

## Partnerships in Care Limited

# The Gables

### Inspection report

195 Ashby Road  
Scunthorpe  
Lincolnshire  
DN16 2AQ

Website: [www.prioryadultcare.co.uk](http://www.prioryadultcare.co.uk)

Date of inspection visit:  
18 February 2019  
20 February 2019

Date of publication:  
02 May 2019

### 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

About the service: The Gables is a residential care home that can accommodate a maximum of 12 people. At the time of the inspection it was providing accommodation and personal care to nine people.

People's experience of using this service: People were extremely happy with the care provided and were highly complimentary of the service. One person said, "They've all done so much to make it a home from home. I've got nothing bad to say about The Gables, if only there were more of this place."

People were supported to be as independent as possible and had made significant progress in achieving their goals. They were actively included in making decisions about their care and setting future goals. People were supported to access healthcare services in a timely manner.

People led fulfilling lives which included accessing a wide variety of activities and going on holiday. Staff did all they could to ensure that the time people spent with the loved ones was special. Staff had developed meaningful, caring relationships with people and supported them with their cultural and religious needs.

People told us the food was of good quality and they were included in developing weekly menus, so their personal tastes were catered for.

People were kept safe from avoidable harm and abuse and there were enough staff to safely meet people's care and support needs. People's needs were assessed and risks were appropriately managed.

People and staff told us the service was exceptionally well-led. The management team had created a caring and inclusive culture for people and staff. People told us they could talk to the management team about any concerns and were confident they would be listened to.

Staff told us they felt well supported by the management team and received regular supervision and appraisals. Staff received appropriate training and were supported to undertake additional training in areas of interest to them.

Rating at last inspection: This was the first inspection since registration on 26 February 2018.

Why we inspected: This was a scheduled inspection based on our inspection programme.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was exceptionally caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was exceptionally well-led.

Details are in our Well-Led findings below.

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** An inspector and assistant inspector carried out the first day of inspection. The second day was completed by an inspector.

**Service and service type:** The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

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

**Notice of inspection:** This was an unannounced inspection.

**What we did:** Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR 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 also contacted the local authority adult safeguarding team and Healthwatch, the consumer champion for health and social care, to ask if they had any information to share.

During the inspection, we spoke with one person who used the service and one relative. We spoke with the registered manager, general manager and three support workers. We received feedback from three health and social care professionals.

We looked at care files and daily notes for four people and medication records for six people. We completed a tour of the building which included people's bedrooms, bathrooms and communal areas. We looked at

three staff recruitment files, induction, training records and a range of documentation for the management of the service. We also looked at surveys, audits, compliments and complaints and technology being used in the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.
- Whistleblowing information was available to staff and appropriate policies and procedures were in place for reporting concerns.
- The management team monitored accidents and incidents and used them for learning in the service to help prevent reoccurrence.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Risks to people's safety and wellbeing were identified and appropriate strategies were in place to enable staff to monitor and minimise the risks. Care plans contained information about how to support each person to evacuate safely in an emergency.
- Mobility equipment was in place for those that needed it; enabling people to mobilise safely around the home and the local community.
- People told us, "Safety does appear to be a priority." The provider ensured maintenance work and safety checks were regularly completed, as a result the home was clean, tidy and well maintained.
- Staff used gloves and aprons to help prevent the spread of infections.

Staffing and recruitment.

- Staffing levels were sufficient to meet people's needs and maintain their safety. People told us staff supported them in a timely manner.
- The provider's recruitment processes helped ensure only suitable staff were employed and disciplinary procedures had been appropriately followed.

Using medicines safely.

- People's medicines were administered as prescribed; medication records evidenced this. 'When required' protocols enabled staff to consistently identify when people required these medicines.
- People were encouraged to manage their medicines independently; staff provided appropriate support depending on people's needs.
- Medicines were stored safely and audited regularly which enabled any issues to be addressed promptly.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff were positive about the provider's induction and ongoing training. New members of staff shadowed experienced staff members and completed a wide range of mandatory training. The management team completed appraisals and monitored staff training; ensuring staff continued to follow best practice.
- There was a proactive culture of staff seeking support when it was needed; staff received regular supervision, staff meetings and support from the management team.

Supporting people to eat and drink enough to maintain a balanced diet.

- People complemented the quality and variety of food. One person said, "The food is absolutely amazing, it really is. It's like you've eaten out in a restaurant; I didn't think you could achieve that level of tastiness in your own home."
- People were included in developing a menu each week and had a variety of options available for each meal. This included having themed nights such as 'fakeaway'.
- Staff prepared meals in line with people's dietary requirements and personal preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff were knowledgeable about the people they supported and worked in partnership with health and social care professionals. One healthcare professional told us, "Staff know the people and are able to give clear, detailed and relevant feedback at reviews."
- Staff referred people to health and social care services and supported them to access appointments, followed professional advice and provided effective care.
- Staff promoted people's independence and supported people to develop independent living skills. As a result, people lead healthier lives and had moved into independent living in the community.

Adapting service, design, decoration to meet people's needs.

- People were encouraged to personalise their bedrooms. This included their own furniture, bedding and wall decorations.
- Signs were used around the building to help people identify communal areas such as lounges, the dining room and bathrooms. People had created their own personalised door signs to identify their room.
- The building had a variety of communal areas so people could socialise or have their own space which supported their wellbeing.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff sought consent from people. Care plans evidenced people had been included in their development and their consent was documented.
- People were encouraged to make their own decisions by staff who were trained and working in line with the MCA. Staff recognised restrictions on people's liberty and appropriate authorisations were in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were thorough and considered their preferences when arranging their care. The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way.
- Systems were in place to ensure staff were updated about peoples changing care needs. However, these were inconsistently completed and did not always evidence what information had been shared during handover meetings; staff could not easily check information about people's current care needs. We raised this with the management team who advised they would monitor and address the recording issue.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity.

- We saw numerous examples of staff going above and beyond to promote people to maintain relationships which had a positive impact on their lives. This included supporting people to attend family events and supporting people to buy cards and gifts for special occasions. Staff went out of their way to make visitors feel welcome.
- Staff responded sensitively to people's emotional needs. They spent time with people and provided emotional support, this included arranging thoughtful activities for people to help improve their wellbeing. One person said, "Staff arranged for me to go out for afternoon tea, which I've never had before; it was really special for me. Things like that put them above the rest."
- Staff respected people's cultural, religious needs and personal relationships and fully supported people with these areas of their life. One person said, "[General manager's name] has embraced me and my culture."
- People and professionals spoke very highly of staff and their approach. People said, "Staff are warm, friendly and ensure my dignity is maintained at all times."
- People were allocated 'key workers' who had similar interests and personalities which helped people to form meaningful relationships. People said, "Staff are picked to match me; my key workers are amazing."

Respecting and promoting people's privacy, dignity and independence.

- The service had a strong culture of maintaining and improving people's independence. Staff were knowledgeable about people's care needs and how to promote their independence. Care plans reflected this and evidenced the significant progress people had made.
- People said, "Staff are here to get the best out of us, they gently and sometimes firmly encourage us and help change our mentality to helping ourselves."
- People were supported to set goals and to achieve them. People had made significant progress to lead more independent, healthier lifestyles.
- People were proud of their achievements and they were celebrated in the provider's magazine and displayed on a notice board with their consent.
- Staff were passionate about respecting people and promoting their privacy and dignity. They told us, "We treat people how we would want our family to be treated."

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to make their own decisions about their care. Staff worked with people and their families to ascertain how they liked to be cared for. A relative said, "Staff have asked my opinions and suggestions for [Name's] care."

- People were supported to access advocacy services to support with decision making.
- People were actively encouraged to be involved in decisions around their care. People attended 'Your voice' meetings and used suggestion boxes to raise their views. We saw meal times were changed and a wider range of activities such as keep fit workouts and playing pool was introduced as a result of people's suggestions.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff were knowledgeable about people's personal routines and provided consistent care. Care plans contained important information about people's personal histories, their likes and dislikes and enabled staff to provide person-centred care. Care plans were reviewed and updated regularly. Daily records showed people's needs were met as per their wishes.
- People were supported to pursue a wide variety of hobbies and interests in the service and the local community. Some examples included attending concerts, sports, days out, crafts and baking. Special occasions such as birthdays, Halloween and Christmas were celebrated.
- Plans were in place to enable people to go on holiday. Staff worked with people to choose a destination, accommodation and when they would like to go. People chose which staff would accompany them. The management team ensured robust risk assessments and care plans were in place to ensure people would have a good holiday.
- The provider had created a computer room to enable people to access the internet.

Improving care quality in response to complaints or concerns.

- People were confident in how the management team addressed complaints and concerns. People told us, "When [General manager's name] came and spoke to me about it, they listened to me and it's all sorted now."
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on issues to the management team.
- Information how to raise a complaint was available to people in a way they could understand.

End of life care and support.

- Staff sensitively discussed people's end of life care wishes. Care plans documented people's preferences and included spiritual and cultural information.
- At the time of our inspection, no one at the service was in receipt of end of life care. Staff understood how to liaise with relevant professionals should someone require end of life care.

# 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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People were consistently complimentary of the management team and the running of the service. They said, "[General manager's name] is amazing. They take their role very seriously. They have been nothing but supportive and I can speak to them openly."
- All staff were exceptionally positive about the management of the service and the support they received. Staff said, "[Registered manager name] is great and is here to help. In all the years I've been here [General manager's name] is the best manager I've ever had. They're knowledgeable, compassionate, available and always know the right thing to say."
- The management team were passionate about their role and had applied their vision and values throughout the service. They had created an extremely caring and inclusive culture for people and staff; people achieved positive outcomes due to the care they received. Staff's caring nature and hard work was rewarded through an 'Employee of the month' scheme.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People were included in the development of the service. They were regularly asked their views of the service individually and as part of a group during 'Your voice' meetings. Changes had been made to the range of activities available as a result of people's views.
- People's experiences were captured on questionnaires. We found these were positive and responses were analysed responses and made changes to improve the service in ways that mattered to the people who used it.
- The management team sought people's views to develop and improve the service. This included 'Your voice' meetings and questionnaires; responses about the service were positive. The management team analysed the responses and changed the service as a result of people's experiences. People were kept informed about the changes being made.
- Staff told us they were included in developing the service and could make suggestions which would be considered and implemented where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The management team monitored the quality of the service through the completion of a variety of audits. Some of which included care plans, medicines and health and safety. 'Out of hours' spot checks were completed to ensure the quality of the service was consistently maintained at all times. Any issues identified

had actions implemented and were monitored to ensure shortfalls did not reoccur.

- The service had an effective management and staffing structure in place. Staff had a clear understanding of their roles and tasks were allocated daily. A rota was updated for each shift with staff on duty and their roles; it was clear to see who was responsible for each task.
- The management team were knowledgeable about events within the service and worked to resolve issues quickly. They also understood the regulatory requirements and reported information appropriately.

Working in partnership with others.

- The management team had established effective working relationships with other organisations and professionals to ensure people received a good service. A healthcare professional told us, "I am very happy with the service; communication is good and there is excellent documentation."