

- The registered manager told us about the positive relationships they maintained with other professionals involved in people's care. This included GPs, district nurses and in the past the care home liaison team. This ensured people received a consistent service.
- The home continued to develop links within the community, which in turn supported people to maintain their own community links. This included participating in fund raising for local and National Charities. They were hosting a summer garden party to raise money for a dementia charity.
- The registered manager fostered positive relationships with the local community. Children from the local nursery visited the home and were engaged in activities with people such as gardening. Links had been built with the local clergy who regularly visited people to provide church services and holy communion. The local brownie pack visited at Christmas.