

T.L. Care Limited

Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 29 August 2018 and was unannounced. This meant the provider and staff did not know we would be attending.

The service was last inspected in January 2016 and the overall rating for the service was good. The safe domain was rated requires improvement as medicine records were not always completed correctly. We spoke with the registered manager of the service at that time, who said action would be taken to address these issues. When we returned for this latest inspection we found that medicines were not managed safely. We also found issues with the maintenance and cleanliness of the premises, and saw that governance and management processes were not always effective.

This is the first time the service has been rated requires improvement.

Gables Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Gables Care Home accommodates up to 64 people across four units. Two units provide general nursing and residential care, and two units provide nursing and residential care for people living with a dementia. At the time of our inspection 57 people were using the service.

The service had a manager who was applying to be the registered manager at the time of our inspection. A registered manager is a person who has registered with the CQC 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. The manager was registered as the registered manager shortly after our inspection, and will be referred to as the registered manager in this report.

Risks arising out of people's health and support needs were assessed and plans put in place to reduce the chances of them occurring. Accidents and incidents were monitored to see if lessons could be learned to keep people safe. Plans were in place to support people in emergency situations. Policies and procedures were in place to safeguard people from abuse. We received mixed feedback on staffing levels from people, relatives and staff but this was monitored by the provider and registered manager. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People's support needs and preferences were assessed before they started using the service and care plans drawn up to meet them. Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The service had well established links with external professionals in the local community. People were supported with managing food and nutrition. The premises had been adapted for the comfort and convenience of people living there.

People spoke positively about the support they received from staff, describing it as kind and caring. Relatives also praised staff and described the service as caring. Staff treated people with dignity and respect. People were supported to maintain their independence as much as possible. Throughout the inspection we saw numerous examples of staff delivering kind and caring support. The registered manager and staff were committed to ensuring that everyone felt welcome at the service and could live as full and free a life as possible. People were supported to access advocacy services where needed.

People received person-centred support. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody was receiving end of life care but policies and procedures were in place to provide this where needed.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Staff spoke positively about the registered manager and the culture and values of the service. Feedback was sought from people, relatives and staff using surveys and at regular meetings. The service had a number of community links for the benefit of people living there.

We found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to medicine management, premises maintenance and cleanliness and good governance. You can see what action we took at the back of the full version of this 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 always safe.

Medicines were not managed safely.

The provider's infection control processes were not always effective.

Staffing levels were sufficient to provide safe support.

Emergency plans were in place.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported to have maximum choice and control of their lives and staff.

Staff were supported with regular training, supervision and appraisal.

The service worked effectively with other healthcare professionals.

Good ●

Is the service caring?

The service was caring.

People and their relatives described staff as caring and kind.

We observed numerous caring interactions during our inspection.

People were supported to access advocacy services where needed.

Good ●

Is the service responsive?

The service was responsive.

People received person-centred support.

Good ●

People were supported to access activities they enjoyed.

Policies and procedures were in place to investigate and respond to complaints.

Is the service well-led?

The service was not always well-led.

The provider's quality assurance and governance processes were not always effective.

Feedback was sought from people, relatives and staff.

The service had community links with local agencies and groups for the benefit of people living there.

Requires Improvement ●

Gables Care 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.

This inspection took place on 29 August 2018 and was unannounced. This meant the provider and staff did not know we would be attending. The inspection team consisted of one adult social care inspector, a pharmacist inspector, a specialist advisor nurse 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 care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Gables Care Home. We spoke with three external professionals before we visited the service.

We spoke with seven people who used the service and five relatives of people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans and nine medicine administration records (MARs). We spoke with 10 members of staff, including the registered manager, the provider's regional director, kitchen, domestic and care staff. We looked at three staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

Medicines were not managed safely. Records relating to medicines were not always completed correctly placing people at risk of errors. We checked a sample of medicines records on all units and found that whilst there were very few missed administrations staff did not always record the amount of medicine administered when a person was prescribed a variable dose. We also found on some occasions carried forward stock balances were not used meaning the home could not identify issues with stock management.

Topical medicine administration records (MARs) were not always correctly completed. For example, we found on two occasions topical records were in place with signed administrations despite no creams being prescribed on the MAR chart. We were also told on one unit that creams were stored in a drawer in the office. On inspection we found creams opened with no labels, alongside other non-medicinal products such as hair dryers and television controls. We could therefore not be sure creams were being applied as prescribed. There was no documentation in place to record the required rotation of one person's medicine patch. We also saw that some protocols for 'as and when required' (PRN) medicines contained limited guidance for staff on when they might be needed.

Medicines which required cold storage were kept in fridges within the medicines store rooms. However, storage temperatures were not always monitored or recorded. For example, on one unit there had been no temperature recordings completed in August. This created a risk that medicines might not have been stored appropriately.

We saw that controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were appropriately stored and signed for when they were administered.

We looked at the processes for auditing medicines within the home and found only one unit to be consecutively audited since June 2018. The home also had audit paperwork in place to complete random resident spot check but at the time of our visit only one had been completed in August. We could not find any evidence of actions or lessons learned from the audits that had been carried out. Therefore, we could not be sure the home had sufficient oversight of medicines in the home due to lack of governance arrangements.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider's infection control processes were not always effective. There was a strong malodour on one of the units, which people and relatives also commented on. One relative told us, "The smell is bad in the small lounge. It knocks you out, makes you sick, it's so bad." Another relative said, "The unit is smelly." Staff commented on the malodour and said it had been present for some time. One member of staff said, "I think there is a smell. I'd say about the past year. Don't know if it's just a build-up. The domestics do what they can but families come to us complaining and it gets embarrassing." External professionals who gave us feedback

before our inspection also commented on the malodour and said it had been in place for some time. One said, "Odour remains a longstanding problem." Another external professional said, "The smell is horrendous." We spoke with the registered manager and regional director about this, who said new cleaning products had been used to try and remove the malodour and that plans were in place to replace the flooring in the affected area at some point.

We saw that some areas of the same unit were dirty. One shower room had mould on the wall. A bathroom had mould under the sink as well as several loose tiles on the wall. This meant the walls could not be effectively cleaned, and that the loose tiles could injure people if they fell off. The registered manager said the shower room would be re-grouted and the tiles would be repaired immediately.

Our judgment was that the provider's governance processes had not always effectively assessed and mitigated risks relating to the health and welfare of people using the service.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Other risks arising out of the premises were assessed and steps taken to mitigate them. This included regular checks of window restrictors, water temperatures and lighting. Required test and maintenance certificates were in place, including for gas and electrical safety.

Risks arising out of people's health and support needs were assessed and plans put in place to reduce the chances of them occurring. Risk assessments covered areas including falls, mobility, nutrition and skin care. Recognised tools such as Waterlow were used to help keep people safe. Waterlow gives an estimated risk for the development of pressure sores. Assessments were regularly reviewed to ensure they reflected people's current level of risk.

Accidents and incidents were monitored to see if lessons could be learned to keep people safe. This included closely observing people following accidents and incidents and analysing them for any trends emerging that might need remedial action.

Plans were in place to support people in emergency situations that disrupted the service. Checks were made of the services firefighting procedures and equipment. Fire drills took place regularly and were used to reflect on safety procedures and to see if improvements could be made. Personal emergency evacuation plans (PEEPs) were in place. PEEPs are documents that are designed to give staff and emergency services an overview of people's support needs in emergency situations. The provider had a contingency plan to help ensure a continuity of care in situations that disrupted the service.

Policies and procedures were in place to safeguard people from abuse. The provider had a safeguarding policy containing guidance to staff on the types of abuse that can occur in care settings and how these should be reported. Staff received safeguarding training and said they would not hesitate to report any concerns they had. One member of staff told us, "I wouldn't be scared to report something if I don't like it." Records confirmed that any issues raised were appropriately investigated and responded to.

We received mixed feedback on staffing levels from people, relatives and staff. One person we spoke with said, "I feel safe here, I think there's enough staff." Another person said, "They're there all the time. If I buzz they come within 5 minutes." A member of staff told us, "Usually we have enough care staff here. Have moments where it all goes a bit mad, but normally enough. They always try and cover sickness and holidays." Some people, relatives and staff said there were not enough staff. One person said, "I feel safe, though they could do with extra staff at meal times." A relative we spoke with told us, "I'm not convinced

there are enough staff. Odd occasions, I can't find staff." A member of staff said, "I think yes and no to enough staff. When it's really busy you could do with an extra on one unit, would have more time to interact. It's short when staff are sick but they always try and get it covered. 90% of the time we're fully staffed."

Across all units the usual daytime staffing levels were two nurses, two supervisors and seven care assistants. Usual night staffing levels across all units were one nurse, one supervisor and six care assistants. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. The registered manager said the provider was in the process of recruiting additional nursing and care staff, which would assist with covering staff absence. During the inspection we saw people were supported in a timely and unhurried way, and that call bells were answered quickly. We spoke with the registered manager about the comments we received on staffing and they said levels would continue to be regularly reviewed.

The provider's recruitment process minimised the risk of unsuitable staff being employed. Applicants were required to complete an application setting out their employment history and provide proof of identify. Written references were sought and Disclosure and Barring Service (DBS) checks carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults.

Is the service effective?

Our findings

People's support needs and preferences were assessed before they started using the service, and care plans drawn up to meet them. These were regularly reviewed to ensure they remained current and contained information on people's individual choices and decisions. People and their relatives told us people received the support they wanted and needed. One person said, "They (staff) are very helpful." A relative told us, "It's an extremely high standard of care here."

Staff received the training needed to provide effective care. Mandatory training was provided in areas including moving and handling, health and safety and dementia awareness. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. The registered manager's training chart showed most training was either up-to-date or planned, and they showed us their training plan with confirmed training dates scheduled. Training was regularly refreshed to ensure it reflected latest knowledge and best practice.

Newly recruited staff had to complete the provider's induction programme before they could support people without supervision. This included completing mandatory training, being introduced to people at the service and shadowing more experienced members of staff.

Staff spoke positively about the training they received. One member of staff said, "The training is quite good, actually. I liked the dementia training we did. It gives us the skills we need." Another told us, "The training is pretty good. It gets refreshed fairly regularly." A member of staff we spoke with said they lacked confidence in one area of their training, so the registered manager supported them with extra training and discussing this with them.

People and their relatives thought staff had the skills and training needed to provide effective support. One person told us, "I think the staff are well trained here." Another person said, "I think they are all well trained." A relative told us, "The staff are well trained here, they are good carers."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss knowledge, performance and any other issues staff wished to raise. One member of staff told us, "We get supervisions and you can air your views."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection 33 people were subject to DoLS authorisations. People's DoLS status was clearly recorded in their care plans. Where people lacked capacity to make decision we saw best interest decisions had been appropriately made on their behalf.

The service had well established links with external professionals in the local community. People were supported to access these to monitor and promote their health. Care records contained evidence of working with GPs, physiotherapists, tissue viability nurses, speech and language therapists (SALT) and the community mental health team. One relative told us, "The opticians come to see [named person], the podiatrist comes every 6 weeks."

People were supported with managing food and nutrition. People's dietary support needs and preferences were assessed when they moved into the service, and care plans drawn up that reflected these. People were regularly weighed and the Malnutrition Universal Screening Tool (MUST) was used to identify people who were at risk of malnourishment. Appropriate referrals had been made to dieticians and SALT where staff had concerns about people's nutritional health. Kitchen staff were knowledgeable about people's nutritional support needs and preferences, including any specialist diets such as diabetic or soft food.

People spoke positively about food at the service. One person told us, "The food is very good here. You get two choices." Another person said, "You get fish and chips, sausages, I love the food." A relative we spoke with said, "The food is good, your traditional home cooking." We saw people receiving appropriate support at mealtimes, including being offered choice and being encouraged to drink.

The premises had been adapted for the comfort and convenience of people living there. One of the units for people living with a dementia was being redecorated when we inspected, and staff told us how the final design would include coloured handrails and doors to help people navigate around. Dementia friendly signage was in place in other areas of the building. Communal lounges were available for people to socialise in, and we saw people doing this during the inspection. People were supported to personalise their rooms with their own furniture and possessions. One person told us, "I like my bedroom. I bought things from home."

Is the service caring?

Our findings

People spoke positively about the support they received from staff, describing it as kind and caring. One person told us, "They are all very friendly and caring the staff." Another person we spoke with said, "It's smashing here, it's better than any home I've ever been in. They are lovely staff, they are caring and do anything for you." A third person told us, "The staff are very good to me. They take care of me very much."

Relatives also praised staff and described the service as caring. One relative told us, "Staff are very accommodating, they always go above and beyond. One carer came on her day off to take [named person] to the hospital because he was anxious. Another carer did the same." Another relative said, "The care is excellent. The attitude of the staff is great." A third relative we spoke with said, "Staff wise, they're brilliant carers. It's first class here."

Staff treated people with dignity and respect. Where staff wanted to speak about confidential matters or people's support needs they did so quietly and away from communal areas so they would not be overheard. We saw staff offering support to people in communal areas such as lounges. This was done discreetly to ensure people's dignity was maintained. Staff asked for permission before offering support or entering people's rooms. People and staff had close, friendly but professional relationships. One person told us, "The staff treat me with dignity and respect."

People were supported to maintain their independence as much as possible. Staff encouraged people to do what they wanted to and could for themselves, whilst always being on hand to provide safe support if needed. For example, we saw one person with mobility issues being encouraged to stay as mobile as possible by having a short walk down a corridor with a member of staff.

Throughout the inspection we saw numerous examples of staff delivering kind and caring support. We saw one person who was living with a dementia getting distressed. Staff recognised this and responded to it quickly by sitting down and sharing jokes with the person. The person instantly relaxed and was laughing and joking with the member of staff. Later in the day we saw another person becoming anxious and crying. A member of staff sat down with them, gave them a cuddle and offered kind reassurance. They sat together for a long time, and the person looked relaxed and happy as a result. We saw staff laughing and joking with people as they moved around the building. Staff clearly knew people and their relatives well and were able to use this knowledge to have meaningful conversations.

The registered manager and staff were committed to ensuring that everyone felt welcome at the service and could live as full and free a life as possible. People and staff at the service had recently worked with a local LGBT charity on a research project studying the issues people in the LGBT community might face in care settings. A report had been produced which had been presented to commissioners of services and healthcare professionals to help drive improvement. People were supported to maintain social networks and relationships of importance to them. For example, people were supported to practise their faith and the service had links with local places of worship that people attended. People were supported to meet people from different backgrounds and faiths by attending community lunches in a local Islamic centre.

At the time of our inspection five people were using advocates. Advocates help to ensure that people's views and preferences are heard. The involvement of people's advocates was recorded in their care plans, and policies and procedures were in place to provide advocates to others if needed.

Is the service responsive?

Our findings

People said they received the support they wanted and needed. One person told us, "They look after me." Relatives also said staff were responsive to people's needs and wishes. One relative told us, "The staff are caring towards [named person]. They will all spend some time with you, to answer your queries."

A detailed assessment of people's support needs and preferences was carried out before they started using the service. Areas assessed included people's physical and mental health, mobility and social needs. This information was used to draw up detailed care plans where a support need was identified, which included information on how the person wished to be supported. Plans emphasised what people would like to do for themselves and those areas where they needed support from staff.

As well as detail on people's physical and social support needs, care plans also contained information on their background, life history, likes and dislikes and personality. This helped to paint a picture of people as a whole and not just one that focussed on their current support needs.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. When staff arrived at work they received a handover covering the latest information on people's support needs and preferences. This was done verbally, with a written record kept so staff could refresh their memory throughout the day should they wish to.

People and their relatives were involved in drawing up care plans, which helped ensure they were person-centred. One person told us, "They've offered me the care plan to see." A relative we spoke with said, "We've seen [named person's] care plan. It's kept well up to date."

Policies and procedures were in place to ensure people could communicate and engage with staff and the world around them as much as possible. People's communication support needs were assessed before they started using the service, and necessary adaptations made to support these. For example, one person had adapted lighting in place to help with their vision.

People were supported to access activities they enjoyed. One person told us, "Yes, I like to take part. See that painting on the wall? That's mine. The singer is very nice. I sing along with them." Another person said, "I take part in the exercise on chairs and I go upstairs and listen to the singers." A relative told us, "The activity coordinators lovely, very nice. [Named person] will take part in anything, dancing, exercise on chairs, or listen to the singers."

The service had an activities co-ordinator. They asked people about their hobbies and interests and used this information to plan activities. The activities co-ordinator also shared ideas and information on the latest best practice with activities co-ordinators from other services operated by the provider. With people's consent photographs were taken of people enjoying activities which were used in a regular newsletter reporting on what was happening at the service. We saw that a wide range of activities took place, including pamper days, biscuit decoration sessions and crafts. Entertainers and singers visited regularly, and trips out

to local amenities and attractions took place. This included trips to a singing group run by the Alzheimer's Society Dementia Friends programme for people living with a dementia.

Policies and procedures were in place to investigate and respond to complaints. The complaints policy set out how issues could be raised and the timescale for investigating them, and this was displayed in communal areas. Records confirmed that complaints were dealt with using the policy. People and their relatives told us they knew how to raise issues and would be confident to do so. A relative we spoke with said, "We've not had to bring up any issues. Staff don't hide in the offices."

At the time of our inspection nobody was receiving end of life care, but policies and procedures were in place to provide this should it be needed.

Is the service well-led?

Our findings

The service had a manager, who had been in post since May 2018 and who was applying to be registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The manager was registered as the registered manager shortly after our inspection, and is referred to as the registered manager in this report.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The registered manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. This included audits of care plans, medicines, health and safety and the premises. However, we saw that the provider's quality assurance and governance processes had not identified or remedied the issues we found in relation to medicines management and the premises. We also noted that issues with medicine records had been identified at our last inspection in January 2016, and had not been resolved by the time we returned for this latest inspection.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff spoke positively about the registered manager and the culture and values of the service. One member of staff said, "[The registered manager] is a good laugh, a good manager. You can go to her with anything you need to." Another member of staff told us, "It's a friendly place".

People and their relatives also spoke positively about the registered manager. One person told us, "They are nice." A relative we spoke with said, "[The registered manager] is approachable. If we have any qualms we go and see her about things."

Feedback was sought from people, relatives and staff using surveys and at regular meetings. Records of meetings showed they were used to discuss a wide range of issues and that feedback was encouraged. Records of feedback surveys carried out in 2018 contained positive results. For example, in a food survey carried out all respondents agreed or strongly agreed that mealtimes were enjoyable. One person told us, "I go to the residents' meetings, they are alright. I do like living here." We asked a relative about the meetings, who responded, "They are useful."

The service had a number of community links for the benefit of people living there. Volunteers from the National Citizen Service were helping to develop the service's garden and also visited and socialised with

people. The service had links with local schools, whose pupils visited to perform concerts and speak with people. The activities co-ordinator was working with a charity to help develop gardening therapy sessions at the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's infection control processes were not always effective. The provider's quality assurance and governance processes were not always effective. Regulation 17(2)(a).