

Cavell & Lind Limited

The Gables Residential Home

Inspection report

22 Post Office Road
Dersingham
Kings Lynn
Norfolk
PE31 6HS

Tel: 01485540528

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Ratings

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

Summary of findings

Overall summary

The Gables residential Home provides accommodation and personal care for up to 24 people. At the time of our inspection, 21 people were living at the home.

There was a registered manager in 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 home is run.

At the last inspection, the home was rated Good. At this inspection we found the home remained Good.

Why the home is rated Good...

People received support to take their medicines safely. Staff knew how to keep people safe from the risk of harm. Actions had been taken to reduce risks to people's safety. There were enough staff to keep people safe and meet their needs.

Staff were competent to carry out their roles effectively and received training that supported them to do so. People were supported to eat freshly prepared meals, and were supported with any dietary needs. People were able to access and receive healthcare, with support, if needed.

People were able to make choices and decisions that affected their daily lives. Staff supported them in the least restrictive way possible; the policies and systems in the home complimented this practice.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People and their relatives were confident that they could raise concerns if they needed to and that these would be addressed.

The registered manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. The registered manager ensured they kept links within the local community and people were part of regular events.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Gables Residential 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 checked 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 20 June 2017 and was unannounced. The inspection team consisted of 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.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection, we observed how staff interacted with people and their relatives. We spoke with eight people living at the home, two people's relatives, two visitors and two healthcare professionals. We also spoke with three members of staff including a senior care worker, a cook, and the registered manager. We checked three people's care and medicines administration records (MARs). We checked records relating to how the service is run and monitored, including recruitment, training and health and safety records.

Is the service safe?

Our findings

The service remains safe. People told us they felt safe with, one person saying, "I feel really safe here. The doors are locked at night and there is always someone around if you need anything." There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. When we spoke with the staff, they all demonstrated they understood their role in safeguarding people from the risk of harm. They described the different types of abuse that people could be exposed to and told us of appropriate actions they would take if they became aware of any incidents.

The risks involved in delivering people's care had been assessed to help keep them safe without impacting their lifestyle. One person told us, "I use a walking frame which they [staff] come and check that I am okay with it." Another person told us, "I have bed rails but I really need them, they help me if I need to get up in the night. They [staff] asked me if I was happy with them. They are a godsend and make me feel secure."

We found individual risks had been recorded in people's support plans. Guidance had been provided to staff on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included people's mobility, nutrition, hydration, and medication. Records showed the risk assessments had been reviewed and updated on a yearly basis or in line with a person's changing needs. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out in relation to the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from the risks of any unnecessary hazards.

There were enough staff to meet people's needs. The registered manager told us that a team of staff were always available to support people. Any unfilled shifts on the rota were filled by existing staff or staff from an agency. The registered manager had a good relationship with the agency who ensured that these staff were consistent and knew people living at the home well. We saw that a member of staff who had been recruited more recently had undergone an interview process and checks to ensure that they were safe to work at the home.

People who needed support with their medicines received this from staff who were competent to provide this. Medicines were stored for the benefit of people living in the home. Staff completed daily audits of stock and daily checks of records. These records showed that people had received their medicines when they needed them. On the day of our inspection we found that staff had not always indicated on the chart when 'as and when required' (PRN) medicines had been declined by the person. The registered manager told us that they would address this. We saw that staff ensured people had a drink to take their medicines with if required. Staff checked with people before giving them their medicines, to ensure that they were ready and happy to do so.

Is the service effective?

Our findings

The service remains effective. People and their relatives told us they received care from staff that knew how to support them. Staff had undertaken training in areas such as, but not limited to, fire safety, risk assessments and safeguarding. Staff confirmed that they received enough training, supervision, guidance and support to provide people with effective care. Records we saw confirmed this.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. People living at the home all had the capacity to make their own decisions. People were consulted about their care needs and made decisions in relation to the support they wanted. People's liberty was not restricted and they were able to leave the home when those chose to.

We looked at how staff supported people with eating and drinking. Most people told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The food is lovely, they have a list of the things I don't like." Another person said, "The food is very good, it is amazing." However some people told us that they would like more changes in the menu. One person said, "I am bored with the food." We passed this information to the registered manager, who agreed to review menus with all people living at the home." We observed that refreshments and snacks, including fruit, were offered throughout the day. On the day of our inspection the weather was particularly hot, staff ensured people had chilled drinks and politely reminded people to ensure that they drank enough. People we spoke with confirmed that they were always provided with enough to drink. People were able to choose an alcoholic beverage with their meal if they wished.

People told us they had good access to healthcare and the staff often liaised with district nurses, chiropodists and GPs when needed. The staff we spoke with confirmed this and records showed various professionals advice was sought and followed when needed.

Is the service caring?

Our findings

The service remains caring. One person said, "It's a wonderful place, I was somewhere else before and I hated it. It's like living in heaven here. There is always humour with the staff, they really care for you and are always willing to help." Another person told us, "The staff are really friendly and pleasant, there's plenty of banter. I am as happy as I could be." We received feedback from people such as, "The staff look after you really well, you just ask them if you need anything," and "The staff will do anything without moaning, they know exactly what you want and they will sit and talk to you." A visitor we spoke to told us, "The staff are very caring. They seem to lift the spirits of everyone here. They really look after the residents well, nothing seems too much trouble." A relative we spoke to said, "The staff seem to have the welfare of the residents at the heart of everything they do."

People were consulted about the care they needed and how they wished to receive it. People we spoke with could recall discussions with them regarding their care and were aware of their care records. People told us that they were shown their care plans regularly and asked to sign them if they agreed with them. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. The overall atmosphere in the home appeared calm, friendly, warm and welcoming.

We saw that staff were thoughtful and kind in their approach to people. Staff also acted appropriately to maintain people's privacy, especially when discussing confidential matters or supporting people. One person told us that staff supported them sensitively with personal care which ensured they did not feel embarrassed. We observed humour and warmth from staff towards people living at the home. People were comfortable in the company of staff and had developed positive relationships with them.

Staff spoken with understood their role in providing people with compassionate care and support, which included promoting people's dignity. Some people chose to spend time alone in their room and staff respected this choice. We observed staff knocking on doors and waiting to enter during the inspection which demonstrated respectful practice.

Is the service responsive?

Our findings

The service remains responsive. People were able to have a bath or shower when they wished, and they were able to eat and drink at a time of their choosing. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was important to each person.

People had access to a phone line so that they could keep in contact with friends and family. They told us that this was important to them. People had access to various activities and told us there were things to do to occupy their time. For example, a knitting club, performances from a singer and an exercise class. We saw that an activity was arranged for each day of the week and people told us that they enjoyed these greatly. However, all people we spoke with told us that they would like to do more group activities because they enjoyed them so much. One person told us, "It would be nice if there were more things to do." We discussed this with the registered manager who agreed to review the activity schedule and the amount of activities that were available.

We looked at three people's support plans and other associated documentation. These showed that a comprehensive assessment of people's needs had been conducted. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to people and how staff should support them. People told us that they could go to bed or rise in the morning at a time they wanted and could live their lives as they wished.

We saw the support plans were reviewed if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals, within the support plans, so their guidance could be incorporated. People had been consulted and involved in developing and reviewing their support plan. Daily records provided evidence to show people had received care and support in line with their individual needs.

We looked at how the service managed complaints. People and their relatives told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. A person told us, "I have never had to complain about anything, but I would talk to [registered manager] if I needed to, or any of the staff come to that." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

Is the service well-led?

Our findings

The service remains well-led. People told us that the home was run well, one person said, "I see the manager most days. She comes and checks we are okay." A relative told us, "I checked out seven other homes before [relative] came here, and this was the best. The atmosphere is lovely." They went on to say, "There is nothing that I would want improved."

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. The registered manager was visible throughout the home and accessible to staff. The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. Staff told us they were part of a strong team, who supported each other. We found there to be a strong culture of good teamwork and morale amongst staff was positive.

The registered manager used various ways to monitor the quality of the service. These included, but were not limited to, audits of the medication systems, staff training, infection control and checks on moving and handling equipment and fire systems.

The registered manager did not provide a satisfaction survey for people and their relatives to complete. They told us that because of the small size of the home, and as people were able to communicate, they preferred to speak to people individually about their views. They also told us that the majority of the people living at the home were very local, and had frequent visits from family members and were able to speak with them on a regular basis.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.