

David Cooke

The Gables Residential Home Limited

Inspection report

1a Sydenham Way
Hanham
Bristol
BS15 3TG

Tel: 01179140799

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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

This inspection took place on 24 and 25 November 2016 and was unannounced. The previous inspection was carried out on 25 October 2013 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

The Gables Residential Home provides accommodation and personal care for up to 20 people. At the time of our visit there were 20 people living at the home.

There was a registered manager in post. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk. Staffing numbers on each shift were sufficient to ensure people were kept safe.

All medicines were stored, administered and disposed of safely. The home had policies and procedures for dealing with medicines and these were adhered to.

The home was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported with their dietary and nutritional needs. People had access to a range of healthcare professionals when they required specialist help. Care records showed advice had been sought from a range of health and social care professionals.

The registered manager assessed and monitored the quality of the service provided for people. Systems were in place to check on the standards within the home. These included regular audits of care records, medicine management, health and safety, infection control and staff training and supervision.

There was an open culture at the home which was promoted by the registered manager who was visible and approachable. People and staff spoke positively about the registered manager.

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.

People told us they felt safe living at the home. All of the staff we spoke with were knowledgeable about the safeguarding adult's process and records showed all staff had received training in safeguarding.

There were sufficient numbers of staff on duty and prospective staff underwent thorough pre-recruitment checks to ensure they were suitable to work at the home.

Risks associated with people's care were identified and managed. Staff understood how to manage risks.

Medicines were well managed and administered safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to meet their care needs.

People received care and support from staff who were knowledgeable about their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) in order to protect people.

People received a nutritious and balanced diet. People were supported by health care professionals as required.

Is the service caring?

Good ●

The service was caring.

People we spoke with were positive about the care and support they received. We observed good interactions between the staff and people who lived at the home.

People said they were very happy with the care and support they received.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life histories.

Staff were respectful of people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive

People's individual needs were clearly reflected in their care plan which was reviewed by staff on a regular basis with the person.

People were involved in activities in accordance with their needs and preferences. The activities were based on the needs, preferences and choices of each person.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the care provided.

Is the service well-led?

Good ●

The service was well-led.

The service had a positive, open and transparent culture.

There was good management and leadership at the home. The registered manager had a clear vision of where they wanted the home to go in the future.

There were systems in place to gain feedback from people with the necessary improvements made.

The Gables Residential Home Limited

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, and to provide a rating for the service under the Care Act 2014.

This inspection was completed on 24 and 25 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

We contacted four health and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with the home. We received a response back from two professionals.

During our visit we met and spoke with six people living in the home and two relatives. We spent time with the registered manager, deputy manager, one activities coordinators and spoke with three care staff members. We looked at two people's care records, together with other records relating to their care and the running of the service. This included employment records for three members of staff, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

We asked people if they felt in safe living at the home. Comments included, "Yes I do feel safe as the staff check on me during the night", "I feel safe as the staff are around if I need help. If I am worried I press my buzzer" and "I am safe and very happy here. I used to have several falls when I lived alone but I have not fallen in here". Some people were not able to tell us if they felt safe. We observed the care and support they were provided with throughout the inspection. We found people were provided with high standards of care and support.

Staff had a good understanding about the protection of vulnerable adults and safeguarded people from any form of abuse or harm. They fully understood and were able to describe their duties and responsibilities with regard to protecting people in their care. Staff knew what action to take if they identified a safeguarding concern and knew who to contact outside of the organisation should it be necessary. Their responses confirmed they recognised all allegations needed to be taken seriously and reported. Staff comments included, "If I had any concerns I would immediately tell my manager", "I would report straight away if I suspected a person was being mistreated". The service had a whistle blowing policy that staff were aware of. However, they were confident the registered manager would take immediate action to protect people. All staff received training in safeguarding adults and attended yearly refresher training.

Visitors to the home were required to sign the 'visitor's book' kept in the entrance hall of the home. Visitors recorded their name, the time they arrived and left the home. Staff advised people they had a visitor and sought their permission before they allowed the visitor to see the person.

Care plans we looked at contained a range of risk assessments which identified specific hazards associated with people's care, support and daily living. The risk assessments contained clear guidance for staff to show how these risks could be minimised. Risk assessments aimed to protect people from harm such as those associated with moving and handling, falls, nutrition and hydration and fire safety.

Maintenance records were checked of the home including water supply, call bell system, electrical and gas. Systems were in place to ensure the home kept up to date with annual safety checks in relation to fire safety equipment, portable electrical equipment and gas.

The premises were clean, odourless and free from clutter. Policies and procedures were in place to minimise the risks of infection. All staff had been trained in the prevention and control of infection. The registered manager had been identified as the infection control lead. Hand washing facilities were available for staff and visitors to the home. Hand sanitizer machines were in place around the home including the entrance hall of the home. Suitable personal protective equipment, such as disposable gloves were freely available for staff. These arrangements helped minimise the risks of cross infection within the home.

People were safely supported by an adequate number of staff. Rotas confirmed there were enough staff on duty to meet people's needs safely. The minimum staffing levels were three in the morning and two in the afternoon with one waking night staff and one sleeping-in member of staff who was on call. The care staff

team were supported by registered manager, deputy manager and a part time activities coordinator. Two domestic staff, one cook and one laundry assistant also worked alongside care staff each day.

The registered manager formally reviewed staffing and dependency levels and adjusted staffing levels according to the needs of people living in the home. The home did not use agency staff and any shortfalls in staffing were covered by staff working additional hours. Staff told us, "We have enough staff on duty on to meet people's needs", "There is enough staff working each day. We can pick up extra shifts as overtime". Relatives also said they felt there were enough staff on duty and that they had not encountered any difficulties in requesting staff help.

We looked at staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service. A minimum of two references had been requested and checked. Disclosure and Barring Service (DBS) checks had been completed and evidence of people's identification had also been obtained. A DBS check allows employers to check whether the staff had any convictions which may prevent them working with vulnerable people. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed.

There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. Systems were in place for the ordering and disposal of people's medicines, and for their safe storage. There had been no errors involving medicines within the last 12 months. The registered manager told us about the appropriate action they would take if a medicines error was made by staff. This included seeking medical advice on the implications to people's wellbeing, providing further training and support to staff to assess their competence and referral to the safeguarding local authority. We observed medicines being administered at lunch time which was carried out safely by the staff. The local pharmacist had visited the home in September 2016 and carried out an audit of medicines. The results of the audit were satisfactory with no concerns found.

Is the service effective?

Our findings

People said they felt staff at the home were suitably trained and experienced to support them. Comments included, "The staff know how to look after us". "Many of the staff have worked here a long time and have been carers for years". We received the following comments from professionals "Good teamwork seems evident and this produces a very pleasant atmosphere for the residents to live in".

Staff received comprehensive support to carry out their role. Staff meetings were held twice yearly with the staff team. In between this time staff were supported with one to one supervision meetings, daily handovers and appraisal meetings. There were records of meetings and staff were able to comment and make suggestions of improvements to the home. The minutes from meetings showed a range of areas were discussed including information about the changes and developments within the home, training, dignity and residents care. Staff confirmed the registered manager took their views into account in order to improve service delivery. These measures ensured the registered manager was aware of how things were going and any issues that needed to be addressed.

Staff said they felt supported by the registered manager and they attended on-going training on a regular basis. Staff had received mandatory training, such as safeguarding, infection control, food safety, manual handling, dementia and medicines administration. The registered manager maintained an on-line training matrix which alerted staff members and the registered manager if any training was due. Staff members we spoke with were positive about the training they received. Training was delivered by an external training company who carried out face to face training with the staff at the home. This meant training was planned and was appropriate to staff roles and responsibilities.

Staff received an induction when they started working at the home. Staff said their induction had consisted of completing mandatory training, getting to know the people and by working shadow shifts with experienced care staff. Staff said they were encouraged and supported to achieve further qualifications. An example is a national qualification in health and social care.

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. These safeguards are there to make sure that people are looked after in a way that does not inappropriately restrict their freedom.

Staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager told us if they had any concerns regarding a person's ability to make a decision, appropriate capacity assessments were carried out by professionals. Staff demonstrated knowledge of these areas and were able to describe how important it was to enable people to make decisions for themselves. For example, people were involved in decisions about how they wished to be care for, where they chose to live and the activities they wished to participate in. Staff said they

always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening.

Care records confirmed people had been supported to express their views and were involved in making decisions about their care and treatment. These included daily records of what choices people had made on a day to day basis and how they wished to spend their day. This meant people's rights were respected and people were protected from abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us they were aware of how to make an application. They told us about one DoLS applications that had been made in the past to the local authority, which had been authorised. This person no longer lived at the home. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff.

The registered manager told us two people were at risk of malnutrition. People's care plans recorded information about their nutritional intake and the support they needed to maintain good health. People were routinely assessed monthly against the risk of poor nutrition using a recognised nutritional screening tool. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. Referrals were also made to relevant health care professionals, such as dieticians and speech and language therapists for advice and guidance to help identify the cause.

Menus choices were balanced with a choice of fresh meat, fish and fruit and vegetables. Fresh fruit was readily available to people. We observed a variety of drinks and snacks were available for people throughout the day. People had access to juice and water in their rooms. A tea trolley was taken around during the early morning, mid-morning and again in the afternoon (with cakes) and evening.

Food was well presented and looked appetising. People were offered a choice of three options. Menu boards advertised what was available each day. People were positive about the food saying they had enough to eat and received good food. Peoples' comments included, "The food is better than you would get in a hotel"; "I looked forward to my meals as the food is freshly cooked", and "The food is traditional. Just how I like it". One professional commented "The standard of food served at the home is extremely high. People were provided with a highly nutritional menu and the home is very responsive to individual requests from residents".

Is the service caring?

Our findings

People and their relatives said they were well cared for at the home. People said, "The staff are wonderful. I cannot express enough how good the care is", "I have settled here very well. I have all my needs attended to by caring staff", "I am cared for just how I like. The staff take care of all the things I cannot do". Relatives we spoke with told us "I visit X every day. They are so happy and very well cared for. We cannot fault the care from the staff".

We received the following comments from professionals, "The staff come across as very caring and kind and the residents all genuinely appear happy and contented", "The staff go 'over and above' what is expected in their care.", "The Gables is a first class establishment. It provides a high standard of care with a focus on creating a family orientated environment so residents feel it's a home from home".

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Upon arrival to the home, people were relaxing in the lounge watching the television whilst having their morning cup of tea. The design and layout of the home meant people had access to two lounges, dining area and quiet areas. Seating was available throughout the home so people could find company or solitude as desired. For example, a person and their relative spent some time in a quiet lounge having a cup of tea and a good catch up. Another person spent time in the entrance corridor of the home. They told us they enjoyed peace and quiet and enjoyed watching visitors come and go.

People made choices about where they wished to spend their time and what they wanted to eat and drink. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff regularly visited people who preferred to spend time alone in their rooms. An example being one person liked to spend their time listening to music in their room. The staff checked the person regularly and enquired if they needed anything.

People's bedrooms were spacious, in good decorative order and had been personalised, for example with photographs and items of memorabilia. This helped to create a familiar, safe space for people. The registered manager encouraged people to bring items from home to help personalise their bedroom and make it feel more homely. People were encouraged to make their own decisions and to remain as independent as possible. For example, some people had chosen to have a key to the front door of the home.

People were treated with dignity and respect. People were addressed by the name that they preferred and staff were familiar with each person's preferences. People appeared well groomed and clothing looked clean and tidy. People's hair was also styled to their preference. One relative commented, "X always looks clean and tidy. We have no concerns". The registered manager told us baths and showers were offered to people daily.

People we spoke with gave examples of how the staff respected their privacy and dignity. For example, they emphasised staff would knock on people's doors; give them privacy when assisting with personal care.

Staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this was a person living at the home used to be a seamstress as their occupation. The person told us how a staff member had broken the zip on their uniform. The person offered to repair this for the staff member which they managed to do. The person told us it made them feel empowered to do more. They were also keen to knit and were encouraged and supported by the staff.

People were given support when making decisions about their preferences for end of life care. Arrangements were in place to ensure people, those who mattered to them and appropriate professionals contributed to their plan of care. The registered manager told us this ensured the staff were aware of people wishes so people had their dignity, comfort and respect at the end of their life. The registered manager told us they received support from their local GP surgery and district nurse team during these times.

Is the service responsive?

Our findings

People told us they were listened to and the staff responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "There is always something to do if I am bored"; "I like to spend time in my room watching TV. The staff come and tell me when activities are held".

The registered manager and staff were able to tell us about people's care needs and about the level of support people living at the home required. They had detailed knowledge and a good understanding about people's preferred routines, behaviours and how best to support them. An example being one person was not able to verbally express their views to us. Staff told us they often wrote things down to receive a response from the person. Staff said they had cared for the person for a long period of time and understood their likes and dislikes and how they liked to be cared for.

People were offered a range of activities and the weekly activities programme was displayed on noticeboards in the home. One part time activities coordinator was employed to help provide social activities for people. Activities available for people included singing, bingo, play your cards right, reminiscence sessions, keep fit and craft sessions. People told us, "The staff go out of their way to provide activities", "We have a laugh and a joke. I loved helping with the Christmas shoe box appeal". On the day of the inspection, we observed activities taking place for people that included play your cards right and bingo. Meetings with people were held monthly on a one to one basis with the registered manager. These meetings gathered people's ideas, personal choices and preferences on how to spend their leisure time. For example, feedback from people and staff had resulted in a Halloween party taking place at the home.

During the inspection we observed people reading a newsletter called 'The Daily Chat'. This contained information such as what happened 63 years to the day. One person commented on how they looked forward to reading the newsletter as they liked to reminisce about the past. Another person told us they liked to read the daily poem within the newsletter and completed the crossword and puzzles. The registered manager told us they had a yearly subscription to 'The Daily Chat' which people enjoyed. The activities coordinator used the newsletter as a tool to engage people in conversation and help them reminisce over events that happened in the past.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, district nurses, occupational therapists, speech therapists and the community psychiatric team. An example of this was one person liked to go outside daily for fresh air. The registered manager had requested an assessment from an occupational therapist as the person's Zimmer frame was not suitable. The person was assessed promptly and they were given a wheeled walker. We were told the local doctor surgery visited the home each week to provide an in house surgery. Outside of the weekly visits, the GP's would visit as and when required. The registered manager told us they had an "Excellent" relationship with the local GP surgery who was supportive of the home.

People's care, treatment and support was set out in their care plan that described what staff needed to do to make sure personalised care was provided. We looked at two people's plans of care in detail to determine whether they accurately reflected the care and support people received. Quick guides were in place for each person and contained information about people's likes and dislikes, life history and medical history. Pre-admission information and ongoing assessments were completed for people and covered areas including; personal care, moving and manual handling, falls and nutrition. The assessments showed people and their relatives had been involved in the process wherever possible.

The daily records sheets for each person were entitled 'Resident daily log'. Staff completed these records daily which contained information on how people were supported, how the person's day had been, nutritional information and other information such as visits from professionals were recorded.

People's plans of care had been reviewed each month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included contacting the appropriate health and social care professionals. This meant there were arrangements in place to regularly assess and review people's care. Relatives had been contacted to see if they were happy with the care being provided. This showed consultation had taken place regularly regarding the care and support people received.

The home had good links with the local community including the local churches. We were told by the staff that the local church visited the service monthly conducting a small service and Holy Communion if people wished to attend. A poster was displayed of the dates the church was due to visit.

People had their comments and complaints listened to and acted on, and felt assured the registered manager and deputy manager would take appropriate action. People had the option to complain in person at one to one monthly care reviews with the registered manager, residents meetings, or in writing. There had not been any formal complaints made since the registered manager had started. A complaints procedure was available for people who lived at the home or visitors which explained how they could make a complaint; people said they were provided with the information they needed should they become unhappy.

Is the service well-led?

Our findings

People said the home was well led, organised and well managed. There was a registered manager in post and they were highly respected by staff, relatives and the people living at the home. The registered manager knew people and their needs well and they had a visible presence throughout the home. A staff member said "She is hands-on and her approach is all for the residents", "She is a fabulous manager and manages the home very well". Relatives we spoke with said "We have nothing but praise for the manager and staff. The manager knows everything about the residents".

We received the following comments from professionals, "The home in my opinions is well led, if I have any concerns I would not hesitate to contact X", "The home is managed very well under the leadership of X".

The registered manager had clear visions and values of how they managed the home. The main aim was to offer people personalised care at high standards. The registered manager told us their focus for the next 12 months was to continue to develop the home working closely with the staff.

The registered manager said they were very well supported by the provider (owner). The provider visited the home several times each week and phoned daily. The registered manager said the provider was always at the end of a phone for advice and support. During the inspection we had the opportunity to meet with them. They spoke very highly of the registered manager and said "we bounce off each other and share the same ideas" and "We aim to ensure the residents are looked after and given the best care". The registered manager told us the provider had taken the staff team out for a Christmas party every year as a thank you for all their hard work. One resident told us of an occasion when the registered manager and provider took them out to be wined and dined to celebrate a special birthday at a lavish restaurant.

The registered manager went out of their way to ensure festive events were celebrated at the home. Christmas lunch had been organised at the home in advance for the second week of December. The registered manager told us this would be the fifth year they held this. This involved bringing together people living at the home, families, previous family's members and staff. Letters and emails were sent out in advance to invite people to the home. At the time of our inspection 65 people had confirmed they would attend. The registered manager told us how they enjoyed cooking this lunch for people.

Audits and checks regarding the systems in place to assure the safety and the quality of the home had been completed. For example accidents and incidents were audited on a monthly basis, any trends or themes were then speedily identified and action taken to reduce the risk of further incidents from occurring. Other audits consisted of a range of weekly, monthly, quarterly and annual checks. They included building maintenance, health and safety, infection control, training, care provision and medicines. Audits were to check on service provision to ensure any areas of need were identified and timely action taken to improve the care experience for people.

People and their relatives were encouraged to be actively involved in the continuous development of the home. The registered manager sent out surveys to people and relatives to give their views on how they felt

the home was performing. A response was made by 13 people living at the service and 17 relatives. The registered manager analysed all of the responses and the completed surveys we looked at were positive. The most recent completed survey results confirmed people were satisfied with the home. Comments from the results included "Excellent lead by a strong manager and assistant manager", "Care is consistently good and I have no concerns".

The Gables Residential home had recently been voted one of the top 20 care homes in the South West. An on line care home review website received many comments from people living at the home, relatives and visitors during the quality assurance period. We reviewed the feedback obtained from the survey and comments made about the home were positive.