

White Gables Care Home

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection carried out on 12 August 2015. White Gables Care Home provides accommodation for up to 20 people who require residential or nursing care and also supports people living with dementia. There were 19 people living in the service when we carried out our inspection.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection there was one person who was subject to an active DoLS authorisation.

Summary of findings

Staff knew how to recognise and report any concerns so that people were kept safe from harm and background checks had been completed before new staff were appointed. Staff helped people to avoid having accidents. There were arrangements in place for ordering, storing, administering and disposing of medicines.

Staff had been supported to assist people in the right way. People had been helped to eat and drink enough to stay well. We found that people were provided with a choice of meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the service. Visitors were made welcome by the staff in the service. People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they supported and the choices they made about their care and people were supported to pursue their hobbies and interests.

There were systems in place for handling and resolving complaints. People and their relatives knew how to raise a concern. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The registered manager regularly assessed and monitored the quality of the service provided for people. The service had established links with local community groups which benefited people who lived in the service.

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.

People told us they felt safe living in the service and relatives told us they thought people were safe and well cared for.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Good



Is the service effective?

The service was effective.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported to take part in social activities of their choice.

There was a system in place for resolving complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The registered manager had completed quality checks to help ensure that people reliably received appropriate and safe care.

Staff said they felt supported and were aware of their responsibility to share any concerns about the care provided at the service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

White 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 was 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.

We visited the service on 12 August 2015 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spoke with ten people who lived in the service and six visiting relatives. We spoke with the registered manager and two registered nurses. In addition, we spoke with two members of care staff, the chef and a healthcare professional who was visiting the service.

We observed care and support in communal areas and looked at the care plans of five people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager completed which monitored and assessed the quality of the service provided.

We reviewed other information that we held about the service such as notifications, which are events which have happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the registered provider for information in order to get their view on the quality of care provided by the service. In addition, we contacted two health or social care professionals and asked them for their feedback on the care that people received at the service.

Is the service safe?

Our findings

People said that they felt safe living at the service. One person said, "I feel safe because I'm looked after. I came here after two bad falls and I am very glad I'm here." Another person said, "I feel very safe here." Relatives were reassured that their family members were safe in the service. One relative said, "It's secure and [my relative] feels safe here."

We asked staff to tell us how they maintained the safety of people who lived in the service. They were clear about whom they would report any concerns to and were confident that any allegations would be fully investigated by the registered manager. Staff said that where required they would escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission. Staff said that they had received appropriate training and there were up to date safeguarding policies and procedures in place to guide staff.

The registered manager had a good understanding of safeguarding vulnerable adults. The records we hold about the service showed that the registered manager had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, when a staff member had sustained a minor injury, appropriate action had been taken in line with the registered provider's health and safety policies and procedures.

We looked at five people's care plans and saw that possible risks to people's wellbeing had been identified. For example, the risk assessments described the help and support people needed if they had an increased risk of falls, were at risk of choking, had reduced mobility or were likely to develop a pressure ulcer. The risk assessments identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress in place. Staff demonstrated they were aware of the assessed risks and management plans within people's care records. For example, staff had ensured that some people

who had reduced mobility had access to walking frames. In addition, we observed that staff accompanied people when they walked from room to room if they were assessed as needing support.

The registered provider had a business continuity plan in place. This included information about alternative accommodation and services in the event of an emergency such as severe weather conditions, staff shortages and loss of utility services. Personal emergency evacuation plans had been prepared for each person and these detailed what support the person would require in the event of needing to be evacuated from the building.

Staffing levels were kept under review by the registered manager and were adjusted based upon the needs of people. Staff said that staffing levels were appropriate and people we spoke with said there were always staff available to help them and there were enough staff to meet their needs. One person said, "I need to use it [the call bell] for help with the loo. They come quite quickly all the time." Another person said, "They always come up and down and around [the bedroom corridor]. Or I use my bell if it's urgent." One relative said, "There's always somebody about in the lounges. You don't have to seek people out."

There were other staff who supported the service on a day to day basis which included housekeeping, catering, administration and maintenance. Records showed that the number of staff on duty during the month preceding our inspection matched the level of staff cover which the registered provider said was necessary. We noted that call bells rang but there were enough staff available to answer the bells and that people received the care they required in a timely way.

Five staff personnel files were checked to ensure that recruitment procedures were safe. Appropriate checks had been completed. Written application forms, two written references and evidence of the person's identity were obtained. References were followed up to verify their authenticity and two senior members of staff undertook all interviews. Disclosure and Barring Service (DBS) checks were carried out for all staff. These were police checks carried out to ensure that staff were not barred from working with vulnerable adults. These measures ensured that only suitable staff were employed by the service.

Staff carried out medicines administration in line with good practice and national guidance. They also demonstrated

Is the service safe?

how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. Staff who administered medicines told us, and records confirmed, they received regular training about how to manage medicines safely.

We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We looked at six

people's medicine records and found that they had been completed correctly. Medicines audits were carried out on a monthly basis when people's medicine charts were checked. Any actions identified from the audits had been noted and action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Is the service effective?

Our findings

People said that they were well supported and cared for by staff who had the knowledge and skills to carry out their role. One relative said, “They know [the staff] what they are doing. I can’t fault them.”

Staff completed induction training when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the registered provider’s policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. We saw that staff all held or were working towards a nationally recognised care qualification. The service had a training plan for the year. One staff member said, “There are always lots of training opportunities for staff.” The registered manager had an overview of staff training and kept an overall record to show what training each staff member had completed and when refresher training was due. We saw that staff received training from external agencies. For example, training about incontinence products was planned and training around the use of a new piece of equipment had taken place. Staff told us they were supported to do their role and that they received regular support and supervision sessions from the management team. This gave staff the opportunity to discuss working practices and identify any training or support needs.

The registered manager and the staff knew about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA and DoLS. These are laws which protect people’s rights when they are unable to make decisions for themselves. They knew what steps needed to be followed to protect people’s best interests. In addition, they knew how to ensure that any restrictions placed on a person’s liberty were lawful. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. At the time of our inspection one person had a DoLS in place and we found that policies and procedures had been followed correctly.

Staff asked people for their consent before delivering care or treatment and they respected people’s choice to when they declined. We found that some people had chosen to

make advanced decisions about the care they did not want to receive in a medical emergency or at the end of their life. Some people had a ‘do not attempt cardio pulmonary resuscitation’ (DNACPR) order stored at the front of their care file. A DNACPR is a decision made when it is not in a person’s best interest to resuscitate them if their heart should stop beating suddenly. The DNACPR orders indicated that the decision had been discussed with the person.

People told us they enjoyed the food they received in the service. One person said, “It’s really lovely. I’m eating what I’d never have eaten at home. I get what’s brought and eat every bit of it.” Relatives were encouraged to eat with the loved ones. One relative said, “It’s very good food. I’ve joined Mum for lunch sometimes too, which is encouraged.”

People were offered the opportunity to have their weight monitored in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were completed by staff. People were provided with drinks throughout the day of the inspection and had access to drinks in their bedrooms. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was a relaxed atmosphere in the dining room and staff joined people to have their lunch. We noted that this had a positive effect on the dining experience for people. There was more conversation and one person who had been slow to eat their meal started to eat more with the company.

People received good healthcare support. Their health and care needs were monitored and supported through the involvement of a range of relevant professionals such as their local doctor, optician, district nurse and dieticians. Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. One healthcare professional told us, “I have never had any concerns when I come here. Staff will act on our instructions and always flag things up to us quickly.” People and visitors said they were confident that a doctor or other health professional would be called if necessary. One person said, “They were quick to get the doctor for me once.” Relatives said that staff always kept them informed if their relative was unwell or a doctor had been called. One said, “[My Relative] needed the GP about 3 weeks ago, they were very prompt getting him out.”

Is the service caring?

Our findings

People and relatives told us staff were kind and attentive to their needs. Staff interacted with people in a caring way, showing a genuine interest in their work and a desire to provide a good service to people. One person said, "I've always been treated well." Another person said, "Yes, they're good. I wouldn't put up with it otherwise."

Relatives were also positive about the care people received. One said, "I like the way they talk to [my relative] and know how to deal with them." Another said, "I have nothing but good things to say. They are all very caring and look after me as well." In addition, another relative said, "This was the home we liked best when we looked. It's the size, the attitude, number of staff and everybody knows everybody."

Staff were positive about their work and told us they thought people were well cared for. One staff member said, "I think we give good care. I know I would be happy for one of my relatives to leave here. It's because we are small and it's like a big family. We always think of the resident and their family as a package, we care for both of them."

There was a welcoming atmosphere within the service during our visit. Relatives said that they were made to feel welcome by staff and invited on a regular basis to planned events in the service and that often people stayed to have lunch with their loved one. We noted that several relatives were visiting during the morning and were offered hot drinks and chatted with staff and sat with their family members in the lounge area.

We saw staff supporting people in a patient and encouraging manner. For example, when staff helped people who needed assistance with eating this was conducted in a respectful and appropriate manner, sitting alongside the person and talking to them. Another staff member observed that a person had forgotten their glasses

at lunchtime and went to get them for the person. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress and what jewellery they liked to wear and we saw that people had their wishes respected.

People were treated with respect and in a caring and kind way and staff referred to people by their preferred names. Staff were friendly, patient and discreet when supporting people. For example, people were assisted to leave communal areas discreetly and go to the toilet and other people were given gentle encouragement when they were walking with their mobility frames.

Staff recognised the importance of not intruding into people's private space. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. For example, when we were shown around the service by the registered manager, they knocked on each person's bedroom door and waited before they entered. They then checked with the person that they were happy for us to come in and introduced us. People's bedrooms had comfortable chairs where people could sit and relax and enjoy their own company if they did not want to use the communal lounges. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Relatives said that they were able to visit their relatives whenever they wanted. One said, "I am here every day and I am always welcomed. I can pop in whenever I want and have a cuppa with [my relative]." The registered manager was aware that local advocacy services were available to support people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. People's care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. Senior staff were responsible for updating and reviewing a number of people's care plans on a monthly basis. These reviews captured people's changing needs and provided important information for staff to follow. People and their family members were involved in reviewing their care plans.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen. We observed at lunch that one person had chosen fruit rather than the apple pie and cream. Another person preferred ice cream instead of cream with their pudding. People could choose where they ate their meal, either in the dining room, in one of the lounge areas or in the privacy of their own bedroom if they wished to. We also saw how staff bought people jugs of drink and allowed them to choose which they wanted and alternatives were available if people decided they wanted something different for lunch.

People also had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and cushions and that rooms were personalised with pictures and paintings. We found that people had been asked for their views on decoration of their bedrooms and during our

inspection we saw that relatives were choosing new wallpaper for their loved one's room. People had access to several lounge areas including a sun room within the service and also a garden with a seating area.

People we spoke with were positive about the activities which were available for them in the service. They said that this had improved recently and there was more choice available. One person said, "I like the singing but it's not every day. I'll watch any games going on." An activity schedule was available in the service so that people knew what was available to them and therefore could make a choice. The activities person was not available on the day of our inspection. However, we saw evidence of how they were monitoring the activities which took place. They had identified that they needed to improve how they included people who could not attend communal activities and support them on a one to one basis in their bedrooms to minimise social isolation. They had also started working on memory boxes for people who lived with dementia. A memory box is a collection of personal items. It can help trigger memories for a person living with dementia in a way that other forms of communication cannot. Feedback from relatives confirmed that this was an area which they wanted to see improve.

Staff we spoke with said that they thought the activities available for people had improved. They told us about recent trips and a BBQ which had taken place. People said they had enjoyed this and had been supported to choose their own food for their skewer. One person had a birthday party planned for the end of the week and was expecting family to arrive and this generated a lively discussion at lunch. We saw how one person had been supported to maintain their hobby of gardening. During our inspection they were outside tending to the flowers and plants. People were also encouraged to be involved in growing their own vegetables, and there were greenhouses with tomatoes and strawberries which had been picked and used in the kitchen recently. In addition, one person who had links to the Royal Air Force (RAF) had maintained these links and had regular visits from an association within the RAF.

People were encouraged to raise any concerns or complaints that they had. The service had a complaints procedure which was available in the service. People we spoke with and their relatives told us they felt comfortable raising concern's if they were unhappy about any aspect of their care. Everyone said they were confident that any

Is the service responsive?

complaint would be taken seriously and fully investigated. We saw that when a complaint had been made, that the registered manager had taken action to address the shortfalls identified. For example, new documentation had been introduced to ensure that staff logged all telephone

calls and a handover document had been updated to capture more in-depth detail. In addition, we saw that care plan documentation had been improved and that reflective meetings took place with staff to ensure that lessons were learnt from complaints and incidents.

Is the service well-led?

Our findings

The service had a registered manager in post and there were clear management arrangements in the service so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff. We saw that the registered manager talked with people who used the service, their relatives and staff throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively oversee the service and provide leadership for staff. People said that they knew who the manager was and that they were helpful. One relative said, “[The registered manager] is very approachable. They listen and sort it, they are very open.” One staff member said, “[The registered manager] is brilliant but I think very fair.”

Staff were provided with the leadership they needed to develop good team working practices and that they were supported by the registered manager. Staff said that they were happy working at the service and felt supported with one staff member telling us, “I love working here and love the work I do. There is a good relationship between the care staff and the nurses. It works well.” Another one said, “We have a good team. We all have our ups and downs but on the whole it’s a good team who support each other.”

The registered manager engaged with external organisations to ensure that the care provided met national best standards. They had arranged for the service to be involved in a project run by the National Institute of Health Research (NIHR). The project was an evaluation on the care for people with dementia need and how to train staff to meet those needs. The end product of the research would be a nationally recognised training programme for staff supporting people who lived with dementia.

During the evenings, nights and weekends the registered manager was available if staff needed advice. There were

handover meetings at the beginning and end of each shift so that staff could talk about each person’s care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received and annual questionnaires were sent to people to gather their views and concerns. The last survey had taken place in February 2015 and 12 people had responded. The comments received were positive and we found that the results had been analysed to highlight any comments which required further action. Comments received included, “Very homely, no changes required.” and, “Very happy here.”

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, medicines management and health and safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

The service had established links with the local community. There were monthly visits from local Methodist church members and the service also had strong links with local schools in the area and had supported college students with work placements in the service. People also had access to a mobile library which visited the service and a Pets As Therapy (PAT) dog who visited the service regularly. PAT dogs are known to bring comfort and companionship to people.