

# HC-One Limited

# White Gables

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

White Gables provides personal and nursing care for up to 55 older people, some of whom live with memory loss. The accommodation is a single storey building which is separated into three units. Cedar unit provides mainly residential care. Castle and Cathedral units provide nursing care to people with complex health needs. On the day of the inspection there were 50 people living in the home.

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

At the last inspection we found people's care plans lacked detail and oral care was not always effective. In addition, we found staff did not fully understand the requirements of the Mental Capacity Act, 2005 and best interests decisions had not always been recorded. At this inspection we found improvements had been made in each of these areas.

People received good care from staff who knew them well and were trained to meet their needs and wishes. There were sufficient numbers of staff, who were safely recruited, to meet people's needs. The registered manager responded to the views of relatives and was reviewing the deployment of staff at weekends.

People were protected against avoidable harm. Risks to people's health, safety and welfare had been assessed and plans were in place to minimise identified risks.

People received their medicines as prescribed for them and systems were in place to control and prevent the spread of infection.

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

People's privacy and dignity was maintained and staff provided care in a kind and respectful way. People were encouraged to participate in meaningful activities and family and friends, where appropriate, were involved in planning their care.

The home was well managed and there was an open and inclusive culture. Quality assurance systems were effective in highlighting areas for improvement. The registered provider had action plans in place for the refurbishment of some parts of the home.

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

### Rating at last inspection

The last rating for this service was Requires Improvement overall (published 17 July 2018).

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

# White Gables

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

#### Inspection team

The inspection team consisted of two inspectors and an assistant inspector.

#### Service and service type

White Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the registered provider are 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 home since the last inspection. We sought feedback from the local authority and professionals who work with people who live in the home and the staff team. We also used the information the registered provider sent us in the provider information return (PIR). This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and six relatives about their experience of the care provided. We spent time observing the care people received to help us understand their experiences. We spoke with twelve members of staff including the registered manager, the area director, a registered nurse, a nursing assistant, four care workers, and activity co-ordinator, 2 catering staff and the maintenance person.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five 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 also 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. We spoke with two professionals who regularly visit the service.

# 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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at White Gables. One person commented that they "always feel safe." Relatives also said they felt their loved ones were safe living at the home.
- Staff had a clear understanding of how to recognise signs and report any form of abuse. One staff member commented, "I'd go straight to [local authority] safeguarding and the police."
- The registered manager and staff had worked closely with the local authority safeguarding team to ensure any concerning issues were fully investigated and actions were taken to reduce the risk of harm occurring.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had been assessed and management plans were in place to minimise the risks. We saw examples of where people had been assessed as having nutritional or falls risks. Staff demonstrated awareness of how to support those risks and external professionals had been contacted to provide further advice and guidance.
- The registered manager made sure regular checks of the environment took place to make sure the building remained safe for people to live in.
- People had individual plans to help staff support them if they needed to evacuate the building in an emergency. During the inspection a fire drill was carried out and staff followed the plans.

Staffing and recruitment

- There were enough staff on duty to ensure people received care and support when they needed it.
- The registered manager had recognised certain times of the day were busier than others and had made improvements to the deployment of the staff team to accommodate this. An example of this was at meal times when all staff regardless of their roles made themselves available to support people.
- A relative told us they felt there were not always enough staff on duty at weekends. Staff rotas showed that the numbers of care staff on duty at weekends was the same as during the week. However, the registered manager said they would review how staff were deployed at weekends to ensure consistency.
- The registered manager had recognised the need for extra staff to be employed to support people's increasing needs. There was a recruitment programme in place and new staff were due to start work soon.
- The registered provider had recognised increasing difficulty securing the employment of registered nurses. To minimise the use of agency nurses and provide consistency for the future they had developed a nursing assistant role. Selected care staff were given further training which had been approved by a national nursing organisation. This meant they had extra skills to work alongside registered nurses to support people's healthcare needs.

- There were recruitment systems in place to check that staff employed at the home were safe to work with the people living there.

#### Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- Staff involved in handling medicines had received training about how to do so safely.
- People said they received their medicines as prescribed and were happy with the arrangements in place for them.

#### Preventing and controlling infection

- The care team were aware of good practice relating to infection prevention and control and had undertaken training about the subject. They wore aprons and gloves when providing personal care for people.
- The home was clean throughout and housekeeping staff understood their responsibilities in relation to preventing and controlling infections. The home had recently received the highest rating for kitchen hygiene from the local authority.
- There was a malodour in the lounge area of Cedar unit. The registered manager told us housekeeping staff had deep cleaned the carpet but this had not been effective. Further deep cleaning was planned, however following our inspection the registered provider confirmed new flooring would be fitted.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and the registered manager carried out regular reviews to identify any trends or issues. An example of this was where a recent review had highlighted people were more at risk of falling at a certain time of the day. The registered manager was taking action to address this.



# 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 requires improvement. At this inspection this key question has now improved to good.

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

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

- People's bedrooms were comfortably furnished and decorated to their own tastes.
- Equipment such as hoists, handrails, pressure relieving cushions and mattresses were available to support people's assessed needs.
- Signage was in place around the home to help people find their way about.
- Communal areas in Cathedral and Castle units had well maintained décor and comfortable furnishings and had recently been refurbished. However, in Cedar unit the communal environment needed work. For example, some areas of the paintwork were scraped and peeling, the hallway flooring was stained and a bathroom wall had holes in where fixings had been removed. In addition, as mentioned earlier in this report, the carpet in the lounge area caused a malodour.
- Following our inspection we were informed the registered provider had carried out a survey of works required to refurbish Cedar unit. We were told the refurbishment programme had been given priority in the registered provider's action plan.

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.

- At our last inspection we found staff did not always have a full understanding of the MCA and best interests decision making had not always been recorded. At this inspection we saw that improvements had been made to how decision making was recorded. We also found the registered manager and staff had followed the principles of the MCA and made sure all those involved in the persons care had been involved in making

the decisions.

- Some people who lived at White Gables were not able to consent to living in the home. The registered manager had made sure DoLS authorisations were in place for these people to ensure their rights were protected.
- Some people had conditions on their DoLS. An example of this was for the use of a lap belt when a person used their wheelchair. The person was at risk of falling out of their wheelchair which increased the risk of injury. We saw staff understood the limits of the condition and only used the lap belt to keep the person safe.
- Where people were not able to make a decision for themselves, decisions had been taken in their best interests and recorded in their care plans.

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

- People's care and support needs had been assessed before they moved into the home. This was to make sure staff could meet their needs effectively.
- Care plans had been developed using information from assessment processes. They included how to support people with protected characteristics such as lifestyle choices and religion.
- Staff demonstrated a detailed knowledge of people's preferences and choices about how they wanted their care provided for them.

Staff support: induction, training, skills and experience

- Staff received induction and on-going training in line with the registered provider's policy. The registered manager showed us compliance with training in the home was currently above the target set by the registered provider.
- Staff told us the training opportunities were good and they were able to request extra training if they felt they needed it, for example, to be able to meet a specific health need.
- A member of staff said that some training courses were computer based. They said they found it effective as they were able to refer back to the course content if they needed to and it helped them to keep their knowledge up to date.
- Staff told us they were well supported in their roles and they received regular supervision which helped them to improve their performance and personal development.

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

- At our last inspection records had not assured us that people who were at risk of not eating and drinking enough were supported in the right way. At this inspection we found that recording had improved. This meant that staff were able to quickly identify if people needed more support and encouragement to eat and drink enough throughout the day. We saw staff regularly offering drinks and snacks to people.
- The registered manager and staff had sought advice and guidance from healthcare professionals when they had concerns that a person, for example, may be at risk of not eating or drinking enough or be at risk of choking. The guidance and advice received had been recorded in people's care plans and staff were aware of how best to support people.
- People told us they were happy with the quality and choice of foods available for them. At lunchtime we saw a variety of freshly cooked food was served. People's choices and preferences had been considered and catered for.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People and their relatives told us they received all the healthcare they needed and at the times they needed it.
- Records showed people were supported to see, for example, GP's, chiropodists and opticians.

- Referrals had been made for specialist healthcare where ever a need had been identified and staff had worked closely with those healthcare professionals to improve people's care.
- At our last inspection we identified improvements to people's oral care was needed. Since the inspection a number of staff had received accredited training in this topic and took a lead role in supporting other staff to maintain good standards of oral care for people.

# 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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were well cared for by staff. One person said, "Care is excellent." A relative told us, "Staff are kind and maintain [loved one's] dignity."
- Staff received training about equality and diversity issues and understood how to support people's protected characteristics. For example, people were supported to follow their chosen religion and have adaptations to help them overcome any disability. In addition, couples who expressed a wish to do so were supported to have shared bedrooms with a separate and private lounge area.
- The registered manager encouraged people to bring their own pets with them when they moved into the home if they chose to do so.
- People and their relatives were relaxed in the company of staff and engaged freely with them. Relatives described the atmosphere within the home as 'homely' and 'happy'.
- Staff spoke with people in a respectful way and took care to maintain their privacy and dignity. For example, a member of staff had noticed a person needed help with continence. When they approached the person they said, "Hello, lovely to see you. Can I take you to your bedroom and see if you are comfortable?"
- Staff understood the importance of maintaining confidentiality regarding people's personal information. Care records were securely stored and computers were password protected.

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

- Staff understood each person's capacity to make choices and decisions for themselves and followed care plans about this. A relative said, "They know [loved one] well."
- People told us staff offered them choices and helped them to make decisions about what they wanted to do in their daily lives. We saw people were encouraged to decide, for example, where they wanted to spend their time, what they wanted to eat and when they got up or went to bed. A person told us, "I do whatever I want basically."
- Information about how to access advocacy services was available in the home. These services are independent of the home and local authorities. They can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- At the last inspection we found care plans lacked detail and there was limited information about people's life history. In addition, we had concerns about the effectiveness of people's oral care.
- At this inspection we found care plans had been reviewed and updated and contained the information staff needed to care for people in the ways they wanted and needed. A member of staff told us, "We use care plans to get to know people and it says what's important to them. They're good for knowledge and we can access them when we need to." We did not find any issues with oral care at this inspection.
- People were involved in planning their care where ever they were able to be. Relatives told us they were also involved in discussions about their loved one's care. One person told us, "

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.

- People's communication needs had been assessed and care plans were in place to support their identified needs.
- Staff understood people's individual communication needs and we saw this reflected in the care they provided for people.

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

- People told us they could have visitors whenever they wanted to and there were private areas to meet with them should they wish it. A relative told us the staff were welcoming and they could come when they wanted.
- The registered manager supported relatives to stay overnight and take meals with their loved ones if they wished to do so.
- People could choose to join in with a variety of activities that were meaningful for them, such as gardening, painting and a 'knit and natter' group. A range of professional entertainers visited the home and people were also encouraged to have new experiences such as handling exotic animals. Following risk assessments, the registered manager and staff brought their pet dogs to visit people. We saw people enjoyed the company of the dogs and knew them well.

- The activity co-ordinator told us about how they supported people who did not want to or were unable to join social activities. We saw they provided individual sessions with those people where they used, for example, reminiscence boxes, gentle sensory stimulation such as music and different aromas, and gave manicures.

#### Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure in place which was displayed around the home so that everyone could access it.
- Two complaints had been recorded and managed in line with the registered provider's policy.
- People and their relatives told us that they would speak with the registered manager or staff if they had any complaints to make. A relative described how their complaint about laundry had been responded to in the right way by the registered manager.

#### End of life care and support

- People's wishes for care at the end of their lives had been recorded in care records. Staff knew, for example, whether they wanted to avoid being admitted to hospital or if they had a specific religious or spiritual need to be met.
- The registered manager and staff worked with health and social care professionals to make sure people had a dignified and pain free death. Best practice guidance was followed and anticipatory medicines were made available make sure any symptoms were managed effectively for the person.
- A relative told us about the kind care their loved one was receiving at the end of their life. For example, they said their loved one's bed had been moved to give them a good view of the garden. They said their loved one was 'very comfortable' and, "Anything they ask for is done."

# 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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager knew people well and was involved in supporting personal care needs.
- There was a friendly and open culture displayed in the home. People and their relatives said the registered manager was approachable and they felt comfortable raising any issues with her. One relative said, "I think [registered manager] is lovely; easily accessible." Another relative told us, "[Registered manager] is very approachable."
- People were at the heart of services and staff demonstrated a clear commitment to providing person centred care. A member of staff said they would recommend the home to any of their relatives and added, "There's good [staff] looking after people."
- Staff told us they felt well supported in their work and could express their views and opinions about the way the home was run. One member of staff summed up their experience by saying, "There's good team work, good management support and good training." Another member of staff said, "[Registered manager] is very supportive; always willing to help."
- There were systems in place to gather people's views about the quality of services they received such as satisfaction surveys and regular resident and relatives' meetings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Systems were in place to monitor and improve the quality of the services provided for people. The registered manager carried out regular audits for areas of work such as care planning, medicines management and staff training. The registered provider had a centralised computer system to make sure they were aware of audit outcomes and management information to help them drive improvements.
- Where audits highlighted shortfalls, the registered manager took action to make improvements where ever possible. In the case of the environment mentioned earlier in this report, the registered provider was aware of the issues within Cedar unit and a refurbishment plan was now in place.
- The registered manager understood their legal responsibilities. For example, they had informed CQC about any accidents or incidents that occurred in the home and they had displayed the previous inspection rating.
- Staff demonstrated they understood their roles and responsibilities within the home and that of others,

such as the new nursing assistant roles mentioned earlier in this report.

- Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked in partnership with other organisations to support the provision of high-quality care. These included local health and social care services, local authority commissioners and local safeguarding teams.
- The registered manager and staff kept up to date with best practice guidance. Lead staff attended local learning groups about topics such as infection control and supported the rest of the staff team with any new learning. The registered manager attended meetings with other care home managers in order to share good practice. We noted a range of good practice information published by nationally recognised organisations was available for staff to refer to.