HC-One No.1 Limited

The 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?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Gables Care Home was providing personal and nursing care to 42 people, aged 65 and over, at the time of the inspection. The service can support up to 55 people in one adapted building, all on the same level.

People's experience of using this service and what we found
The service was relying heavily on agency staff and we found that staff were not always deployed effectively to meet people's needs in a timely way. People had not always been supported, prompted and encouraged to eat at mealtimes. This could put them at risk of malnutrition. We recommended that the manager reviewed the dining experience to ensure that it meets the needs and preferences of people living at the service.

There was a lack of meaningful activities and engagement with people. We found that not all staff knocked on people's door before entering, showing a lack of privacy and respect.

The provider had quality auditing system, but this has failed to identify some of the areas we identified that needed improvement.

Staff received an induction when starting at the service. Regular training, specific to their role, was delivered and refreshed when needed. Staff felt supported by the management team.

Risk to people was assessed and care plans, which supported staff to deliver personalised care, were put in place. People were supported to maintain their health and access healthcare support.

Staff worked in partnership with other agencies to ensure people received the right support.

Staff had received safeguarding training and were aware of their responsibility to report safeguarding concerns.

We were assured by the infection prevention and control measures that were in place. Medicines were well managed.

There was an open culture within the service, where people and staff could approach the manager who acted on concerns raised to make improvements to people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 28 February 2018).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Gables Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was undertaken by one inspector 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.

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the area director, the manager, deputy manager, a senior care worker, a nurse, care workers and housekeepers.

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

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service relied heavily on agency staff over the last few months. On the day of the inspection there were six staff from the agency. Five had been to the service on a number of occasions previously, although one of them was new to the service. This put increased pressure on the permanent staff.
- A dependency tool was used to determine the number of staff needed on each shift, to meet people's care and support needs.
- Staff deployment was not always effective. People were left unattended in the main lounge for over 20 mins. This potentially put people at risk.
- People had been given their breakfast in their rooms, but staff were not always available to support and encourage them to eat. We saw that breakfast in a number of rooms had not been eaten and had been left to go cold.
- The provider's recruitment policy continued to ensure as far as possible that new staff were suitable to work in the service. This included a criminal record checks and references from previous employers.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to ensure people were safeguarded from abuse.
- Safeguarding concerns had been reported to the Local Authorities and staff knew how to report safeguarding concerns to the manager or escalate them further if needed.
- The manager kept a record of safeguarding concerns and any recommendations which were shared with them as a result of the safeguarding. We asked one person if they felt safe and they said, "Yeah I am."

Assessing risk, safety monitoring and management

- Risks were assessed, and plans were in place to reduce the risk of harm. People at risk of skin damage had specialist mattresses and were regularly repositioned to reduce the risk of skin break down.
- Where people were assessed as being at risk, for example of pressure damage to their skin or weight loss, information was held on the electronic care plan system.
- People had access to specialist equipment, such as hoists, chairs and frames, to help keep them safe.

Using medicines safely

- Staff administered people's medicines safely. We observed staff administering medicines and checked medicines against the records. All medicines records were completed.
- Systems were in place for the safe handling and storage of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were systems to record and report safety concerns and near misses.
- There was a process in place for the analysis of incidents and accidents to identify any trends.
- The manager and area director had an open and transparent approach to learning lessons to improve quality of care.

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet
- We observed the lunchtime meal, we found that it did not offer socialisation and stimulation to encourage people to eat and drink more.
- Three people who had been given their hot meal, were left for up to 40 minutes before staff returned to encourage them to eat. Records stated that they required prompting and encouragement.
- People who had chosen to remain in their chairs for their meal, were given tables that were too low and therefore people had difficulty eating as they had to lean over and lean to the side to reach their plate.
- Staff told us that everyone was on a food and fluid chart so that they a record of what they had eaten and drunk. Following our inspection, the manager had reviewed the food and fluid charts and they were now only in place for those people who were at high risk of malnutrition.
- Meal choice was not consistently encouraged. We were told that show plates were used for people to make a choice, however we did not see these being used on the day of the inspection.
- People at the service had their food likes and dislikes recorded as well as any special dietary requirements.
- Referrals to the dietician had been made in a timely way.

We recommend that the manager review the dining experience to ensure that it meets the needs and preferences of the people living at the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before the service started to support them to ensure that they could meet the individual's needs.
- Due to the COVID-19 pandemic the manager had not been able to carry out face-to-face assessments. They had relied on information supplied by commissioners of care, for example social workers and hospital discharge co-ordinators.
- Staff were heard offering people choices of drinks. One person said, "I get up when I want and go to bed when I want."

Staff support: induction, training, skills and experience
- Staff had access to training and supervision. New staff were enrolled onto an induction programme as part of their training.
- Training was recorded using a training matrix. Staff told us they felt supported by the manager. Daily meetings were held to pass on important information and check if there was anything requiring attention,

for example maintenance.

Adapting service, design, decoration to meet people's needs
● There were a few areas of the service were malodours were detected. Housekeeping staff were working to keep the service clean and tidy. Due to people's complex needs this could be quite challenging at times.
● The provider had invested in new hard flooring to aid cleaning and re-decoration had taken place in some areas of the service since our last inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People received care from health professionals in a timely manner and referrals for relevant professionals were completed. For example, a chiropodist to provide foot care.
● Staff requested GP appointments when they were required, and the GP would undertake a video call to assess the person. One person told us, "The staff contact the doctor if I am unwell."

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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People that were being deprived of their liberty; applications had been made to the local authority. These had been notified to the Commission once the application had been approved.
● Staff had completed training in MCA and were clear how to support people with their decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.
● People with capacity had their decisions respected and where people lacked capacity best interest decisions had been made with the relevant people involved.

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff sometimes missed opportunities to engage with people. Two members of staff that were providing one to one support for two people just sat with them and there was no interaction or chat happening.
- Permanent staff were rushed trying to ensure that people's needs were met, which did not allow them time to chat and interact with people.
- People and relatives confirmed staff were caring and respectful. Comments included, "Staff are lovely and kind."; "I couldn't have asked for more, they have been fantastic and they looked after [family member] very well."

Respecting and promoting people's privacy, dignity and independence

- Not all staff treated people with dignity and respect at all times. We noted that not all staff knocked on doors before entering. We fed this back to the manager who told us they would address this with the staff immediately.
- Staff were observed encouraging people to do tasks for themselves; staff promoted people's independence where possible.

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

- People and relatives where appropriate were involved in decision making regarding their care and support provided at The Gables Care Home.
- Care plans we viewed had been completed with the involvement of either the person themselves or their family member. The manager told us the impact of COVID-19 and restrictions of visits meant that some care plan discussions with families were outstanding, however these would be completed as soon as possible.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a lack of activities to provide meaningful engagement and stimulation to prevent boredom and promote healthy mental wellbeing. The TV was on in the main lounge dining area, but the volume was very low and no one was watching it as they were either not facing the TV or they had their heads down. Staff told us the activities co-ordinator was not presently working. When asked what then happens, they replied, "We do peoples nails and things." No activities or engagement with people took place on the day of the inspection. One person said, "They could do with more staff, I am absolutely bored stiff, I would like to get out."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support needs were well understood by the permanent staff.
- A care plan and assessment were in place to show the support people needed and these were reviewed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of AIS and gave an example of how information could be provided to a person e.g. in large print.

Improving care quality in response to complaints or concerns

- The service continued to have policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff and relatives knew about the complaints procedure and said that if anyone complained to them, they would notify the manager. One person told us, "I would complain, I am a good complainer. I would report if I didn't think something was right." Although they had nothing to complain about at time of asking.

End of life care and support

- People and their relatives were supported and enabled to choose the kind of care they wanted at this stage of their lives.
- End of life care plans had been completed and included personalised information about peoples wishes

in the event of their death.

● Staff informed us they would work with people and palliative care professionals to ensure people's needs were met.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had started the process to apply to register with the commission
- The manager was open and honest about the improvements which were needed. They told us, that changes were being introduced gradually. This was to ensure improvements were more likely to be maintained in the long term.
- The manager had developed an action plan to address the concerns raised by the quality improvement process. However not all the concerns we identified during this inspection had been included in the action plan.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved as appropriate in making decisions about the care they received.
- People and relatives had knowledge of who the current manager was and felt they could speak up if they needed to. One relative said, "[Manager] is very accommodating, they talk to you and is happy. I don't ever have to worry. I feel their door is always open."
- The manager encouraged feedback and acted on it to improve the service. For example, at the morning meeting staff are all asked if they have anything of concern to report.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The manager and registered provider understood their role with regards to being open and transparent regarding issues at the service and had clear plans in place to address any concerns.
- We felt assured following our feedback the manager would continue to make positive changes within the service.

Working in partnership with others

- The manager told us they had a good working relationship with the local authority. It is important that they know the people and the service. The local authority told us, "The new manager has settled in well, and was knowledgeable, transparent and responsive…. There are no overall concerns with their service."