

The Gables Care Limited

The Gables

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 ●

Summary of findings

Overall summary

This inspection took place on 9 May 2017 and was unannounced. The inspection continued on 10 May 2017.

The service is registered to provide personal care with accommodation for up to eight adults. The service had one ensuite bedroom on the ground floor. There was a large open plan living area which led round into a dining area which led into a large kitchen. Just off the hallway was a staff toilet and shower room. On the first floor there were seven bedrooms six of which were en-suite. There was one bathroom and a laundry room. Outside there was a large driveway with electric gates and an enclosed rear garden and patio area. The service had just renovated the Avatar. This was an area which people used for activities which also had a home cinema system.

The service has a Registered Manager in place. 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.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. However, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests around their care and treatment these were not always being recorded fully. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People, relatives and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included outcomes and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, epilepsy, diabetes and learning disability.

Staff told us they received regular supervisions which were carried out by management. We reviewed

records which confirmed this.

People were supported with shopping, cooking and preparation of meals in their home. The training record showed that staff had received food hygiene training.

People were supported to access healthcare appointments as and when required and staff followed health professional's advice when supporting people with ongoing care needs.

People told us that staff were caring. During the inspection we observed positive interactions between staff and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and stakeholders. Relatives confirmed that they had received and completed these. We noted that they contained mostly positive feedback.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People, relatives and staff felt that the service was well led. The management team encouraged an open working environment. People and staff alike were valued and worked within a service which ensured a positive culture was well established and inclusive. The management had good relationships with people and delivered support hours to them.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

The service monitored quality using a variety of effective systems. The covered areas such as health and safety, records, performance, the environment and medicines. Actions were recorded and completed within a set timeframe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good ●

The service was mostly effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. However, people's capacity was not always assessed nor best interest decisions recorded.

Staff received training, supervision and appraisals to give them the skills and support to carry out their roles.

People were supported to cook meals and maintain healthy balanced diets. People were involved in menu planning and dietary needs were assessed.

People were supported to access health care services and local learning disability teams.

Is the service caring?

Good ●

The service was caring. People were supported by staff that spent time with and knew them well.

People were supported by staff that used person centred approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Care files, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

People had timetables in place and were supported to access the community and take part in activities which were linked with their own interests and hobbies.

A complaints procedure was in place which included an accessible easy read version. People were aware of the complaints procedure and felt able to raise concerns with staff.

People meetings took place and their feedback was discussed in staff meetings.

Is the service well-led?

Good ●

The service was always well led. The registered manager promoted and encouraged an open working environment and staff told us they felt supported.

The management were flexible and delivered support hours as and when necessary which in turn built good working relationships and gained respect from people and staff.

Regular quality audits and service checks were carried out to make sure the service was safe and delivered high quality care and support to people.

The Gables

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 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 9 May 2017 and was unannounced. The inspection continued on 10 May 2017 and was announced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We gathered information from social care professionals with experience of the service. We also looked at the previous inspection report and the provider's action plan.

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.

We spoke with three people who use the service and two relatives. We spoke with the Registered Manager and services manager. We met with four staff. We reviewed three people's care files and looked at other documents and records that related to the running of the service such as: policies, medication records, emergency plans, risk assessments, health and safety records and management audits.

We walked around the building and observed care practice and interaction between care staff and people who live there. We looked at incident and accident reporting, four staff files, the recruitment process and at staff and people's meeting notes. We observed part of a meal time and medicines being dispensed.

Is the service safe?

Our findings

People, relatives and staff told us that they felt the service was safe. A person said, "I feel safe. Staff keep me safe. I like this house and my house mates". Another person told us, "I like this home. Staff look after me". Another person said, "I am safe here and I like it here. I like my bedroom it's decorated how I want it".

A staff member told us, "The Gables is a safe home for people. They are supported by staff to go out into the community. There are guidelines in place to make sure staff support people safely and risk assessments are completed". Another staff member said, "People are safe here. Staff know where people are and there are always staff around. There are guidelines and risk assessments in place".

A relative said, "The Gables is a good home. (name) is safe there. We see our loved one every other weekend and they are always happy to go back. (name) seems very settled". Another relative told us, "It's an absolutely wonderful service. (name) is very safe. They like it there and our loved one is settled. It's a good environment, pleasant with a lovely homely feel".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Marks on body, unusual behaviour, anxiety, lack of trust and body language could be signs. I have completed safeguarding training. I'd report concerns to the manager, social services and/or CQC and check the procedure". We also reviewed the local whistleblowing policy. This reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this.

We reviewed three people's care files which identified people's individual risks and detailed steps staff needed to follow to ensure risks were managed and people were kept safe. We found that one person was at risk of falls. Steps in place included ensuring the person used their walking stick around the home, their walking aid in the community and that the sensor mat and bedrail was used at night. We asked staff what risks related to certain people who lived at the home. Staff were able to tell us this information, knew the safety measures which were in place and told us they had read everyone's risk assessments.

One person had swallowing difficulties and were at risk of choking. An assessment had been completed which provided a plan and guidelines detailing the consistency of the person's food and drink and the position the person needed to be in when supported with their meal. A relative told us, "There are risk assessments in place for (name) regarding their food consumption. Staff are aware of these and (name's) needs and do their best to keep our loved one safe". This demonstrated that the service ensured safety systems were in place to minimise and manage risks to people.

People had Personal Emergency Evacuation Plans which were under review and about to be reissued. These plans detailed how people should be supported in the event of a fire. There was a business continuity plan in place which was reviewed annually and up to date. This plan was used in situations such as fire, gas leaks, floods, failure of utilities and break ins. They reflected contact numbers and clear guidelines for staff to

follow in order to keep people safe and ensure appropriate actions were taken in the event of an emergency. We found that Health and Safety checks including fire were completed weekly and observed a fire drill which was carried out and facilitated well. We observed people and staff following the evacuation procedure.

The registered manager told us that since they had started staffing numbers had been increased from two to three per shift which had in turn given people more opportunities to be supported to go out and allowed staff more time to complete house checks and tasks. This also ensured that there were appropriate numbers of staff on duty to support people with personal care at the home. A relative told us, "There are better numbers of staff now. There are always staff around". Another relative said, "There are enough staff to support people". A person told us, "There are enough staff to support us here". A staff member said, "There are enough staff. There are always three working each shift. There are times when extra staff are put on, for example, group outings". Another staff member told us, "There is enough staff. We are never stretched and shifts are well run".

Recruitment was carried out safely and files were well organised. We reviewed four staff records, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Medicines were stored and managed safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. We reviewed two people's MAR sheets which were completed correctly and showed no gaps. Staff were required to complete medication training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff were aware of and told us they had read. We identified that there had been a number of medicine errors since the last inspection and discussed with the registered manager how these had been managed. We found that appropriate action had been taken and the procedure reviewed. People had not been subject to any adverse reaction or side effects due to medicine errors and that the safeguarding team had been alerted appropriately.

Is the service effective?

Our findings

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 were able told us they were involved in their care, attended regular reviews and had access to their records.

Some of the people receiving support from The Gables were living with a learning disability, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, by supporting people to make decisions and so maintain a balanced healthy diet.

However, some people did not have mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests around their care and treatment these were not always being recorded fully. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. For instance, where the staff delivered personal care, held or managed people's monies and medicines. There were no records to show the rationale for these decisions, no mental capacity assessments to show that people did not have capacity to manage their own finances or medicines and that this was being carried out in their best interests.

We raised this with the registered and service manager who agreed that some people's records did not contain sufficient information to demonstrate the service was working within the principles of the MCA. The registered manager assured us they would take immediate action to address this. On day two of the inspection the registered manager showed us that capacity assessments were in the process of being completed. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We found that appropriate applications had been made and authorisations were pending further assessment by the local authorities.

People were supported by staff that were knowledgeable about their needs and had the skills to support them. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the

induction staff shadowed more experienced staff and did not work alone until the management were confident they had the right skills to carry out their role. A staff member who was new to care told us, "My induction was good. It was a little daunting and there was a lot of information. I shadowed experienced staff and was encouraged to get to know the people. There was always support around". Other staff said that inductions gave them confidence in their ability to meet people's needs because they too felt supported. There was a strong emphasis within the organisation on training. All staff undertook a comprehensive e-learning training programme. Records showed staff received regular training in core topics which included safeguarding, medicine awareness, first aid, infection control, food hygiene and working in a person centred way. In addition to core training, staff received specific training in relation to the needs of the people they were working with. This included training about learning disability and mental health. A person said, "Staff do training, they know how to support us well".

We found that shifts were well organised and that an effective system was used to ensure they were structured and that staff knew what to do. These were called daily task summaries and identified shift leaders, logged medicine times, listed tasks which were split under each shift, and reflected appointments from the diary. We observed a handover and saw that these were used to update staff on how people were, activities and tasks completed and anything that needed to be carried over to the next shift. We found that notes from handovers were then logged on these summaries so that all staff had a clear understanding of their responsibilities for their upcoming shift. The staff and management told us that this system worked well and was effective.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. Staff said that they found supervisions very useful and confirmed that they took place regularly. We saw that the registered manager had a supervision and appraisal table which identified dates of upcoming meetings and recorded the dates of previous ones. A staff member said, "We receive regular supervisions. They are good and helpful. They're an opportunity to reflect on practice and progress". This showed a positive and supporting management approach towards staff to ensure they had the skills required to carry out their roles.

People were supported to cook, eat and drink independently. The service used a four week menu which we were told was seasonal and that people were supported to be involved in planning via house meetings. We reviewed the menu and saw that there was a variation of nutritious food. We noted that people took it in turns to cook for their house mates. A person said, "I do cooking here. I enjoy cooking fish and chips". Another person told us, "I like cooking. I make my own drinks and meals. I cook on a Wednesday and Sunday. My favourite food is burger and chips and spaghetti bolognese". Another person said, "I like cooking. I'm not the chef tonight. Favourite meal is pizza and chips". One person had a healthy breakfast menu which was also pictorial. The registered manager told us that they try and cook mainly home cooked meals. We were told that the home does an online shop and that people help put the food away when it is delivered. The registered manager said that smaller shops are done in the week by people and staff for example, "if we need bread or milk".

We observed people eating around the dinner table with staff. Everyone appeared relaxed, people and staff were talking about what they had done that day. We observed one person washing up. We were told that people prepared their own packed lunches when they were away from the home at day services and or clubs. We observed a staff member supporting one person to prepare their lunch box and noted that they gave the person choices to make informed decisions about what they wanted.

People were supported to attend health services outside of the home as and when required. We found that visits were recorded and any actions advised by professionals followed. We found that people had recently

attended doctors and dentist appointments. We read in one person's file how the local learning disability team had worked with one person and following positive support by staff had been discharged. A relative told us, "They understand my loved one well. If they need professional input they take (name) there".

Is the service caring?

Our findings

People, relatives and staff all felt that the service was caring. A person said, "Staff are caring, they look after me how I want to be looked after". Another person told us, "Staff are brilliant, they support me well. They are great". A relative told us, "Staff are very caring and helpful. They do everything right. Staff know (name) very well. (name) is always settled around them". Another relative said, "Staff are caring. Staff ask (name) what she wants. They are always happy around staff. I have always observed good care when I visit". They went on to say, "I call the home weekly and often hear (name) giggling in the background which tells me she is happy".

Staff spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in staffs' presence and it was apparent that staff knew people well.

New staff spent time with people to get to know them and care files held important key information about what was important to them and what their likes and dislikes were. A staff member said, "I believe I am caring. I have always wanted to work in care. It's a rewarding job. When you see someone smile you know you have done a good job. Making their life better and happy is what it's all about". Another staff member told us, "I think I'm caring towards people. I have patience and understanding. Something I have learnt here is to look out for the little things and what is happening around us".

The service operated a key worker system where a member of staff coordinates the care and support provided for people assigned to them. It was their responsibility to take a lead on all matters concerning the named person and keep the care team updated with any changes. A person told us, "I have a keyworker. They are a good keyworker who often takes me out". A staff member talked to us about their role as a key worker and said, "I find key working rewarding". We were told that some of the key responsibilities included completing monthly summaries, having regular meetings with the person and reviewing paperwork and outcomes following appointments.

Staff promoted and supported people to make choices and decisions about their care and support. We observed people being asked to make choices. We read that one person required communication aids to support them to make choices and decisions. Staff were able to explain to us how this was done in line with the guidance in the person file. This involved the use of pictures and social stories. Whilst only giving a maximum of two options at a time. For example, a staff member explained that they would show the person a picture of two destinations and then two activities which could be done and two ways of traveling. By breaking the information down into steps this demonstrated an effective way to support the person in making their own informed decisions.

People's privacy and dignity was respected by staff. Staff we observed during home visits were polite and treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I knock on doors, close doors and curtains when

delivering personal care. I keep information and discussions about people confidential". A relative told us, "(name) is always dressed smart and looks clean".

Is the service responsive?

Our findings

We found that The Gables was responsive to people and their changing needs. The service was able to demonstrate this by showing us how they had supported people during different situations. One involved a person whose father had died. The service had worked with the family and learning disability team to establish the best way of informing the person and offering the appropriate support including attendance to the funeral. Another was in response to a person who had become incontinent at night. We were shown that a sensor mat had been purchased and guidelines created for waking night staff to support them appropriately. We also found that a person who had become more prone to falls had been assessed by the local occupational therapist and appropriate aids put in place to support them. Relatives told us that any changes were discussed with them and that they were updated regularly.

People had annual review meetings which involved people, families, staff and where appropriate health and social care professionals. The registered manager told us about a person who had set a goal to travel to the relatives in a taxi on their own. We were told how the service supported the person to achieve this which included using a taxi firm known by the service and where drivers receive DBS checks. This had been planned carefully with the person and we found that they had achieved this goal and been empowered by the positive outcomes including increased independence and confidence.

The service used a traffic light behaviour support plan for people who at times challenged the service. These plans identified what people are like and behaviours they may display at different times depending on their mood. They then listed guidance for staff and approaches to use when behaviour is being presented. Responsive approaches included reading body language, using positive communication and soft tone and keeping self and others safe. There was also post incident guidance which included time out for staff and recording the incident. The registered manager told us they were using the ABC method of breaking down the incident to identify what might have triggered the situation and how it was responded to and resolved. This that demonstrated both an effective and responsive approaches were in place and embedded to support people appropriately and safely. We heard one person tell another to "shut up". We observed a staff member come in and remind the people to talk to each other appropriately. The staff member did this using a considerate, soft tone which calmed the situation quickly.

People had structured timetables which reflected their likes, interests and hobbies. Throughout the inspection people were supported to attend and participate in different activities away from the home. These included; horse riding, work at a farm, attendance at a day centre and Tuesday club. A person said, "I like doing craft at Tuesday club. I like making stuff". Another person said, "I'm going out today. Oh look my transport has just arrived". Another person told us, "I like watching Bournemouth play football with (name). I have the away strip".

We were told that the service arranges family open days. For example last year there was a BBQ. A person said, "Staff support me to see my family. They came to last year's BBQ. They are coming to this years' too". A relative told us, "I have attended various events. We came to the BBQ, cream tea and Christmas party. These were all well run and everyone was welcoming and hospitable".

The service produced newsletters during the year.. We read the Winter 2017 newsletter which reflected on pre-Christmas activities, highlighted recent stakeholder and people survey results and updated families and people on what was new. This included a new staff member, a new cinema system and raised vegetable beds in the garden. We saw that this was displayed on the people's notice board and relative told us that they had received a copy too.

We were told that resident meetings took place monthly. We reviewed the last meeting notes which covered topics such as; food/menus, activities, BBQ party and holidays. We read that people had told staff where they would like to go and found that places included Butlin's, France, Ireland and the Isle of Wight. We found that actions were captured which then fed into staff team meetings. We identified that outcomes of actions were not always recorded and discussed this with the registered manager who assured us that they will add a column to capture these prior to their sign off.

People and relatives told us they knew how to complain. A person told us, "If I wasn't happy I would talk to staff. They would listen to me". There was an easy read version of the homes complaints procedure and also an easy read copy of the local authorities and CQC's on the people's notice board. An easy read version is extracts of key text information made visual through photos and/or animations. A relative told us, "I would talk to the registered manager if I had a concern. I currently have no concerns with the service". Another relative said, "I wouldn't hesitate to raise a concern. I'd contact them at first and then go in and meet with the management. They are very approachable. I would also contact my loved one's social worker. I have no issues currently". We saw that complaints were recorded which captured the complaint and logged steps taken to address them. We noted that there were no current complaints. We found that the service also recorded compliments and noted that one health professional had written; "All staff at The Gables are working extremely hard to build trusting and supportive relationships with (name). Their weekly timetable is more structured. He has a social story that is read to them daily about having a good day".

The service sought feedback from stakeholders via an annual quality survey. We read the results from the 2016 summary. We saw that the survey covered key areas such as; meals, safety and wellbeing, choices, health, house/garden and cleanliness. We found that the majority of feedback varied between satisfied and very satisfied. A relative told us, "We have received and completed a number of surveys. We are happy". The registered manager told us that they and the service are always open to comments and further learning.

Is the service well-led?

Our findings

At the previous inspection on 16 February, 18 February and 19 February 2016 the home was found not to be meeting the standards in regards to regulation 17 Good Governance. We found that risks in relation to a person's holiday were not assessed, monitored or mitigated prior to the event and that accurate records were not completed.

At this inspection we found improvements had been made.

There had been a number of management changes since our last inspection. The new registered manager told us that they had made changes and was able to explain how they had involved people, relatives and staff in these. For example, new systems had been presented to staff in meetings and feedback sought. They had been piloted and then reviewed with suggested changes made where appropriate before being embedded. A staff member told us, "We are kept up to date with changes via staff meetings, handovers and the read and sign book. These are all effective". A relative said, "We have been happy with the management changes. These changes haven't had a negative impact on (name)". Another relative told us, "We have been updated and informed about changes".

We found that there was a positive, inclusive and open culture embedded at The Gables. Staff, relatives and people spoke positively of the registered manager, service manager and provider. One person said, "I like the registered manager. They are brilliant and listen to me". A relative told us, "There's a very efficient registered manager. Very good at their job. I'd rate the home 9-10/10. It's very well run, very caring and we are delighted with it". Another relative said, "The registered manager is very much on the ball. They know how (name) is and what they have done". They went onto say, "The provider has done a lot of changes, they are very good as well. There are now two vehicles so people can go out more". A staff member told us, "The registered manager is very organised and meticulous. There are a lot of checklists which are very helpful". Another staff member said, "The management are all available and approachable. They would never expect us to do any tasks that they weren't prepared to do themselves". Another staff member told us, "The registered manager is fantastic. They are always about the people and staff. They really do care".

We found that the registered manager and service manager both had very good knowledge and were open to learning and further developing the service. They were both responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. The management team and director were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

We found that a variety of quality monitoring checks took place within The Gables. These were completed by staff, management and the service manager. staff checks fed into management audits and actions were logged in an on-going improvement plan. We found that the service manager came to the service once a

month to complete an audit. Finding from this were then discussed in a management meeting which then fed into staff meetings. This demonstrated a holistic and robust approach to ensuring the service delivery was of a high standard.