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The Gables Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on the 10 and 15 February 2016, the first day was unannounced. We arranged to come back on the second date to ensure that we could speak with the registered manager for the home. 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 last inspected The Gables Care Home on 24 April 2014 and the service was judged to be fully compliant with the previous regulatory standards.

The Gables Care Home accommodates up to 21 people who need accommodation for their personal care needs. The home provides short and long term care. The home is a semi-detached property with bedroom accommodation being located on three floors. Currently there are 15 single rooms and three shared rooms. The upper floors can be accessed via a passenger lift. There is a large communal lounge and dining area and a conservatory. At the time of our inspection the ground floor of the home was being decorated and we were told that the conservatory was being replaced shortly after our inspection visit.

We found one breach of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This related to safe care and treatment. We also made two recommendations regarding the need for formal infection control audits to take place and to ensure that staff with responsibility for administering medication are aware of the need to observe people taking their medicine.

You can see what action we told the provider to take at the back of the full version of this report.

There were 20 people staying at the home on the first day of the inspection. Sadly one person had passed away who had been receiving end of life care when we returned the following week to complete the inspection visit. We were told that the home operated a waiting list for people who had expressed an interest in living at the home.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. However when we looked at the homes accident and incident book, and care records, we saw that a number of falls had happened at the home that had not been reported to the Local Authority safeguarding team.

All the people we spoke with told us they felt safe at the home.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the senior carer who had responsibility for administering medication on the first day of the inspection and observed medication being given to people over the lunchtime period.

We observed people being given assistance as they needed it when eating their lunch and that people were offered plenty of drinks, both hot and cold alternatives, throughout the lunchtime period and the day.

We saw that food and fluid charts were in place for those people who needed their diet and hydration monitored. The forms contained good details with liquids measured and a good description of what had been eaten.
People who used the service cited no issues when we discussed consent issues with them.

People told us that staff respected their privacy and treated them with dignity. We observed staff interactions with people during our inspection and found them to be warm and compassionate.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

We examined the care files of five people, who lived at The Gables Care Home. We found documentary evidence to show that people had their care needs assessed both externally by healthcare professionals prior to moving to the home, and by staff at the home.

We spoke with people who lived at The Gables Care Home about the culture of the home. The responses we received were positive.

We saw that some audits were carried out at the home. Examples seen were care plan audits and medication audits. However we found that other formal audits, such as for Infection Control and health and safety were done on a more informal basis.

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.

People were not always cared for in a safe way as risks were not always appropriately mitigated. Referrals to the local authority and other services were not always made which would have assisted people, and staff in managing people at risk of falling.

The home had effective recruitment procedures in place which were always followed.

There were enough suitably qualified and trained staff to care for the assessed needs of the people at the home.

Is the service effective?

Good

The service was Effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

People we spoke with were happy with the quality and choice of food and drinks offered. We saw that people who needed support to eat and drink were offered this support in a caring and patient manner throughout the inspection.

The home had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and depriving people's liberty where this was in their best interests.

Is the service caring?

Good

The service was Caring.

People were treated in a kind, caring and respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated clearly with those they supported and were mindful of their needs.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Is the service responsive?

Good

The service was Responsive.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

We found plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met.

Whilst there was little in the way of activities taking place during our inspection due to the activities coordinator being on annual leave we saw evidence that a range of activities took place both inside e and outside the home. People we spoke with confirmed this to us.

Is the service well-led?

Good

The service was well-led.

We saw that staff and resident meetings took place, which had been held at regular intervals.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines.

People and relatives we spoke with told us the culture within the home was caring, empathetic and pleasant.

The 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 10 & 15 February 2016, the first day was unannounced.

The inspection was carried out by the lead adult social care inspector for the service. An expert-by-experience was present during the first day of the inspection and spent time talking with people who lived at the home, their relatives who visited and also had lunch with people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider sent us a provider information return (PIR). This 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 spoke with a range of people about the service; this included six people living at the home, three visiting relatives and seven members of staff including care workers, a senior care worker, the cook, current registered manager, business manager and owner. The registered manager was stepping down from their role for personal reasons and the business manager was in the process of applying for the registered manager role at the time of our inspection. The registered manager was to continue to work at the home as a senior carer.

We spent time looking at records, which included four people's care records, four staff files, training records and records relating to the management of the home which included audits for the service.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. People told us they had not experienced any negative behaviour such as bullying or intimidation from staff or other people at the home. We were told that people were able to go out when they wanted and if support was needed from staff that this was arranged. Comments received were very similar such as, "Yes, we are all safe here", and "I am definitely safe." Relatives we spoke with also had no concerns regarding the safety of their loved ones at the home and spoke highly of the staff team.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices to senior members of staff. Staff were also able to name external organisations to report potential safeguarding issues to such as the Care Quality Commission and Local Authority. Safeguarding procedures were on display on the notice board in the reception area.

There had been no safeguarding incidents reported by the home in the 12 month period previous to our inspection. However when we looked at the homes accident and incident book we saw that a number of falls had happened at the home over that period. In 2016 alone there had been nine accidents recorded, all of which were falls. One of these had resulted in a person being admitted to hospital. They were diagnosed with a fractured hip whilst in hospital. We discussed with the owner and business manager during the first day of the inspection the need to refer serious incidents onto the local authority safeguarding team and to notify the Care Quality Commission (CQC) in line with their regulatory duties. On our second day at the home the business manager told us they had had a discussion with the local authority regarding safeguarding thresholds. A safeguarding referral and CQC notification had been submitted during the first day of the inspection once we had had the discussion with the home's management.

The person who had had the fall and broken their hip had fallen 12 times since January 2015. We could see no evidence that referrals had been made to the falls team or other professionals such as the Occupational Therapy service. Each fall had been recorded and the home had carried out their own internal investigations however due to the high number of falls there would be an expectation that a referral would be made to other professionals in order to mitigate further risks. We were told that the person had full capacity and chose to mobilise themselves, this was confirmed when we spoke to the individual who raised no concerns with the home or staff.
We found this was in breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment.

We spoke with the registered manager of the home regarding staffing levels. They were confident that staffing levels were in place at all times to meet the needs of the people in the home. This was observed to be the case during the inspection and the feedback we received from people, their relatives and staff also confirmed staffing levels to be sufficient to meet people's assessed needs.

We saw that appropriate risk assessments were in place for people at the home when we reviewed care planning documentation. This included assessments for people's medication needs, personal care, care during the night, moving, falls, nutrition and handling and nutrition.

We looked at issues pertaining to premises safety. The home was complaint with fire regulations and had received recent visit from the Lancashire Fire and Rescue service. We saw that appropriate signage was on display with regards to fire regulations and that fire equipment was serviced. The home did not have Personal Emergency Evacuation Plans (PEEPS) in place for everyone at the home but we did see that these were in the process of being completed. We discussed the need to ensure that these were in place for everyone at the home and that staff were aware of them so they could efficiently assist people in the event of an emergency evacuation of the home.

The home was being redecorated during our inspection visit however this was done in a way to cause minimum disruption to people. For example a new carpet was being fitted downstairs at night time to ensure that people could continue with their daily routine. The rest of the home presented a pleasant environment. All shared areas were clean including toilets and bathrooms which were seen to be kept tidy. We looked in people's bedrooms with their permission. All rooms we saw were clean, odour free and people had brought furniture and ornaments with them to help personalise their own rooms.

We saw some good practice regarding Infection prevention control procedures. There were hand gel dispensers at each entrance to the home, all bathrooms had liquid soap, paper towels and signage in place regarding hand washing techniques as reminders for staff and visitors. There was a clinical waste bin in the main bathroom downstairs and arrangements were in place for collection. We asked if any infection control audits took place and were told these were done visually and by cleaning staff completing daily and weekly cleaning schedules. We discussed the need to ensure that an auditable infection control process was followed to ensure that the home was meeting infection control standards. We have made a recommendation about this.

We looked at how medicines were ordered, stored, administered and recorded. We spoke with the senior carer who had responsibility for administering medication on the first day of the inspection and observed medication being given to people over the lunchtime period. All the medicines given were done so in as discreet a manner as possible given the layout of the home and it was evident that the deputy manager knew people well and how best to approach people when administering their medicine. We checked medication administration records (MAR) to see what medicines had been given. The MAR was clearly presented to show the treatment people had received. We saw one person being offered PRN medicine (for pain relief) in their room. The person was given their medicine but was not observed taking the medicine. We asked the member of staff about this who told us that the individual concerned preferred to take their medicine later and they would check to see if they had taken it later. We discussed with the member of staff, business manager and owner the reasons why this was not good practice as the home were signing to say that person had taken PRN medication without witnessing this happening. We have made a recommendation about this.

All the people we spoke with told us they received their medicines on time and knew why they were taking their medicine. Nobody was given their medicines covertly and nobody had responsibility for taking their own medicines although a policy was in place in the event of either scenario. Controlled drugs were stored securely and we saw that medicines that needed to be kept at a low temperature were refrigerated appropriately and that minimum and maximum temperatures were recorded daily.

During our inspection we looked at the personnel records of four people who worked at the home. We found

that prospective employees had completed application forms and had attended structured interviews. This helped the management team to determine if applicants met the required criteria, in accordance with company policy. All necessary checks had been conducted, which demonstrated robust recruitment practices had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded.

We recommend that an infection control audit is undertaken regularly to ensure that the home complies with current infection control standards.

We recommend that procedures ascertaining to medicines management are reviewed to ensure that all staff are aware of the importance of observing medication being taken.

Good

Is the service effective?

Our findings

We talked with people who used the service about the quality and variety of food provided. The responses we received were mainly very positive. One person told us, "The food here is really good" and another person said, "It is fine and I can always ask for something else if I don't like what is being offered." All the people spoken with told us that they had enough choice. We asked this question as there was only one option offered as the main course at lunchtime. However alongside this there were alternatives listed such as omelette, salad, sandwiches and jacket potatoes. We observed that people ate their food well with little waste so portion sizes seemed appropriate. The home had been awarded a five out of five 'Food Hygiene Rating' from the local council which was displayed at the home.

We observed people being given assistance as they needed it when eating their lunch and that people were offered plenty of drinks, both hot and cold alternatives, throughout the lunchtime period and the day. One person who had little in the way of an appetite was encouraged to eat and was given an alternative meal when they did not eat the initial meal brought to them. We saw that they then ate and enjoyed the second meal brought to them.

We spoke with the cook who had worked at the home for approximately two years. They told us that the home catered for any specialist diets, whether that be for health or religious needs and that fresh produce was ordered on a weekly basis. They also told us that they had no concerns regarding the budget given to them for ordering food and were knowledgeable about people's needs and preferences. They told us that when a person first comes into the home they sat with them to discuss their preferences. They told us that there were currently three people at the home with pureed diets and they presented their food to look as appetising as possible by serving each component part of the meal separately. They also told us that there were five people who were diabetic and that their diabetes was controlled via their diet. They talked us through how they ensured that their diets were sugar free by using alternatives, such as sweeteners in place of sugar.

We saw that food and fluid charts were in place for those people who needed their diet and hydration monitored. The forms contained good details with liquids measured and a good description of what had been eaten. There was only one person having their food and fluids monitored at the time of our inspection.

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 when this is in their best interests and legally authorised under the MCA. The application 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.

We found that consent was gained and recorded within peoples care plans prior to them coming into the home. This was done via a 'Pre-admission consent record' and covered issues such as consent to physical examination, consultation with other professionals and photographs to be taken. An MCA assessment was also carried out as part of the pre-admission process which included details of any best interest decisions, advance decisions or involvement of Independent Mental Capacity Advocates (IMCA). There were also review dates in place so continual assessments of a person mental capacity were undertaken by the home. However we found one person who had capacity had their documentation signed by a relative. We discussed this with the owner and business manager and they told us that this was due to the individual not wanting to be involved with care planning and signing documentation. We advised that if this was the case then this needed to be recorded and this decision was to be reviewed periodically to ensure that the persons current wishes were being adhered to.

Referrals had been made to the local authority DoLS team for those people at the home who had a dementia diagnosis. Those people who were subject to restraint in the form of bed rails had the necessary signed risk assessments in place to show that this was done in the persons best interests. We discussed MCA and DoLS with staff. Staff understanding of MCA and DoLS was limited although it was evident they knew the needs of the people they were caring for. We spoke with staff regarding consent issues, all were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, assisting with medication and helping with day to day tasks. People who used the service cited no issues when we discussed consent issues with them. We discussed the need to access formal training for staff for MCA and DoLS given that a number of people at the home had a dementia diagnosis and we were told that this would be looked into as a priority.

Staff told us they felt supported in their role and that they received a thorough induction prior to them starting work. All of the staff we spoke with talked positively about how the home was managed and that they were able to discuss issues freely with the home manager, owner and senior care staff.

We saw that staff attended regular training via the staff training matrix we were given and found staff to be knowledgeable about their role. We found evidence also within staff files of training undertaken such as safeguarding, moving and handling, medication, infection control and food hygiene. Staff confirmed that they undertook regular training and that it was of a good standard.

We also saw good evidence that staff had regular supervision and were able to raise issues within this forum. End of year appraisals were also undertaken. Staff we spoke with talked positively about their peers and told us that they felt they were part of a team. Staff turnover was also low which showed that staff enjoyed their role and felt supported. One member of staff told us, "It's a very good staff team, people tend to work here for a long time."

We were also told that communication within the home was good. We saw evidence that team meetings took place and that handovers took place at the beginning and end of each shift to ensure that staff were aware of how people had been during the previous day or night.

Good

Is the service caring?

Our findings

People who lived at the home were very complimentary about the approach of the staff team and the care they received. One person told us, "All the staff are good and look after me well", another person said, "Staff always listen to my concerns". One relative we spoke with told us, "I see the staff giving residents hugs and this reassures me."

Relatives we spoke with said they could visit the home whenever they wished to without restriction. They told us that staff called people by their first name and knew the people they were caring for well. We observed this to be the case and people were seen to enjoy contact with staff and share jokes with them in an appropriate manner.

People told us that staff respected their privacy and treated them with dignity. We observed staff interactions with people during our inspection and found them to be warm and compassionate. Staff were friendly, patient and were discreet when providing personal care interventions. We found people's privacy was maintained during personal care interventions, for example, by closing doors and curtains. Staff we spoke with were able to talk through how they delivered personal care and how they protected people's privacy and dignity when doing so.

Staff we spoke with were knowledgeable and passionate about end of life care. During the first day of our inspection one person was receiving end of life care. Staff sat with the person all day so there was someone present in the room with them. The home were in regular contact with the persons GP and we saw the district nurse team come into the home at the service's request to ensure that the appropriate pain relief was administered. We observed the care given to be compassionate and in line with the wishes of the person receiving care.

We were told that no-one at the home used an independent advocate and that people had the involvement of family. We did see some information for people on local advocacy services on display in the home and were told that this was a discussion held with people and the local authority as necessary, if they had no family or friends to assist them.

We saw within peoples care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to social workers, district nurses and GP's. Care plans were kept securely, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with and relative's we spoke with confirmed they had been involved with the care planning process.

Good

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us, "I've never made a complaint but if I had to I would speak to any member of staff and they would deal with it." Relatives we spoke with told us similar in that they had not raised a formal complaint but any 'niggling' issues were dealt with immediately and they could raise any issues, positive or negative, and they would be listened to and acted upon. People we spoke with told us that staff understood their needs well as individuals and we saw evidence that people received care in line with their recorded preferences.

We saw that the home had an up to date complaints policy which was on display in the home and complaint forms were included in people's welcome packs when they arrived at the home. We saw that a complaints file was kept in the office. The home had not received any formal complaints in the 12 month period prior to our inspection.

We examined the care files of five people, who lived at The Gables Care Home. We found documentary evidence to show that people had their care needs assessed both externally by healthcare professionals prior to moving to the home, and by staff at the home. We found people's plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. Care plans had been reviewed at regular intervals and any changes in needs had been recorded.

We saw good evidence that people's life histories and preferences were discussed with them and researched with families as appropriate which meant staff were able to discuss people's life with them and know what people's likes and dislikes were. This meant that staff could develop meaningful relationships with people having read their life histories.

Records we saw reflected people's needs accurately and we observed written instructions from community professionals being followed in day to day practice. All the people we spoke with told us that they could see their GP, optician and chiropody without delay. One person we spoke with was diabetic and they had regular visit from the district nurse as their skin was vulnerable to breaking down. They also told us they were weighed regularly and had the blood glucose checked frequently. In all the care plans that we reviewed, we saw that people were weighed and had regular checks of their blood pressure in line with medical professionals guidance.

Detailed assessments were in place alongside appropriate risk assessments. These covered areas, such as the risk of developing pressure wounds, the risk of malnutrition and the use of bed rails. These had been updated regularly or as people's needs changed.

We saw little in the way of planned activities during our inspection as the homes activities coordinator was on annual leave. However people we spoke with told us they enjoyed a number of activities both within the home and externally. Some of the examples we were given were quizzes, bingo, drawing, watching films and

outside entertainers coming in. Suitable transport was arranged for external trips via a local taxi firm and we were told about various trips which people enjoyed including a trip to a local safari park. In the absence of the activities coordinator the registered manager showed us the homes activities folder which contained numerous examples of activities undertaken. Staff we spoke with told us they tried to spend more time with people when the activities coordinator was not in work however this was not always easy due to how busy they were.

Good

Is the service well-led?

Our findings

We spoke with people who lived at The Gables Care Home about the culture of the home. The responses we received were positive. One person told us, "All staff are nice, they look after me and the others here well." Relatives we spoke with raised no concerns about the management, staff or culture of the home.

The registered manager of the home was not present during the first day of our inspection due to being on annual leave however was present during the second day of our inspection. The registered manager had resigned from their post due to personal reasons but was remaining in employment at the home as a senior carer and was remaining as the registered manager until their successor successfully registered. The homes current business manager was in the process of registering to become the homes manager at the time of our inspection. We gave feedback to the current registered manager, business manager and owner following both days of the inspection. The management team and all the staff we spoke with were cooperative with us throughout the entire inspection process.

A wide range of updated policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We found the service had clear lines of responsibility and accountability. All of the staff members confirmed they were supported by their manager and their colleagues.

We saw that there were good links with external professionals who visited the service. Surveys were sent to external professionals and we saw that those professionals who had returned the survey made very positive comments about the quality of the care provided at the home, the staff team and management. The home also sent quality surveys to people living at the home, their relatives and also to staff. Again the responses within the surveys were seen to be very positive.

We saw that some audits were carried out at the home. Examples seen were care plan audits and medication audits. However we found that other formal audits, such as for Infection Control and health and safety were done on a more informal basis. We discussed the need with the management team to undertake formal audits across all areas of the service and to ensure these informed service delivery and improvement.

We saw minutes from the last staff meeting which had been held on 25/1/16. These meetings enabled different grades of staff to meet in order to discuss various topics of interest and enable any relevant information to be disseminated amongst the entire workforce. We also saw that a residents meeting had been held on the 11/1/16 and were told these were held approximately every two months. Relatives were

also invited to attend these meetings; this was done via notices within the home.

The home held and external accreditation via the 'Investors in People' award. 'Investors in People' provides a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. Investors in People is owned by the UK government, managed nationally by the UK Commission for Employment and Skills and supported by the Department for Business, Innovation and Skills. The Gables Care Home held the 'Gold' standard for 'Investors in People' which only 2% of organisations achieve. Reaccreditation was achieved on 6/2/16.

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 did not take formal enforcement action at this stage. 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 People were not always cared for in a safe way as risks were not always appropriately mitigated. Referrals to the local authority and other services were not always made which would have assisted people, and staff in managing people at risk of falling. This was in breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.