

Ms Margaret Morris

# The Gables Private 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

### About the service

The Gables Private Residential Home is a care home providing personal and nursing care to up to 28 people. The service provides support to people aged 65 and over, some of whom were living with dementia. At the time of our inspection there were 24 people using the service. The home is split across two floors with a large garden to the rear.

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

We last inspected the service in September 2020 and at that time we had concerns people were not receiving their medicines safely. The provider had made improvements to staff training and information contained within care plans to ensure people received their medicines in a safe and timely manner.

At our last two inspections we identified the need for a robust system for the assessment and reviewing of potential risks, and through the analysis of accidents and incidents within the service to ensure lessons are learnt. At this inspection we found that this had not been fully implemented.

Staff were not always recruited safely, there was missing information in staff files including criminal records checks.

Staff did not always wear personal protective equipment effectively and the service was not always kept clean.

People were not always protected from the risk of abuse and avoidable harm. Staff were trained in safeguarding and knew how to identify the signs of abuse. The provider was not working within the principals of the mental capacity act and some people were unable to consent to care and treatment.

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 were treated with dignity and respect. People and relatives told us they were being actively included in decisions about their care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (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 5 October 2020) and we found multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found not enough improvement had been made and the provider remained in breach of regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance). They had further failed to work with the principals of the Mental Capacity Act and were therefore in breach of Regulation 11 (Need for Consent).

#### Why we inspected

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions Safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

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

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 COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always Safe.

Details are in our Safe Findings Below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

# The Gables Private Residential Home

## **Detailed findings**

### Background to this inspection

#### Inspection team

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 Health and Social Care Act 2008.

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.

#### Service and service type

The Gables Private Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

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#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the care staff, the catering staff, deputy manager and registered manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We will be in contact with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained the same. 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

- The service did not always assess risk relating to people's health conditions.
- Risks had not always been identified when it came to people's health. Where they had identified risk, there was no robust assessment or information on what could be done to mitigate the risk. For example, one person had diabetes which was diet controlled. There was no information on what risk this posed to the person if their diet was not carefully managed, how this could be mitigated to ensure that they were kept safe.
- This has been an ongoing theme and we have had discussions with the registered manager at previous inspections regarding managing and monitoring risk. We acknowledge that no one had been harmed and staff were aware of the risks posed to people, but this needed to be transformed into a formal risk assessment.
- We were advised there was no-one at risk of choking, however one person had a Speech and Language Therapist (SALT) assessment. The care plan stated that the person was at risk of choking and aspiration. The kitchen staff were aware how food should be prepared, however staff supporting the person at mealtimes were not aware. Staff told us they thought the support was required to ensure that the person had enough to eat and drink.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection including the cleanliness of premises

- The service was not clean in all areas which posed a risk of cross contamination.
- We observed two toilets and one commode which were soiled and had not been cleaned after use. We saw dirty clothing on top of a clinical waste bin. This posed a risk of cross contamination.
- Some light pulls did not have wipeable sheaths over them. Over time the cord had become soiled with it being used frequently. The registered manager told us that they would be replaced.
- Not all staff wore personal protective equipment effectively. We observed staff wearing masks that did not cover their nose and mouth, this posed a risk to those using the service.

At this inspection the provider had also failed to ensure that the service was clean and that staff were wearing PPE correctly. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider's infection prevention and control policy was up to date. The registered manager told us that the points picked up regarding infection prevention and control would all be rectified, and action taken immediately after the inspection.

#### Visiting in care homes

- Visits to the home were happening in accordance with current guidelines including essential care givers. People had visits in their rooms and visitors booked prior to attending the service.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not working within the principles of the MCA. Not all people who lacked capacity had a DoLS in place.

The failure to ensure that people decisions were made in people's best interest and DoLS were in place for those who lacked capacity was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- Staff were not always recruited safely. There was information missing from staff files including up to date criminal records checks, proof of address and other information to check that staff are able to work with vulnerable people.
- There was an appropriate number of staff to support people however not all staff had received up to date training. Staff told us they had received training, however, training in moving and handling and first aid required practical training. All the training was carried out on an electronic system. The registered manager told us that they were sourcing practical training to address this issue. We did not observe any bad practice within moving and handling.
- We saw the training matrix, however some of the training was not up to date and the registered manager said they were addressing this.

#### Systems and processes to safeguard people from the risk from abuse

- People were not always protected from the risk of abuse and avoidable harm due to the lack of risk assessments. However, the registered manager assured us that they would develop better systems and processes to ensure that people were kept safe going forwards.
- Staff told us they had received training in safeguarding and were aware of the signs of abuse and how to report this.
- Relatives told us they felt that people were safe at the service and well cared for.

#### Learning lessons when things go wrong



- Safety concerns were not always identified and acted upon.
- The registered manager was open to feedback and had several methods to engage with people and their relatives and staff to enable them to regularly contribute to improvements. There had been improvements since our last inspection, however, there was further improvements to be made.
- The frequency of audits and staff competency checks had been increased. However, further work was required to ensure that checks were taking place in all areas so that improvements could be easily identified.

#### Using medicines safely

- Medicines were appropriately managed which meant people were protected from unnecessary risks and harm.
- Medicines were stored safely and in line with the manufacturer's instructions.
- Records were available to staff to clearly show how people preferred to be given their medicines. This ensured people received their medicines in line with their wishes and care plan.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

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; 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; Continuous learning and improving care.

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made improvements to some of the areas identified at our last inspection. There had been work carried out on the management oversight and overall monitoring of the service which had achieved improvements. However, there were still some areas including oversight of the management of risk, recruitment of staff, infection control procedures, mental capacity assessments, staff training and supervision which required further work. This meant that the registered manager did not have good oversight of the service.
- Staff were clear about their roles and responsibilities. Management had introduced several audits to ensure actions were implemented in a timely manner and quality checks were completed monthly. However, not all areas had robust audits in place, and this had led to improvements not being made.
- Staff did not receive regular formal supervisions in line with the providers policy which meant that feedback was not always documented and communicated in timely manner. However, staff told us that the deputy manager had an open-door policy and they asked the deputy manager for help and support where needed.

At this inspection not enough improvement had been made and the provider remained in breach of Regulation 17.

- The registered manager had been proactive in engaging with people using the service, relatives and staff. We could see where improvements had been made and lessons learned.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to involve people and staff in giving feedback on the service. They had reported back on outcomes of the feedback and what had been done to achieve improvements.
- One person told us "They know what I like and what I don't like, they listen to me and I am happy to tell them if I am not happy."
- Relatives told us they were consulted where necessary and all of the relatives we spoke with told us they were more than happy with the care people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- People received care from staff that was person-centred with the aim of providing positive outcomes. However, management did not always support staff by keeping staff informed of changing needs.
- Staff worked with visiting professionals to ensure good outcomes for people. For example, we saw evidence of people being supported to maintain their mobility. This resulted in people maintaining their independence.
- One health care professional told us the service was excellent, people were well cared for and they had forged a good working relationship.

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 failed to ensure that they were working within the MCA. Not all people who lacked capacity had a DoLs authorisation in place.</p>