

National Care Consortium Ltd

Gables Manor

Inspection report

Ingleby
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16 September 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service well-led?

Good



Summary of findings

Overall summary

About the service

Gables Manor 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. Gables Manor provides accommodation for people living with a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 19 people and 19 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design, fitting into the residential area and the other large domestic homes of a similar size.

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

Medicines were administered safely however; medicine records were not consistently completed.

Processes to complete quality checks were in place. These were carried out on a regular basis. The home was clean, and staff understood how to prevent and manage infections. The home had put in place arrangements to manage the risk of cross infection during the pandemic. Staff wore personal protective equipment (PPE) according to national guidance.

There was enough staff to support people. Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Arrangements were in place to safeguard people against harm. People said they felt safe.

People's dietary needs were met. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition. People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People were supported to have maximum choice and control of their lives. 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 had good health care support from external professionals. When people were unwell, staff had

raised concerns and acted with health professionals to address their health care needs.

The provider had displayed the latest CQC rating at the home and on their website. When required notifications had been completed to inform us of events and incidents.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. More information is in the detailed findings below.

Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection. The last rating for the service under the previous provider/at the previous premises was good, published on 13 March 2020.

Why we inspected

We had concerns in relation to infection control and use of PPE. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

Follow up

We will 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?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was effective

Good ●

Is the service well-led?

The service was well-led

Good ●

Gables Manor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Gables Manor 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 in post. A registered manager and 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 announced. We gave the service 24 hours notice because of the pandemic. We inspected the service on 16 September 2020.

What we did before the inspection

Prior to the inspection we asked the provider to send us information about the home and examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We used all this information to plan our inspection. 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.

During the inspection

During the inspection we spoke with two people who lived at the service, the registered manager, a nurse and the administrator. We looked at two people's care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

After the inspection

We spoke with three relatives by telephone and five staff. We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At this inspection this key question was rated as 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. At the last inspection under the previous provider this key question was rated as Good.

Using Medicines Safely

- Some medicine administration records (MARS) had gaps where staff had failed to record whether a person had taken their medicines or not. This meant it was difficult to monitor medicines and people's wellbeing. We spoke with the registered manager who told us they would review the MARS.
- Guidance was in place for medicines which can be bought over the counter to ensure people were given these when required. However, where people required (PRN) 'as required' medicine, protocols were not consistently in place. There was a risk people would not receive their medicines when they needed them.
- Two people received their medicines in food(covertly). Advice had been given by a doctor, but advice had not been sought from a pharmacist as per best practice (Nice guidelines). Protocols to guide staff on how to administer the medicine were also not in place. We spoke with the registered manager about this who informed us the following day they had contacted the pharmacist for advice.

Preventing and controlling infection

- We observed several chairs had ripped coverings which meant the ripped areas would be difficult to clean and could cause a risk of cross infection. The registered manager told us these were due to be replaced as part of the refurbishment plan.
- Staff had access to personal protective equipment (PPE) and used it according to the provider's policy and national guidance. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak and during the COVID-19 pandemic.
- Infection control systems were in place and staff had received training to ensure they were aware of best practice.
- The home was clean and regular checks were carried out to ensure this.

Assessing risk, safety monitoring and management

- We found that risks to people's individual safety had been assessed. Risk assessments were in place which informed staff about the risks for each person and how to manage and minimise them. Staff used nationally recognised tools to assess the needs of people who lived at the service. This meant people received care based on evidence-based guidance.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
- Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Staffing and recruitment

- At this inspection we found there were enough staff available to meet the needs of people.
- People received care in a timely manner and according to their care plans. During the inspection we observed staff responding to people in a timely manner.
- The necessary employment checks for new staff had been undertaken. These measures were important to establish the previous good conduct of the applicants and to ensure they were suitable to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the service.
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow internally and to external agencies such as the local authority. Records showed that care staff had completed safeguarding training.
- Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us and the local authority of the action they had taken.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

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 this inspection this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this. At the last inspection under the previous provider this key question was rated as Requires Improvement.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the service was acting consistently within the principles of the MCA. However, records showed when people lacked mental capacity to make specific complex decisions, decisions in people's best interests were not always made.
- Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making more complex decisions.

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

- There were areas of the home where the fabric of the building required redecoration or refurbishment, but a plan was in place to address this.
- People's bedrooms were personalised. Where people required specific equipment to assist them with their care, this was in place.
- We observed adaptations around the home in order to keep people safe. For example, blinds internal to windows to prevent people from accessing the cords and TVs protected behind protective screens.

Staff support: induction, training, skills and experience

- Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the service. They told us they felt they had the skills for providing care to people.

- Where people had specific medical conditions, we observed training had been provided to ensure staff had the skills and knowledge to support people.
- Supervisions had taken place. These were important because they provided staff with the opportunity to review their performance and training needs.
- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

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

- Care plans were regularly reviewed and reflected people's changing needs and wishes.
- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.

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

- Staff were familiar with people's needs, likes and dislikes.
- Where people had specific dietary requirements, arrangements were in place to ensure people received this.

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

- People's care records showed people who lived at the service had access to health professionals, to ensure their on-going health and well-being was maintained. Records showed staff were proactive in their approach and made referrals to health professionals in a timely manner.

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

- Records confirmed that people received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
- Where people had specific health needs, care plans reflected this and detailed how to meet these needs.
- Care records included oral health assessments and we observed people had access to a dental service if required.

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 under the previous provider 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.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems in place to ensure that action was taken when issues were identified.
- A process for managing quality checks was in place. However, we noted that paperwork did not always indicate when actions had been completed. This meant it was difficult to monitor improvement.
- The provider had followed best practice guidance in relation to management of risk, provision of care and infection control.
- The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues. Staff said they felt a number of improvements had been made since the registered manager had started which increased staff morale.
- The provider had notified CQC of accidents and incidents as required.
- The service had a manager registered with the Care Quality Commission in post.
- A system was in place to monitor and analyse accidents and incidents. The information allowed the registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.
- The provider linked with a number of local and national organisations to assist them to provide good quality.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place to involve people in the day to day running of the home. A residents meeting had been held on a regular basis but due to the pandemic had currently stopped. The registered manager told us they were in the process of reinstating these to encourage people to be involved in decisions. For example, previously the meetings were used to plan activities and meals.
- The registered manager had developed a survey to carry out with people and their relatives in order to understand people's experiences. This was due to be carried out in 2020. Some relatives we spoke with told us they felt communication could be improved and would welcome more regular feedback from the registered manager.
- Staff were engaged in discussions and the registered manager had put arrangements in place to facilitate this. Including regular staff meetings.
- Staff told us they thought the registered manager was approachable. They said the registered manager was open and visible and they felt involved in the running of the home.

Working in partnership with others

- The registered manager worked with other organisations and health and community professionals to plan and discuss people's on-going support needs. Collaborative working helped to identify ways to improve people's quality of life.
- Working relationships had been developed with other professionals, to access advice and support.
- The home had strong links with the local community and people accessed a range of facilities. However due to the pandemic much of this was currently on hold.