

Karamaa Limited

The Gables

Inspection report

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Date of inspection visit:
23 December 2019

Date of publication:
09 March 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Gables is a residential care home providing personal care for up to 24 older people some of whom may live with Dementia. The service was supporting 22 people at the time of the inspection.

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

Improvements were required to the way medicines were managed. Medicines were not administered as prescribed and placed a person at risk of harm. People were not supported to stay safe as risks were not consistently managed well. Where people had fallen or displayed distressed behaviours timely action had not been taken to ensure care records were updated to guide staff on how to reduce those risks and support people.

Systems to monitor the quality and safety of the service were not effective and had not identified the areas for improvement found at this inspection.

Rating at last inspection

The last rating for this service was Good (published November 2019)

Why we inspected

The inspection was prompted in part by a notification of a specific incident. Following which a person using the service experienced harm. This incident is subject to a police investigation. As a result, this inspection did not examine the circumstances of the incident for that specific person, but we looked at how the concerns may have affected other people at the home.

CQC also received information of concern relating to the care of people living with dementia. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

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 improvements. Please see the Safe and Well Led key questions.

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

Enforcement

We have identified breaches of regulation in relation to risk management, medicines practices and quality assurance monitoring of the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Gables

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

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

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

Notice of inspection

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and five relatives about their experience of the care

provided. We spoke with five care staff, the cook, two visiting healthcare professionals the registered manager and the registered provider.

We reviewed a range of documents and records including the care records for four people, four medicine records, and two staff files. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Staff had not always ensured medicines were given as prescribed and at the prescribed intervals. This placed the person at risk of harm, and is currently under investigation.
- Risk management was not always robust. For example, care plans did not contain explanations of the control measures for staff to follow to keep people safe. People had fallen in the home and action had not been recorded in a timely manner within people's risk assessments or care plans about how the risks of further falls would be reduced. We saw a risk assessment had been updated for one person incorrectly as it stated they had not had any falls in the previous month when they had sustained two falls. We raised this with the registered manager and the records were amended to reflect this.
- Some people lived with dementia and displayed distressed behaviours. The risk assessment and care plan for one person had not been updated in a timely manner detailing their distressed behaviours and how these should be managed. This meant staff did not have access to consistent written guidance on how to de-escalate situations and provide appropriate support to that person. Records reviewed for this person demonstrated the person had displayed suicidal tendencies and had hit out at other people living in the home on two occasions.
- Although staff were monitoring and recording people's distressed behaviours, the level of detail recorded failed to demonstrate how people were supported during that time of distress. It was not clear from the records the de-escalation techniques staff used.

The failure to provide care and support in a safe way to people is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediate action was taken by the provider in response to this medicines incident to ensure the safety of people living in the home.
- Records did not clearly indicate the specific part of the body where a transdermal patch had been applied. One method that could be used to record this information is the use of a body map. This is to ensure the patch is not applied to the same part of the skin within 3- 4 weeks. This is in accordance with the manufacturer's instructions.
- Staff had recently completed updated training in medicines administration. This included a staff assessment of competence during the training in a 'role-play format'.
- During the inspection we observed staff supporting people to take their medicine and this was done safely. The staff member was seen to explain to people that it was time to take their medication and stayed with them while they took this.

- The registered manager advised us action had been taken in response to supporting people with distressed behaviours and this included a referral to healthcare professionals and local authority to support one person with complex needs. This resulted in one to one staffing support being implemented. The registered manager sent us an updated risk assessment and care plan for this person following our inspection visit.
- Staff we spoke with were aware of most people's risks and were able to tell us how they supported people to keep them safe. One staff member told us, "We discuss people's needs and any risks at handover. If people are distressed, we try and provide reassurance."

Systems and processes to safeguard people from the risk of abuse

- The registered manager had not notified the local authority safeguarding team about incidents of abuse between people living in the home. These notifications were submitted following our inspection visit. The registered manager advised us a representative from the local authority had reviewed records which contained this information and they had not raised this with them at that time.
- People told us they felt safe when being supported by staff. One person said, "Yes I feel safe here, the staff help me to keep safe." A relative told us, "[Relative name] is absolutely safe. The staff are just lovely, the way they talk to [relative]. [Relative] would be able to tell us if they weren't happy."
- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "I would always report any abuse I saw. When I support people with personal care if I see any bruising I would record and report it to the seniors or manager."

Staffing and recruitment

- At our last inspection we found gaps in employment for potential staff members had not been explored and explained as part of the recruitment practices. At this inspection we found improvements had been made. We reviewed two staff files and all required recruitment information had been obtained. This ensured staff were suitable to work with vulnerable people.
- People and relatives told us enough staff were on duty to meet their people's needs. One person said, "Yes there is enough staff here they are busy, but they do come when I need them to." A relative said, "I feel there is enough staff and [relative] has good care."

Preventing and controlling infection

- Staff wore personal protective clothing such as gloves and aprons when undertaking certain tasks to prevent the spread of infections.
- People and their relatives told us the home and their bedrooms were kept clean.

Learning lessons when things go wrong

- The provider had demonstrated they would learn lessons where things had gone wrong. Since the last inspection, the provider had acted to improve the recruitment processes, to ensure gaps in employment were explored and explained. Action was taken in response to an incident that had occurred in the home.
- Systems were in place to monitor and analyse incidents, accidents and bruising observed on people. Records we reviewed demonstrated the registered manager understood how to use these as learning opportunities to try and mitigate future occurrences. For example, staff continued to be reminded to be careful when providing personal care due to people's fragile skin, and for those on blood thinning medicines.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

- At our last inspection we found improvements were required to ensure audits completed were robust and identified areas for improvements. Although we saw some improvements had been made. Further improvements were still required as we had found at our last inspection.
- Since our last inspection the registered manager had delegated managerial tasks to the deputy manager with a view to upskill them in the role as a manager. During this time the registered manager and the registered provider told us they visited the service daily.
- Oversight was not always effective. This meant records for people who displayed distressed behaviours were not analysed and timely action taken to implement detailed written guidance for staff to follow on how to support people and to mitigate future risks.
- Systems to monitor the service were not effective. For example, two notifiable incidents had not been identified and reported to CQC and the Local authority.
- Care plans audits were not effective in identifying where care records had not been updated. For example, staff were monitoring and completing records of a persons distressed behaviour from October 2019. These records had not been used to update information contained in the persons care plan and risk assessments to ensure they were accurate and reflected the person's needs.
- Audits of medicines were not effective in identifying gaps in information. For example, records to support medicines administered 'as required', did not contain the signs and symptoms people may display, and the frequency medicines should be administered. This meant clear written guidance was not in place for staff to follow to ensure consistent practices were followed.
- Systems in place failed to identify records did not reflect the distraction techniques used prior to the administration of medicines to reduce people's distressed behaviour.

Systems and processes were not robust enough to demonstrate the service was operating effectively. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last inspection we found audits of recruitment files were not robust to identify gaps in employment files. At this inspection we found improvements had been made and the recruitment files we reviewed contained all the required information.
- We observed some infection control issues in the home such as stained chairs and chipped and ripped

furniture. The registered manager advised us these issues were new and would have been identified and addressed as part of the infection control audit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives knew who the registered manager and the providers were and spoke positively about them. One relative said, "The last time we came the management came and spoke with us and were very pleasant. I think the staff are excellent."
- Staff spoke positively about working in the home and confirmed they felt supported by the registered manager and provider. A staff member said, "We have regular meetings to discuss the service and I feel supported. The manager and provider are always available for advice if we need it."
- Systems were in place to seek feedback from people, relatives and staff. The registered manager continued to have regular meetings with people, relatives and staff to gather views and feedback about the care provided.

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 registered manager understood her responsibilities in relation to the duty of candour regulation.

Continuous learning and improving care

- The registered manager advised us they had sought the support of an independent consultant with auditing the service to improve quality. They advised us they had requested for the consultant to review the areas we had reviewed to support them to make improvements where required.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, such as District Nurses and GP. The local authority has visited the service and provided support and recommendations about supporting people's complex needs.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust enough to demonstrate the service was operating effectively

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive their medicines as prescribed and were not protected from potential risks.

The enforcement action we took:

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