Chandrakantha Prathapan

Gable Lodge

Inspection report

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09 January 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Gables Lodge is a small care home which can provide personal care and accommodation for up to nine adults. The service specialises in supporting older people living with dementia. At the time of our inspection there were seven people residing at the home.

At the last Care Quality Commission (CQC) inspection in April 2015, the overall rating for this service was Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People continued to be safe at Gable Lodge. There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. There were enough staff to keep people safe and recruitment procedures were designed to prevent people from being cared for by unsuitable staff. The premises and equipment were safe for people to use because staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

The registered manager continued to provide good leadership and led by example. The service had an open and transparent culture. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Gable Lodge

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 checked 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. The inspection took place on 9 January 2017 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During our inspection we spoke with four people who lived at the home, the registered manager, the deputy manager and three care workers. We also observed the way staff interacted with them and performed their duties. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Records we looked at included the care plans for the four people we spoke with, eight staff files and a range of other documents that related to the overall governance of the service.

We also contacted two social care professionals who had involvement with the service to seek their views about Gable Lodge.

Good

Is the service safe?

Our findings

People told us they felt safe at Gables Lodge. One person said, "The staff are very good and make sure I'm safe."

People continued to be protected from the risk of abuse or harm. Since our last inspection all staff had received refresher training in safeguarding adults at risk. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people.

Measures were in place to reduce identified risks to people's health, safety and welfare. Managers assessed and reviewed risks to people due to their specific health care needs. They had put in place risk management plans for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. For example, this included eating and drinking, mobility and safe transfer using a hoist and skin care. Our observations and discussions showed staff understood the risks people faced and took action to minimise them. For example, staff followed individual guidance when supporting people with swallowing difficulties to eat their meals.

The provider's recruitment process helped protect people from the risk of unsuitable staff. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of staff they employed to support people living in the home. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

There were enough staff to support people. One person told us, "There's always someone in the house to look after to us." Throughout our inspection we saw staff were visible in communal areas, which meant people could alert staff whenever they needed them. We saw numerous examples of staff attending immediately to people's requests for a drink or assistance to stand. We saw the staff rota for the service was planned in advance and took account of the level of care and support people required in the home. Additional staff were arranged when needed, for example, when people attended hospital appointments. The registered manager worked as part of the staff team and was available to provide support if required.

The home continued to be safe and hygienically clean for people. Staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene. Arrangements were in place to deal with foreseeable emergencies. People had personal emergency evacuation plans which explained the help individuals would need to safely leave the building. Appropriate numbers of staff were trained in first aid.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care plans contained detailed information regarding their medicines and how they needed and preferred these to be administered. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. Staff received training in the safe management of

medicines and their competency to handle medicines safely was assessed annually.

Good

Is the service effective?

Our findings

People were cared for by staff who were supported by their managers. Staff had individual supervision meetings with the registered manager or deputy manager on a two-monthly basis and attended group team meetings with their fellow co-workers once a month. This was confirmed by staff we spoke with. They told us these individual and group meetings gave them sufficient opportunities to discuss their work and training needs. Staff also told us they felt supported by the service's managers.

However, it was clear from records we looked at and discussions we had with staff that appraisals of staff performance were not being undertaken annually by managers contrary to the provider's staff appraisal policy. We discussed this issue with the registered manager who agreed to reintroduce annual staff appraisals. Progress made by the provider to achieve this stated aim will be assessed at the service's next inspection.

Since our last inspection records showed staff had either completed their mandatory induction training or refreshed their existing knowledge and skills in topics relevant to their roles. This helped staff keep their competencies up to date in various subjects that included dementia awareness, moving and handling, fire safety, food hygiene and infection control. Staff spoke positively about the training they had received. One member of staff told us, "I'm up to date on all my training." Another member of staff said, "The training we receive is very good and it's always on-going. Recently I refreshed my moving and handling training."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the Act. The registered manager had assessed where a person may be deprived of their liberty. People living at Gables Lodge needed constant supervision to keep them safe and were unable to access the community unaccompanied. DoLS applications made to deprive people of their liberty had been authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation.

People were supported to have enough to eat and drink. People typically described the food and drink they were offered at the home as "alright". One person told us, "The food isn't anything special, but to be fair it

usually tastes OK." Another person said, "The staff always ask you what you want to eat and whatever I've chosen it normally tastes pretty good." We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. Staff demonstrated good awareness of people's special dietary requirements and respected their mealtime choices. For example, we saw staff respect one person's request to have a late breakfast in bed because they had not slept well.

People were supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

Good

Is the service caring?

Our findings

People told us they were happy living at Gables Lodge and typically described the staff who worked there as 'nice'. One person said, "I do like living here. The staff are very nice." Another person remarked, "The staff are good to me. It's a nice place to live." We also saw the service had received a number of written compliments from people's relatives since our last inspection. One person wrote in a card they had sent to the home, "I am so pleased we found such a happy homely place for my [family member]."

During a tour of the premises we saw inappropriate information aimed at staff was displayed in the dining room. This included information about training and guidance to help staff assess people's health. We discussed this matter with the registered manager who agreed not to display information that was intended for staff only, in communal living areas used by people living at the home.

We observed positive relationships had been built up between staff and the people living in the home. For example, people looked at ease and comfortable in staff's presence, responding positively to their questions and requests for assistance. Staff also gave people their full attention during conversations and spoke to people in a kind and considerate way. During lunch we saw staff frequently checked if people were enjoying their meal or needed a drink and provided encouragement. Staff described the food before supporting people to eat it and assisted them in a dignified manner.

Care plans were personalised and centred on people's needs, strengths and choices. There was detailed information about what was important to the person. People's life histories and the names of family members and friends who were important to them were recorded in their care plan. Staff knew people well and were able to tell us about their preferences, interests and background. They knew what people liked to do and what their preferred routines were. Staff demonstrated good knowledge of the professions' people had worked in before they had retired.

People's privacy and dignity were respected and maintained. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity. In addition, double occupancy bedrooms contained privacy screens and curtains which we saw staff use when they were supporting people with their personal care.

Although most people living in the home were dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they could be. For example, we saw people could move freely around the home. We also observed people who were unable to use traditional cups and plates had their needs assessed and where appropriate, had been given a plate guard or special crockery which enabled them to drink and eat with minimal assistance from staff.

When people were nearing the end of their life, they received compassionate and supportive care. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people, and their relatives, about their decision as to

whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff confirmed they had received end of life care training.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Since our last inspection in April 2015, people continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and contained detailed information about people's social interests, food preferences and how personal care and support was to be provided. For example people's daily routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and where they would like to eat their meals.

Care plans were reviewed monthly, or sooner if there had been changes to people's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

Staff were responsive to people's changing needs. For example people were weighed regularly to monitor their nutritional needs. We sat in on a staff handover meeting at the end of early shift where important information about any changes in people's needs, incidents and upcoming events were shared with staff coming on duty.

People remained active and participated in a variety of social and recreational activities that met their social and physical needs. One person told us, "I've taken up painting again since moving to Gable Lodge, which I really enjoy." We saw pictures painted by people living in the home on display in the dining room. Staff were aware of people's social interests and hobbies and supported individuals to purse them. For example, we saw staff reading to a person whose care plan stated they liked to be read too. We also saw staff initiate a game of indoor skittles, which people sitting in the lounge who joined in this recreational activity seemed to enjoy.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The registered manager confirmed there had been no formal complaints received by the service since our last inspection.

Good

Is the service well-led?

Our findings

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