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The Gable

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 16 and 17 November 2017. The first day of the inspection was unannounced.

The Gable is a care home which is registered to provide care and accommodation for up to six adults with a learning disability and does not provide nursing care. People in care homes receive accommodation and 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 Gable is an adapted building in a residential area in Burnley. At the time of the inspection there were six people accommodated at the service.

At the time of the inspection, the service was without 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 2008 and associated Regulations about how the service is run. There was a manager in post who had commenced the initial process for registration, but had not yet submitted an application with the Commission.

At our last inspection on 5 January 2015 the overall rating of the service was 'Good' and there were no breaches of the regulations. At this inspection we found the provider was in breach of three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. They related to the provider having unsafe processes for the management of medicines, insufficient risk assessments and risk management processes and a lack of compliance with the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report.

We found there were management and leadership arrangements in place to support the day to day running of the service. However the providers need to have better oversight of the service and improved checking systems, to make sure the service is safely and effectively run.

Systems were in place to maintain a safe environment for people who used the service and others. However we found some matters were in need of attention.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. There were enough staff available to provide care and support and we were told staffing arrangements were kept under review.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters.

We found people were supported to make their own decisions and choices. They were effectively supported

with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People were satisfied with the meals provided at The Gable. Arrangements were in place to offer a balanced diet. People were actively involved with devising menus, which meant they could make choices on the meals provided.

People made positive comments about the care and support they received from staff. We observed positive and respectful interactions between people using the service and staff.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities and preferences before they used the service.

Each person had a care plan, describing their individual needs and choices. This provided guidance for staff on how to provide support. People had been involved with planning and reviewing their care. People's privacy, individuality and dignity was respected.

People were supported with their hobbies and interests, including activities in the local community and to keep in touch with their relatives and friends. Their well-being was monitored and reviews of their needs were held.

There were processes in place for dealing with complaints. There was a formal procedure to manage, investigate and respond to people's complaints and concerns. People could also express concerns or dissatisfaction during their care reviews and during residents meetings.

There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences.

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. We found medicine management practices needed improvement for people's well-being and safety.

We found some risks to people's health and well-being were not always identified, assessed and managed.

Staff recruitment processes included relevant character checks. There were enough staff available to provide people with safe care and support, however this needed to be kept under review. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were encouraged and supported to make their own choices and decisions. However, people's care and support was not always provided in line with the principles and requirements of the Mental Capacity Act 2005.

Processes were in place to find out about people's individual needs, abilities and preferences. People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. People were supported to eat healthily; their preferred meal choices were known and catered for.

Processes were in place to develop and support staff in carrying out their roles and responsibilities.

Requires Improvement ●

Is the service caring?

The service was caring.

People made positive comments about the supportive and caring attitude of staff. We observed positive and respectful interactions between people using the service and staff.

Good ●

Staff were aware of people's individual needs, characteristics, backgrounds and personalities, which helped them provide personalised support.

People were supported in a way which promoted their dignity, privacy and independence.

Is the service responsive?

The service was responsive

People received personalised care and support. Processes were in place to monitor, review and respond to people's changing needs and preferences.

People had the opportunity to maintain and develop their skills. They had access to community resources, to pursue their chosen interests and lifestyle choices.

There were processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Good ●

Is the service well-led?

The service was not always well-led.

There had been changes in the management team and the service was without a registered manager.

There were processes in place to monitor people's experience at the service. However, the provider had not ensured their quality monitoring arrangements were sufficient in ensuring the service was safe, effective and well-led.

Requires Improvement ●

The Gable

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 inspection took place on 16 and 17 November 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted various professionals including: the local authority contract monitoring and safeguarding teams. We reviewed information we had and used it to decide which areas to focus on during the inspection.

We also used information the provider sent us in the Provider Information Return. This is 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 a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spent time with people, observing the care and support being delivered. We spoke with four people living at The Gable about their experiences at the service. We talked with two support workers, the manager and provider.

We looked round the premises. We looked at a sample of records, including two care plans and other related care documentation, one staff recruitment record, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Is the service safe?

Our findings

We looked at the way people were supported with the proper and safe use of medicines. People spoken with were aware of their medicines and said they received them on time. One person explained, "Staff deal with my medicines. They make sure I get them." There were signed consent agreements where people had agreed for staff to administer their medicines. However, people had not been routinely risk assessed, to demonstrate their ability and preferences to manage their own medicines. This meant the reasons and decisions made for the service to manage people's medicines were not justified and kept under review. There were no specific care plans to support people's needs and preferences with their medicines.

We found there was a lack of specific protocols for supporting people with medicines prescribed 'as necessary' and with a 'variable dose.' The protocols are important to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. By the second day of our inspection, the provider had devised and introduced individualised protocols. However we would expect such processes to be in place without our intervention. We noted the printed dosage instructions on one Medicine Administration Record (MAR) chart was at variance to the instructions on the item label.

Records and discussion showed staff responsible for administering medicines had completed medicine management training. However this had not included a practical assessment of their competence in this task, this meant the provider had not assured themselves staff were providing people with safe and appropriate support. We noted this matter was being addressed, but not all staff, including the manager, had been assessed as competent.

Staff had access to the provider's medicines policies and procedures. However we noted the date on this guidance was 2010. We were told the policy had been reviewed, but this had not included an update of the information. This meant the policy did not include directions on medicines management in accordance with current recognised guidance. For example, there was no policy to direct an appropriate response to 'covert' administration. This relates to staff giving medicines to people without their knowledge.

We looked at the arrangements for the safe storage of medicines. We found people's medicines were stored safely and securely. However, we found temperatures were not being checked and monitored to ensure medicines storage conditions were suitable. Although there were no controlled drugs, which are medicines which may be at risk of misuse, safe storage facilities for such medicines were not available. This meant should controlled drugs be prescribed the storage facilities would not meet the requirements of the Misuse of Drugs Act 1971.

There were processes in place to complete weekly and monthly audits on aspects of medicine management practices. However our findings showed the above discrepancies and shortfalls had not been identified and rectified in a timely way. Which meant risks and potential risks had not been mitigated.

The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the procedures and records in place for the receipt, administration and disposal of medicines. The processes included staff having sight of repeat prescriptions for checking prior to them being sent to the pharmacist. This was to check all the required items were included on the prescriptions. There was a monitored dosage system (MDS) for medicines. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day.

Each person had a 'patient information sheet' which include photographs for identification and made reference to the prescribed items, the dosage, amount and any side effects. Information leaflets were available for each of the prescribed items. Processes were in place for people's medicines to be reviewed during their annual health check with their GP. There was nationally recognised guidance on medicine management available for staff reference.

There were 'body map' diagrams available to provide clear direction on the application of topical creams and lotions. This meant staff were instructed on offering/providing medicines in response to a person's needs and well-being.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each person had an individual risk screening assessment, which included activities of daily living in the home and community. However the information was lacking in detail. The assessments did not show what risks to the individual had been considered and how the decisions had been made. There was no information to indicate people had been involved with the risk screening process.

We noted there were some more detailed risk assessments in response to specific individual needs, which included strategies to guide staff on how to manage and minimise identified risks. However we found there was also a lack of person centred risk assessments, to guide staff on identifying and minimising risks to people's safety, supporting their independence and managing behaviours that challenge the service. We discussed this with the manager and provider who agreed to take action to rectify these matters.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We found health and safety monitoring checks were carried out on people's bedrooms. However we noted there were no specific risk assessments on window safety and hot surfaces. There was also a lack of health and safety risk assessments/checks on communal areas. We found two bathroom door locks were ineffective in enabling staff to gain access in an emergency situation. There were no contingency plans in the event of any unforeseen circumstances and failures in essential services. However the provider said they had commenced action on introducing such procedures.

The provider had failed to ensure risks to people's wellbeing and safety were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Hot water temperatures to sinks and baths were being checked for safe temperatures. Records showed arrangements were in place to check, maintain and service fittings and equipment, including electrical safety, fire alarms and extinguishers. Fire safety risk assessments were in place; these had not been reviewed since 2012. However the manager showed us a more in-depth fire risk assessment process which was being introduced. There were accident and fire safety procedures available. Records indicated fire drills and fire equipment tests were being carried out on a regular basis. We noted people who used the service were involved with the fire safety procedures and evacuation. Each person had their own personal emergency evacuation plan. Records were kept of any accidents and incidents that had taken place at the service. Records and discussion indicated staff had received training on health and safety matters.

We reviewed how the service protected people from abuse, neglect and discrimination. The people we spoke with indicated they felt safe at the service. Their comments included, "Oh yes it's a safe place," "I feel safe here most of the time," "The staff are always alright with me" and "I would tell someone if I wasn't happy." We observed examples where staff positively and considerately responded to people's specific needs and behaviours. Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. There had not been any safeguarding incidents, however we discussed the processes in place to respond and manage such incidents. We also discussed the safeguarding procedures with staff. Those spoken with expressed an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse, including physical abuse, psychological harm and potential discrimination. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. We noted this information had been recently reviewed and updated to reflect current local safeguarding protocols. The provider told us they had recently signed up to a local 'safeguarding champions' forum. This was a regional health and social care initiative, to promote people's right to live in safety, free from abuse and neglect. We discussed with the provider their responsibilities to monitor any safeguarding incidents and accidents at the service, to ensure there is a proactive 'lessons learned' approach.

We checked if the staff recruitment procedures protected people who used the service. We reviewed the recruitment records of the newest recruit. The recruitment process included candidates completing a written application form and attending a face to face interview. The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, obtaining written references and clarification about any gaps in employment. A health screening assessment had been completed. An appropriate DBS (Disclosure and Barring Service) check had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Arrangements were in place for new employees to undergo a probationary period to monitor their conduct and competence. The service had disciplinary procedures to manage unsafe and ineffective staff conduct.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. People spoken with did not express any concerns about the availability of staff at the service. Staff spoken with considered there were enough staff available to provide safe support. They confirmed action was taken to cover unforeseen and planned staff absences. We looked at the staff rotas, which indicated processes were in place which aimed to maintain consistent staffing numbers. We were told staffing levels were monitored and were flexible in response to people's needs, lifestyles, appointments and activities. During the inspection we found there were sufficient staff on duty to support people. However we discussed with the provider the importance of having sufficient staff available to meet people's changing needs and choices. Also that the deployment of appropriate staff needed to be kept under review. The manager and provider indicated staffing arrangements would always be reviewed during the admission process of a new person moving into the service.

We reviewed how people were protected by the prevention and control of infection. The areas of the service we looked at were clean. Suitable cleaning equipment and domestic style laundry facilities were provided. Protective personal equipment, including gloves and anti-bacterial hand wash was available. Guidance on effective hand hygiene was displayed in bathrooms. There were some cleaning schedules and associated recording systems to maintain hygiene standards. Records and discussion indicated staff had completed training on infection control. However there was no checking process in place, to identify, monitor and respond to infection prevention and control at the service. This meant checks to maintain and promote

good hygiene standards were not in place. We discussed this shortfall with the manager who agreed to take action in respect of this matter.

Is the service effective?

Our findings

We looked at how consent to care and treatment was sought in line with legislation and guidance. 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 or authorisations to deprive a person of their liberty were being met. The service had a policy which aimed to underpin an appropriate response to the MCA and DoLS, this was dated 2012 and therefore was lacking in up to date guidance. Records and discussion showed that staff had received training on this topic. However, we found there was a lack of information to show people's capacity to make their own choices and decisions had been appropriately assessed. This meant people's capacity to make their own decisions had not been emphasised, or if they lacked capacity, the process to follow to ensure their care and support was provided in their best interests. We were told two people needed ongoing staff support and therefore lacked the freedom to leave the premises alone. We were told this was a long standing previously agreed arrangement when people moved into the service. The people we spoke with indicated they were happy with this level of support. The provider had very recently applied for one person's potential deprivation to be authorised under DoLS. However, it was evident the service had not complied with the principles of the MCA in a timely way. This meant that people were susceptible to having their rights to freedom infringed and of unlawful restrictions placed upon them.

The provider had failed to comply with the requirements of MCA 2005 and associated DoLS safeguards. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoken with indicated they were involved in matters affecting them. During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in everyday decisions. Staff spoken told us they routinely consulted with people about their support and their lifestyle choices. One staff member said, "We always ask people and involve them with decisions." The care records we reviewed included signed and dated agreements on various consent matters. We noted people had also signed in agreement with their care plan records.

The people we spoke with indicated they were mostly satisfied with the care and support they experienced at The Gable. Their comments included, "I am happy enough here," "I think it's alright" and "I like it sometimes." We looked at the way the service assessed and planned for people's needs, choices and

abilities before they used the service. There had not been any new admissions to The Gable for over two years. However, the manager described the process of assessing people's needs and abilities before they used the service. This would involve the completion of an initial needs assessment, by gathering information from the person, their families and any relevant health and social care professionals. The service had policies and procedures to support in practice the principles of equality and diversity. This meant consideration would be given to protected characteristics including: race, sexual orientation and religion or belief. People would be encouraged to visit, for meals and short stays. This would support the ongoing assessment process and provide people with opportunity to experience the service before moving in. The manager said the process would include taking into consideration the person's compatibility with people already using the service.

We reviewed how the service used technology and equipment to enhance the delivery of effective care and support. The manager explained that people using the service did not require any specific equipment. However the service was in the process installing Internet connection, which would improve access to information for people and help enhance staff learning and development.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People spoken with told us of the activities they enjoyed which promoted a healthy lifestyle, for example: dancing, walking and swimming. They described how they were supported with their health care needs and appointments. Each person had a 'my health assessment' record, which included details of their past and current health conditions. This meant staff were aware of people's health care needs and could monitor and respond to any changes. The people we spoke with confirmed they had received attention from healthcare professionals as and when needed. They told us, "I see the dentist and optician for check-ups," "I go to the GP when needed" and "I have a health check every year." Processes were in place to record healthcare appointments, the outcomes and any actions needed. We noted the service had liaised as appropriate with a number of health care professionals. People had 'hospital passports' to share important and personalised information when people accessed health care services. The manager and staff spoken with expressed a good understanding of people's individual health-care needs.

We checked how people were supported to eat and drink enough to maintain a balanced diet. People made positive comments about the meals provided at the service. They said, "The food is alright" and "I like what we have." Individual food likes and dislikes were included in people's care records. People's weight was checked at regular intervals and records were kept of the food people had eaten. This helped staff to monitor risks of poor nutrition and support people with their diet. Health care professionals, including GP's and dieticians were liaised with as necessary.

The weekly menus were discussed and agreed with people who used the service. One person explained, "We talk about what's going to be on the menu during the meetings." We looked at menus and noted various choice were offered. Staff spoken with said healthy eating was encouraged and reflected in the menus. Mealtimes were flexible and people could eat at different times if they preferred. Some people were involved in preparing and cooking their own meals. We noted people could make drinks for themselves whenever they wished. We discussed with the manager and staff, ways of increasing people's awareness of healthy eating by providing assessable information.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Arrangements were in place for new staff to complete an initial induction training programme. This helped ensure new staff had an awareness of people's needs, health and safety, emergency procedures and other operational matters. We saw records of the most recent staff member's initial training which was ongoing. The induction training programme had been developed to incorporate

the Care Certificate training modules. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. The provider said the manager and existing staff were to complete the Care Certificate as 'refresher training' this meant they would update their skills and knowledge around current best practice.

We found arrangements were in place which aimed to provide staff with appropriate training and development, this included safeguarding vulnerable adults, moving and handling, equality and diversity, food hygiene, medicines awareness, health and safety, fire safety and basic first aid. The service supported staff as appropriate, to attain recognised qualifications in health and social care. Staff had a National Vocational Qualification (NVQ) level 2 or 3, or were working towards a Quality and Credit Framework (QCF) diploma in health and social care. Staff spoken with told us about the training they had received at the service. We reviewed records of the training completed; ongoing and arranged. We noted examples of certificates confirming the training in staff files.

Staff spoken with said they received one to one supervisions and had ongoing support from the manager and provider. This arrangement offered staff the opportunity to discuss their responsibilities and the support of people who used the service. We saw records of supervision meetings held. The manager said staff were due to receive an annual appraisal of their work performance and review their training and development needs.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. People were mostly satisfied with the accommodation and facilities available at The Gable. One person said, "I like my room it's how I want it." We looked around the premises and noted some improvements had been made to the service, including new floor coverings, furniture and decorations. A new kitchen had also been fitted. We noted people had been supported to personalise their rooms with their own belongings. They had chosen colour schemes, curtains and bedding. This had helped to create a sense of 'home' and ownership.

Is the service caring?

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. People spoken with made some positive comments about the staff team and the care and support they received. They said: "I like all the staff they are good with me," "We have good staff," "The staff treat me well" and "Most of the time they treat me nice." We observed positive and meaningful interactions between people using the service and staff. Staff showed sensitivity and consideration when responding to people's needs. They were respectful and kind when supporting and encouraging people with their daily living activities and lifestyle choices. We were made aware of changes at the service which may have influenced individual emotional needs and support. Staff spoken with had identified and reported on this matter. The manager described the processes being followed to sensitively review these circumstances.

We checked how the service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. People spoken with had some awareness of their care records and indicated they had been involved with reviewing them. Staff spoken with knew people well and understood their role in providing people with person centred care and support. They were aware of people's individual needs, specific routines, backgrounds and personalities. They gave practical examples of how they supported and promoted people's individuality and specific preferences. Everyone had a support plan which identified their individual needs and preferences and how they wished to be supported. This included a 'pen picture' profile and information about the person's preferences, interests, important relationships, communication needs and personal histories. There were personalised summaries including, 'about me,' 'my life story' and 'things I like/don't like.' Staff indicated they had time to listen to people and involve them with decisions. They confirmed staff rotas were devised to offer people some regular one to one support.

Residents meetings had been held. It was also usual practice for a person using the service to attend staff meetings as a representative of the others. This provided the opportunity for people to make suggestions, be consulted and make shared decisions. We noted from the records of meetings that various matters had been raised, discussed and followed up. One person explained, "We have residents meetings, we talk about holidays, furniture and menus." We discussed with the manager ways of using the residents meetings to share everyday information and enlighten people on relevant topics. This could help empower people and further promote their rights, knowledge and awareness when making decisions.

We reviewed how the service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We asked people if the support they received promoted their independence. They described how they had been enabled to develop independence skills, by accessing the community resources and doing things for themselves and others. Their comments included, "I like doing the ironing," "I painted my own bedroom and chose the colours," "I am going out shopping to the supermarket today" and "I clean my room and the shower room." During the inspection, we observed people doing things independently and making their own decisions, some with staff support. One person who used the service

explained, "I do a lot for myself and the staff help me out with things." Promoting choice and encouraging independence was reflected in the care plan process. For example there were agreements on sharing responsibility for household chores. One staff member gave a specific example of how they promoted independence and skill development, by motivating a person's involvement with the weekly shopping.

There were notice boards which included information on various topics, including proposed activity plans, the staff rota and 'what to do if you are not happy' guidance. We noted the service's CQC rating and previous inspection report was on display in the hallway. This was to inform people of the outcome of the last inspection. We suggested obtaining 'user friendly' information leaflets from relevant agencies and other sources, which could further promote people's rights and choices.

We looked at how people's privacy was respected and promoted. People told us, "I go in my own bedroom whenever I want" and "They knock on the door." Most people had their own bedrooms and had keys to their rooms. There was one shared room which had been fitted with screening to offer a degree of privacy. We discussed this arrangement with the manager who indicated the situation was monitored with the involvement of the occupants. This meant people's rights to privacy of space would be kept under review. Staff were aware of the importance of maintaining people's privacy and confidentiality. They gave examples of how they applied these principles in practice. One staff member told us, "We remind people not go in other people's rooms, unless they are invited." We observed staff being respectful of people's privacy and confidentiality, by knocking on bedroom doors and being discreet when sharing information. Staff had been given guidance on appropriate record keeping and there were policies to promote confidentiality of personal information.

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. People said, "I think it's alright living here" and "I am fairly happy with the support here." Each person had an individual care plan. All of the people we spoke with indicated an awareness of their care and support plans. We reviewed two care plans and found they included details of people's routines, behaviours, likes and dislikes and how best to provide their support. We noted people had been involved with their care plans, for example one person had written part of the plan themselves. The care plans were resented in a way to help make them accessible to people. They identified specific areas of need such as; personal assistance, eating and drinking, communication, health, family, shopping, domestic tasks, social needs, religion, finances and employment /education. There were action plans and agreed objectives to meet people's identified needs and preferences. Also included were the names of those responsible for responding to and providing support with people's needs. There were additional 'daily care plans' which aimed to provide an appropriate response to specific short-term care and support needs.

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to behaviours, accidents and incidents. There were 'hand over' discussion meetings between staff to communicate and share relevant information. These processes enabled staff to monitor and respond to any changes in a person's needs and well-being. There was evidence that the care plans were reviewed and updated regularly with the involvement of people who used the service.

Staff spoken with indicated the care plans were informative, they said they had access to them during the course of their work. They described how they delivered support in response to people's individual needs, routines and aspirations. We were made aware of the progress people had made, resulting from the service being responsive and developing ways of working with them. We suggested the 'daily care plans' process could be used for specific goal planning and skill development. We also discussed with the manager, the value of including learning objectives, to help focus upon the person's skill development and recognise their achievement.

People told us how they were supported to engage in activities within the local community and pursue their hobbies and interests. They indicated they were mostly satisfied with the range of activities offered and supported at The Gable. There were individual planners of proposed activities. People had been supported on a one to one basis and in groups to attend community based resources and chosen leisure activities. These included, visiting relatives, dancing, swimming, dog walking, shopping, cafes, holidays, bowling, visiting the library and attending social clubs.

We found positive and meaningful relationships were encouraged. We found people were actively supported as appropriate, to have contact with their family and friends. The service also had a 'keyworker system.' This linked people using the service to a named staff member who they worked more closely with. The main aim of the 'keyworker system' was to develop more trusting and beneficial relationships. There was low staff turnover at the service. This meant people experienced continuity of care and support from a

team of staff who they were familiar with and who knew them well. The staff rota was readily available to people who used the service, this meant people were kept aware of who was due to provide their support.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. The people we spoke with had an understanding of the service's complaints procedure and processes. They told us, "I haven't got any complaints. But I would tell staff if I wasn't happy, they would sort it out," and "I once told staff about a [situation] they sorted it out.

The complaints procedure was available in different formats, including a 'user friendly' pictorial version. One person shared their awareness and expectations of the complaints procedure with us. The information provided guidance on making a complaint and how it would be dealt with. We noted the procedure had recently been reviewed and updated to include appropriate contact details of the relevant agencies providing support with complaints. We were told there had not been any complaints at the service in the last year. However, we noted there were processes in place to record, investigate and respond to complaints and concerns. The service had policies and procedures for dealing with any complaints in a non discriminatory way. Staff spoken with expressed an understanding of their role in responding to concerns and complaints. We found some issues raised were effectively dealt with and resolved, during group discussions. One person explained, "We can talk about any problems in the residents meetings." However, we discussed with the manager ways of using the complaints processes to enable people to proactively express any minor concerns. This would further empower people and show how any dissatisfaction was taken seriously and responded to.

The service did not usually provide end of life care. However we discussed with the manager ways of sensitively planning for people's needs and preferences and the processes in place to support people who may experience bereavement.

Is the service well-led?

Our findings

People spoken with had an awareness of the overall management structure of the service. They made some positive comments about how the service was managed. One person said, "The manager is alright, I like her."

Since our last inspection there had been changes in the management at The Gable. The previous registered manager had left the service and de-registered with the Commission in April 2017. It was a condition of the provider's registration that they had a registered manager in post. There was a new manager, who had worked at The Gable for over ten years. The manager was therefore known to people who used the service and was familiar with some of the management systems and processes. However the new manager was not registered with the Commission. This meant the service had been without a registered manager for over six months. At the time of the inspection we were told the manager had commenced the initial stages of applying for registration.

There was a small team of staff led by the manager who regularly worked as part of the staff rota and was therefore directly involved in providing support to people. This meant the manager was very knowledgeable of people's individual needs and preferences. Arrangements were in place for a member of the management team across the providers' services to be on call at weekends and during the night. This meant a member of management was always available for support, direction and advice. However the findings of the inspection indicated the role, responsibilities and deployment of the manager would benefit from review, to ensure there is timely leadership and direction of the service.

Throughout the inspection, the manager expressed commitment to the ongoing developments at the service and demonstrated a proactive response to our findings. The manager had attained recognised qualifications in health and social care. They had updated their skills and knowledge by completing the provider's mandatory training programme. The manager indicated they were sufficiently supported by the provider. This had been recently improved by the introduction of management meetings between the provider's services.

Although we found the provider visited the service regularly, this arrangement was informal and unstructured. There were no governance audits or monitoring reports available from provider. This meant the provider was not fulfilling their responsibilities in ensuring they had proper oversight of the service and in making sure the audit and governance systems remain consistent and effective. We discussed with the provider their responsibility in the governance processes, including developing a more structured approach to reviewing and checking processes and outcomes for people. The provider told us they had recently signed up to the 'Driving Up Quality' initiative. This is a defined code of practice, designed to ensure providers improve services for people with a learning disability.

Arrangements were in place for audits to be carried out on processes and systems. These included: medicines management, care plans, room audits, staff training, financial records and care plans. However, we found some improvements were needed. For example a lack of effective auditing and checking systems

had resulted in shortfalls with medicines management, individual risk assessments, infection prevention and control and some environmental matters. We found ongoing progress was needed in assessing people's capacity to make decisions and choices and apply as appropriate for DoLS authorisation. This meant effective monitoring processes were not in place, to ensure the service was working within the principles of the MCA. Some of these shortfalls were responded to during the inspection process. But we would expect such matters to be identified and more effectively addressed without our involvement.

Processes were in place to seek people's views on their experience of the care and support they received. It was apparent the manager had an 'open door policy' at the service; this helped promote ongoing communication, discussion and openness. People also had the opportunity to express their individual views and opinions during their reviews. They could also influence the service by participating in the residents and staff meetings. Satisfaction surveys were carried out annually. We looked at the outcomes of the last survey carried out in November 2016 and noted the majority of the responses were positive. We were told any issues raised had been responded to by the provider. Relatives, staff and other stakeholders had also been consulted; we found those responding also made favourable comments about the service. The results were on display for people to see. The manager showed us the 2017 surveys which were in the process of being distributed.

There was an up to-date business plan available which provided an overall analysis of the service and identified some matters for future improvement. Information included within the PIR also showed us the provider had identified some matters for development within the next 12 months.

Staff spoken with were enthusiastic and positive about their work. They indicated the manager was approachable and supportive and confirmed staff meetings were held including daily 'handover meetings' at the beginning and end of each shift, to communicate and share relevant information. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

Staff expressed a good working knowledge of their role and responsibilities. They had been provided with job descriptions, contracts of employment which outlined their roles, responsibilities and duty of care. We noted the service's policies and procedures were readily available for staff to refer to. However we found some had not been appropriately reviewed and updated to include information in line with current legislation and recognised guidance.

There were procedures in place for reporting any adverse events to the CQC and other organisations such as the local authority safeguarding teams. Our records showed that the provider had not always appropriately submitted notifications to CQC, for example relating to the changes in management arrangements at the service. We will continue monitor the providers compliance with this requirement and report on our findings at our next inspection.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to comply with the requirements of MCA 2005 and associated Deprivation of Liberty Safeguards. (Regulation 11(1)(2)(3))</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from the risks of improper and unsafe management of medicines, because safe processes had not been followed. (Regulation 12(2)(g))</p> <p>The provider had failed to ensure risks to people's wellbeing and safety were assessed and managed. (Regulation 12 (2)(a)(b))</p>