

Gables Care Home (Market Harborough) Limited

The Gables Residential Home

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

We inspected The Gables Residential Home on 13 September 2016. This was an unannounced focused inspection. This meant that the staff and provider did not know that we would be visiting.

We carried out an unannounced comprehensive inspection of this service on 10 December 2015. Breaches of legal requirements were found. The provider sent us an action plan on 23 March 2016 telling us what actions they were taking to improve. At this inspection we found some areas of improvement. However further improvements were needed.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Gables Residential Home on our website at www.cqc.org.uk.

At the last inspection carried out on 10 December 2015 we found the provider had not met the regulations relating to the safe care and treatment of people who used the service, good governance, staffing and ensuring fit and proper persons were employed. At this inspection we found the provider had made most of the required improvements.

The Gables Residential Home provides a care home service for up to 10 people and personal care for people living in their own homes. At the time of the inspection nine people were living in the residential home and 10 people were receiving care in their own home. The home is located on two floors with a stair lift to access both floors. The home had a communal lounge and dining room where people could relax. Most people who received care in their own homes lived in flats that were on the same grounds as the residential home.

The service had a registered manager who was registered to manager both accommodation for people and personal care. 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.

We found that there were not enough staff available to meet the needs of the people who used the service. Leicestershire County Council, who funds some of the people who live at the service, also found this. Following a visit by staff from the Council additional staff were put on duty to improve staffing numbers.

We found that audits were completed. These had identified some areas for improvement and we saw that this work had been completed. However, we found that not all environmental concerns had been identified, recorded or addressed.

People were protected from risks relating to hot radiators and hot water. Radiator covers were put in place

or repaired and checks were carried out on the temperature of the water. Risks associated with people's care were assessed and managed to protect people from harm.

People received their medicines as required and these were administered safely.

There were recruitment procedures in place that were usually followed. We found that one staff member had started work before all recruitment checks had been completed. The registered manager told us that the staff member did not work alone during this time. Information about previous employment history had been recorded. This is important to make sure that all of a staff member's work history had been recorded and there were no gaps.

We found that systems were in place and were used to monitor the health and safety of the service being provided. Records showed that checks were completed on a scheduled basis.

The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

We found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

We found that action had been taken to improve safety.

People did not always have their needs met in a timely manner as there were not enough staff available to meet the needs of people who used the service.

Radiator covers had been put in place and checks were taking place on water temperatures to keep people safe. Risk assessments were in place to protect people's well-being.

Staff recruitment checks were completed for most staff.

People received their medicines safely.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

We found that action had been taken to improve the governance within the service.

Systems were in place for monitoring the quality of care and support provided. Actions had been identified and were completed. Some issues within the environment had not been identified or completed.

Systems were in place to monitor the safety of the service and checks were completed on a scheduled basis.

People had been asked for their opinion on the service that they received through residents meetings.

We could not improve the rating for well-led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

The Gables Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

We undertook an unannounced focused inspection of The Gables Residential Home on 13 September 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 10 December 2015 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert had experience of caring for someone who used care services.

Before our inspection visit we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service including the action plan that had been submitted by the provider that told us how they were going to make the required improvements. We contacted the local authority that had funding responsibility for the some of the people who used the service.

We spoke with eight people who used the service and three relatives. It was difficult to get verbal feedback due to the communication needs of people who used the service. We observed staff communicating and supporting people who used the service throughout the day. We spoke with the registered manager, two senior carers, three care staff, the cook and a visiting health professional.

We looked at the care records of six people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with checking the quality of the service.

Is the service safe?

Our findings

At our previous inspection we found that the provider did not have enough staff deployed to meet the needs of people who used the service. This was because people told us that there were not enough staff and we observed people having to wait for staff to have their needs met safely. Staff also told us that staffing levels had been reduced and they felt that there were not enough staff. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Staffing. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made some of the required improvements.

At this inspection we saw that staffing numbers had been increased. The rota showed that three carers worked in the morning with an additional member of staff working 7:30am to 10am and three staff worked in the afternoon. However we found that three people who received support in their own homes required two staff to help them to move, although one person only needed two staff if they felt unsteady on their feet. We also found that there was one person who lived in the residential home who needed two staff to assist them to move. There were two other people who may require two staff for support if they were unsteady on their feet and needed additional help with moving. This meant that there were up to six people who may require two staff to help them with moving. This shows that people who were using the service needed adequate levels of staff to make sure that there were enough staff available to safely meet their needs.

We observed that a number of people were living with dementia and required reassurance and support on a frequent basis. Records showed that some people's needs had increased since our last visit. Staff told us about a time when they had to spend a long time offering reassurance to one person as they were very upset. Staff told us that this could mean that two staff were supporting a person to assist them to move and one staff member could be reassuring a person meaning there were no other staff available if anyone needed support. We saw that people had very little interaction with staff and there were times throughout the day when people were left unattended in the lounge as staff had been called to support someone. One person commented, "The staff are friendly and help me but they are busy. They often don't notice that I am upset." We saw that one person did become upset during the day and they became tearful. Staff did not see this or offer the person reassurance. We also saw that one person was cared for in bed. Staff told us that they tried to go and see this person when they could and that they had a buzzer so could call for staff if needed. One staff member said, "We try and go up and down the stairs to see if [person's name] is alright. This is difficult due to shortages of staff and [person] is a bit neglected on their own."

Staff who worked at the residential home were also providing support to people in their own homes. Staff told us that they were concerned about the staffing levels and had raised this in staff meetings. One staff member said, "It can be very busy. When you are with someone you can be called on the monitor by other staff asking for support. You have to finish what you are doing. It can be very difficult to manage." Another staff member said, "As staff we can be put in a difficult situation. If someone needs the toilet and we need two staff for that it makes it hard when someone else wants something. We have discussed this with [registered manager]. The staffing concerns me." One staff member said, "We try to make sure that all basic needs are met. When we are short we struggle with toileting." When people in their own homes needed

support either one or two staff were needed. This meant that staffing numbers in the residential home were reduced and people sometimes had to wait for support.

We discussed our concerns about staffing numbers with the registered manager and the provider. Following our last inspection the provider had agreed to assess the needs of people living in their own home. This was to try and agree times that care was provided so that staffing could be arranged to provide this and suitable staffing levels were in place. Records showed that the registered manager had asked the local authority to carry out assessments but these had not yet. The registered manager and provider had not conducted their own assessment to identify what support each person needed. The assessments that had been requested had not been followed up. The provider agreed that they would complete the assessments and review the staffing levels.

This constituted a continuing breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014: Staffing.

Following our inspection Leicestershire County Council visited the service due to concerns that had been raised anonymously about staffing and found that there were not enough staff deployed to meet the needs of the people who used the service. They asked that additional staffing was provided immediately. The provider confirmed with us after our visit that there was now additional staff members on duty and staff levels had been increased.

At our previous inspection we found that people were not always receiving safe care and treatment. This was because people were not consistently protected from risks relating to their health and safety. Risks had been assessed however control measures had not been implemented to keep people safe. We also found that fire drills had not been carried out so that people knew what to do in case of an emergency. These matters were a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe Care and Treatment. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

Risks that impacted on people's health and well-being had been assessed and reviewed. For example, one person had a risk assessment in place around the support they needed when they were being moved in order to keep them safe. We saw that the person required support to move from one place to another and their risk assessment guided staff to do this safely. This meant that staff had up to date guidance on how to support people in a safe way.

We found that where someone was at risk of burns from contact with a radiator, the radiator had been removed. A heater had been purchased that was placed on the wall and could not be sat on. The person was able to adjust the temperature of the heater. This meant that the person had a form of heating in their room that did not present a risk to them. We found that radiator covers had been repaired and people were not able to make direct contact with them. Where this was not possible due to a narrow hallway we found that the radiator temperature had been reduced to a cool temperature that did not present a risk to people. We also found that the water temperature had been regulated and was being checked to ensure that it was within safe levels and would not harm people.

We looked at records relating to fire safety. We found that four fire drills had been carried out since our last inspection. We saw that another one was planned for December 2016. We also found that fire alarms had been tested every two weeks. This meant that people would be able to recognise the sound of the alarm and had practised what to do in case of a fire.

At our previous inspection we found that the provider did not have effective recruitment and selection procedures in place. This was because recruitment checks were not fully carried out. The provider did not show that they had assessed that staff were suitable for their role. This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Fit and proper persons employed. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made most of the required improvements.

We looked at the recruitment records of four staff employed at the home. We found that one staff member had started work before the service had received a Disclosure and Barring Service (DBS) check. This had been received three days after the person started work. The registered manager told us that the person completed their induction during this time and had not worked alone with people who used the service. We also found that only one reference had been received at the time the member of staff started work. The registered manager told us that the person had been employed by a service that provided the first reference for a long period of time and this had been a good reference. We found that pre-employment checks had been carried out for a second member of staff who had been recruited since our last visit before they had started to work at the service.

Where staff had worked at the service for a period of time DBS checks had been carried out after a period of three years working at the service. This meant that the provider had carried out checks to make sure that the staff members remained suitable for this type of work.

People told us that they felt safe. One person said, "I feel safe in bed because I am not alone in the house. I am safer here than at home." Another person said, "I feel quite safe in here." One relative commented, "I think [person's name] is safe here." Staff were aware of how to report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "I would go to the manager." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there was a policy in place that provided people using the service, relatives and staff with details of how to report concerns and who to.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary to processes or practice in order to protect people these issues were addressed and resolved promptly.

People's environment was checked by staff members to maintain their safety. For example, we saw that equipment was regularly serviced such as specialist baths. We also saw that fire protection equipment was being regularly serviced and checked.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use.

People received their medicines safely as arrangements were in place for the safe storage, administration and disposal of medicines. The provider had a policy in place which covered the administration and recording of medicines for staff to follow. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us, and records confirmed, that they had been trained to administer medicines. Where someone had a 'PRN' medicine (as and when required) we saw that

a protocol had been written so that staff knew when this could be offered to them. We looked at the records relating to people's medicines and found these had been completed correctly.

Is the service well-led?

Our findings

At our previous inspection we found that the provider's quality checking systems and processes were not being completed effectively. Where they were completed they were failing to assess, monitor and improve the quality of the service. This was because the provider did not always complete regular audits of the service. Where audits were being completed they did not identify issues we found during our inspection. As a result of this where we saw that safety was compromised this had not been identified by the provider.

These matters were a breach of Regulation 17, (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made most of the required improvements.

We looked at the audits that had been completed. We saw that a range of audits were in place and had been completed on a scheduled basis. Audits had identified areas for improvement and action had been taken to address these. For example, following a falls audit it had been identified that one person had fallen five times in one month. As a result of this a referral was made for the person to attend the falls clinic to try and reduce the number of falls.

We found that a general action plan had been put in place by the registered manager to identify improvements to the service. This had been reviewed by the registered manager and when actions had been completed this was recorded. We saw that environmental audits had been completed that identified works that needed to be undertaken. The provider had put in place an action plan to show what had been achieved. However, we found that the environment was not clean, and there were still work outstanding that had not been identified, or in some cases they had been identified but not completed. For example, staff told us that they had raised an issue about sharp metal edges on strips on the doors but these had not been fixed. We discussed this with the registered manager who said they would follow this up with the maintenance person. We found that curtains were coming off the rails in two bedrooms, and that one person did not have a lightshade in their room, simply a lightbulb. These jobs had not been recorded in the maintenance book to be completed. This meant that audits were not always identifying concerns within the home, or ensuring that the works had been recorded and completed.

Medicines audits were completed quarterly by the deputy manager. We saw that the pharmacy had also completed an audit and identified actions that needed to be completed. The registered manager told us that these were in the process of being addressed. Medicines were stored safely and processes were in place that the staff were following.

The registered manager and deputy manager were reviewing care plans on an on-going basis and updating these when required. However, there were no planned annual review to involve the person and their relatives to make sure that the care that was recorded was still meeting their needs. We found that people's care records were not always completed fully. One care plan had large gaps where a person should have received help with their personal care and this had not been recorded as being completed. We saw that

support with washing had not been recorded for a period of almost one month. We spoke with the person who told us, "I have not had a wash yet today. They mostly only wash my face." The person told us that staff did help them with washing. We discussed this with the registered manager. They told us that they would review the person's care records and discuss with staff to make sure that people's needs were met.

We found that training was monitored by the deputy manager and a list of all training that had been completed and had been arranged was on the wall for all staff to see in the office. Staff told us that training had improved. They also told us that they were sometimes given very little notice to attend training courses and this made it difficult to attend, especially on their day off.

We saw that systems were in place to ensure that checks were being carried out in relation to water safety, temperature testing and fire safety testing. Records confirmed that checks were now in place following our previous visit where we found these had not been undertaken.

The registered manager told us that they had not carried out a survey to seek the views of people who used the service or their relatives. They said they planned for this to happen soon. The registered manager told us that people who used the service had regular meetings. Minutes from these meetings confirmed that people were asked for their feedback on food, cleaning, staff and activities. We also saw that a newsletter had been produced for August to tell people what was happening in the home.

Staff received feedback and guidance on their work from a manager during individual supervision meetings. Staff told us that they had these meetings fairly regularly. One staff member said, "Yes I have a supervision every couple of months with the deputy manager." We saw that staff meetings had taken place. The minutes of these showed that staff had raised concerns and these had been responded to. We saw that staff had raised concerns about the staffing numbers and the registered manager had given a response as to the reason for this. This meant that there were opportunities for staff members to discuss their work and to raise any associated concerns.

The service had a registered manager. Relatives told us that they were pleased with the service provided and the way it was managed. One relative said, "[Registered manager] is keeping us in touch. I have been kept informed about what is happening. I am happy with the home." The registered manager was supported by the provider. They told us that the provider visited at least once a week and was always available on the telephone if they were needed. The registered manager was also supported by a deputy manager, and a team of care workers. Staff told us that the registered manager and the deputy manager would support them during a shift if extra help was needed.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. From the information provided we were able to see that appropriate actions were taken. The last inspection report and ratings were displayed in a conspicuous position in a communal area in line with our regulations.

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 18 HSCA RA Regulations 2014 Staffing
Personal care	The provider had not made sure that sufficient numbers of suitably qualified, skilled and experienced staff had been deployed to meet the needs of people who used the service.