

Mrs A D Pennington

# The Gables

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Gables is a residential care home which provides care and support for up to nine people who have learning disabilities, autistic spectrum disorder or associated physical needs. At the time of the inspection two people were receiving care. The service can also provide personal support and care for people in their own homes. The registered provider confirmed that at the time of this inspection there were no people using this part of service.

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

During the inspection we were unable to have meaningful dialogue with the provider. The providers representative was not able to provide the information required. Therefore, we were unable to obtain responses to some concerns we identified.

The provider had a quality assurance policy. However, the organisational governance processes were not always effective in identifying shortfalls.

Staff told us they did not receive regular testing for COVID-19. The provider failed to demonstrate on several occasions a testing programme was in place, in line with government guidelines for staff and people using the service. However, since the inspection the provider has supplied documents demonstrating a regular COVID-19 testing programme.

Risk associated with COVID-19 had not always been identified, assessed and mitigated effectively. Care plans were not in place to enable staff to support people safely. Staff did not always wear the correct personal protective equipment (PPE) which posed a risk of infection. However, since the inspection the provider has taken action to resolve these concerns.

The provider did not always follow or act in accordance with the Mental Capacity Act (MCA). The provider failed to demonstrate best interest decisions in place, this was addressed with the provider, they acted upon this putting in place capacity assessments. Further improvements were required to ensure all capacity assessments were carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received prescribed medicines. There was a process in place to inform staff of when they may need to seek additional medicines on a as needed basis such as pain relief."

Staff were positive about their experience of working in the service. Most people and relatives also provided positive feedback on the caring, friendly nature of staff and the provider.

The registered provider had accessed professional development resources and actively encouraged staff to improve their skills.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Attitudes and behaviours of leaders led to external agencies being unable to become fully involved in people's lives. There is a risk of limiting access to opportunities, support and guidance from professional bodies to enhance people's lives.

Right support:

- Model of care and setting maximises people's choice, control and Independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human Rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was requires improvement (published 15 May 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to the management of peoples care, governance systems and staff pre employment checks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We undertook an initial visit 22 December 2020. Following the inspection, we requested further information from the provider, however the provider failed to send the information and assure the Commission of areas of risk identified by inspectors had been mitigated. A decision was made to make a second site visit 7 January 2021.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

The overall rating for the service has remained requires improvement. This is based on the findings at this

inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Gables

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

#### Service and service type

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

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

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of care staff.

We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have visited the service.

# Is the service safe?

## Our findings

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

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

### Preventing and controlling infection

- The provider failed to demonstrate they had a COVID-19 testing programme in place for staff and people using the service, in line with national guidance. Evidence was requested on multiple occasions, which was not provided. This meant risk was identified at the time of the inspection. However, since the inspection the provider has supplied documents demonstrating a regular COVID-19 testing programme
- There was a lack of information in relation to COVID-19 care planning for people. Information or guidance for how staff would be required to respond to isolation, social distancing and positive COVID-19 tests for people was not available to staff. This meant that in the event of an COVID-19 outbreak staff had insufficient information to support people who live at the service."
- Staff were not wearing appropriate Personal Protective Equipment (PPE). The masks being worn by staff had been identified as not fit for purpose by the Health and Safety Executive board and a safety alert had been issued. This meant the masks being worn did not give staff or people using the service the required protection. Inspectors raised this with staff during the inspection, we requested further assurances following the inspection the correct masks were being worn by all staff, which the provider failed to supply on multiple occasions.
- Following the inspection, the provider confirmed that a regular COVID-19 testing programme was in place for staff and people using the service. They provided us with information and guidance to support staff to manage the risks and an outbreak of COVID-19. They also confirmed and demonstrated the correct PPE was being worn by all staff in line with Government guidelines.

### Staffing and recruitment

- Previous issues had been highlighted in a safeguarding concern regarding the Disclosure and Barring Service (DBS) status of people not using or working in the service but having access to all areas of the service. To ensure that these people did not pose a risk to people using the service, this matter is being investigated by the safeguarding authority. This matter was ongoing at the time of our inspection.
- We looked at the way in which the provider had recruited staff, these included checks with the DBS to show that the staff concerned did not have criminal convictions. We requested staff files prior to the inspection, during the site inspection and following the inspection, however this was not supplied. The provider failed to demonstrate they were assured staff were suitable to work with vulnerable people.
- Following the inspection, the provider confirmed and demonstrated all staff had the relevant DBS checks in place.
- There was an established staff team in place, we saw there were enough staff on duty to ensure people were supported according to their assessed need.



Systems and processes to safeguard people from the risk of abuse

- We observed staff and the provider interacting with people who live at the service, the people appeared to have been comfortable in the company of regular staff.
- Staff had received safeguarding refresher training; the provider had a safeguarding policy in place. However, there was evidence to suggest they did not always participate in safeguarding processes with the local authority. This increased the risk to people safety and welfare.
- The provider failed to follow their own safeguarding policy and engage with local safeguarding systems. Information was not always shared with other agencies accurately and in a timely way. The provider failed to provide information and act upon an ongoing safeguarding concern. This inconsistent approach increased the risk to people's safety and wellbeing.

Using medicines safely

- People received prescribed medicines. There was a process in place to inform staff of when they may need to seek additional medicines on an as needed basis such as pain relief.
- Staff who administered medicines to people had all received formal training.
- The provider had a medicines policy in place, which offered information and guidance for staff on best practices.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had an effective system in place to record and document accidents and incidents.
- Systems and processes were in place to assess risk relating to people's health and safety, we could see that risk assessments were regularly reviewed.
- Where people experienced seizures there was information or guidance in place to enable staff to support the person safely. One person required support for seizures, there was a protocol to guide staff on how they should support the person and what medical intervention was required.
- We saw records of regular staff meetings, which was an opportunity to discuss and share information, and learning with all staff members.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We requested information about the provider's oversight of the service and how they monitor the quality of people's care. The provider consistently failed to provide documents and evidence, demonstrating effective quality assurance processes. However, following the inspection, the provider supplied documentation which showed they had some systems in place, which didn't identify some of the issues found on inspection.
- The provider sent a quality assurance document following the inspection, there was insufficient detail regarding monitoring timeframes and organisational governance processes which increased the risk to people's safety and welfare. For example, the provider had failed to address safeguarding concerns and actions from review processes, taken together with the lack of capacity assessments and delay in COVID-19 care planning. The provider failed to demonstrate accurate and effective oversight of quality in the service.
- There were areas of the quality assurance tool the provider had not followed. For example, it stated the provider put in place enhanced cleaning schedules to mitigate COVID-19 risks. We found gaps in cleaning records which meant we were unable to confirm cleaning had been undertaken. For example, we found a 10 day period where cleaning was not recorded in October 2020. However, following the inspection, the provider supplied additional documents evidencing this.
- There were a lack of best interests decisions in place. Where best interest's decision were in place further improvement was required to ensure peoples capacity was assessed relating to specific decisions. This meant people's capacity had not been fully considered in relation to their care. This had not been identified by quality assurance processes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, working in partnership with others

- We found the arrangements for the provider to communicate with external professionals, including the Commission needed to be strengthened. Initial steps had been taken by the provider following the inspection.
- The provider did not engage fully with the inspection team during the inspection. This meant some information was not able to be obtained and we were unable to get a true insight of the service. A staff member was delegated by the provider to speak with inspectors, leading to gaps in information when requested. There were also delays in the provider providing us with key information during the inspection process.

- For example, we found the provider had not been pro-active in communicating responses to commissioning bodies regarding the outcome of reviews, this meant there was a risk of limiting resources to further enhance people's lives. The provider has not invited or responded to feedback effectively.
- During our inspection we identified issues with the providers communication and cooperation with external stakeholders and CQC. There were delays in CQC receiving information from the provider throughout the inspection process. Stakeholders also highlighted concerns regarding lack of ongoing communication and receiving information.

The provider had failed to effectively monitor and improve the quality of the service, and to monitor and mitigate risks to people's safety. The provider also failed to work in partnership with other agencies in an open and transparent way. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had a system in place to obtain the views of people using the service by sending out an annual survey.
- Family review surveys were carried out periodically to ask for feedback about the quality of services from their relatives. The last survey December 2020 one relative commented "The staff know and understand [name of relative], relatives also told inspectors "If there were any problems I would talk to [name of registered provider]."
- Regular staff meetings took place, giving staff the opportunity to discuss any issues and for the provider to share information.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure effective systems and processes to monitor the quality of the service, and failed to ascertain full oversight of the service. The provider failed to collaborate and cooperate with external stakeholders or evidence an organisational culture of openness and transparency. This placed people's safety and well-being at risk of harm.