HC-One Oval Limited

The Gables Care Home

Inspection report

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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 Care Home 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 Gables Care Home accommodates 55 people in one adapted building all on one level.

This unannounced comprehensive inspection took place on the 23 January 2018. This is the first inspection since the provider was registered with the Care Quality Commission in January 2017

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 service is run.

People were kept safe and staff were knowledgeable about reporting any incidents of harm.

People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were looked after by staff who were trained and supported to do their job.

People were safe at the service because the provider had systems in place which minimised risks.

People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were treated by kind, respectful staff who enabled them to make choices about how they wanted to live.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

Comprehensive care plans were in place detailing how people wished to be supported and had been produced jointly by staff with people living in the service. People and or their relatives had agreed and were fully involved in making decisions about their care and support.

People participated in a range of activities within the service or in the community and received the support they needed to help them to do this.

People were involved in the running of the service. Regular meetings were held for the people and their relatives so that they could discuss any issues or make recommendations for improvements to how the service was run.

There was a process in place so that people's concerns and complaints were listened to and were acted upon.

There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

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.

Staffing levels were sufficient, to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

Risks to people were assessed and managed by staff. Accidents and incidents were recorded and appropriate action taken.

Medicines were managed safely.

Staff understood their roles and responsibilities in safeguarding people.

Is the service effective?

Good

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements.

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were being provided with a specialist diet if needed.

People were supported to access all healthcare services they required.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff who supported them.

Staff treated people with dignity and respect and we received positive feedback from people and relatives about staff.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in activities.

Staff followed guidance in people's care plans to help ensure they received appropriate care.

End of life care was discussed with people to ensure their wishes were known.

Complaints and feedback was listened to by the registered manager and acted upon.

Is the service well-led?

Good

The service was well led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place which reviewed the quality and safety of people's care.

The Gables Care 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 was planned to check 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 23 January 2018 and was unannounced. The inspection was undertaken by two inspectors 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked commissioners for their views on the service

We spoke with five people living at the service who were able to give us their verbal views of the care and support they received. We also observed care throughout the inspection.

We used the Short Observational Framework Inspection (SOFI) during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight care staff; the registered manager; the administrator; the receptionist; three nurses; a senior care worker and eight members of care staff. We spoke with seven relatives and received feedback about the service from a GP via the telephone.

We looked at care documentation for four people living at The Gables Care Home, medicines records, three staff files, staff training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Families told us they felt it was safe at The Gables Care Home. Comments included, "I feel [family member] is safe here, there are always people in the lounge. They let them wander around but there always seems to be someone nearby keeping an eye out." "I don't have to worry because staff are around and the residents can't get out onto the road or anything which is good."
"[Family member] is safe here and they have settled really well. There is always someone around to keep an eye on everyone and I know they check on them at night when they are in their room."

There was a safeguarding policy in place that staff were aware of. This policy supported staff with guidelines to use if any person was at risk of harm or poor care. Staff had received safeguarding training and they told us they were confident of the action to take and who to contact if they had any concerns.

The registered manager and senior staff understood their responsibilities to raise concerns, record safety incidents, near misses, and to report these internally and externally as necessary. When staff had concerns about people's welfare they liaised with the management team as necessary, who then submitted safeguarding referrals to the appropriate agencies. This meant that there were processes in place to safeguard people from harm.

There was a whistleblowing policy in place to support staff to raise issues if they had concerns. It meant they could report these concerns and be confident they were being listened to. The registered manager had systems to investigate any issues reported to them.

Body maps were in place to record any injuries should they occur, with an explanation as to how they had happened. These were reviewed by the registered manager. This provided a clear record to demonstrate any patterns or concerns. One staff member said, "We are all reminded of the need to report anything we might be concerned about. I am confident that [name of registered manager] will take the appropriate action that is necessary."

Care plans had risk assessments completed to identify people's assessed risks and any potential risks, such as risks of harm to people and staff when supporting them. Risk assessments provided instructions and guidance for staff members when delivering care and support to people. This guidance included moving and handling assessments, nutrition support, medical conditions, mobility, fire and environmental safety. Equipment was also used to support people to stay safe for example the use of sensor mats to alert staff that a person at risk of falling was moving about and call bells.

There were personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

All appropriate recruitment checks had been completed to ensure fit and proper staff were employed, including a criminal record check (DBS), checks of qualifications, identity and references were obtained.

The service had sufficient numbers of staff to meet the needs of people. There was a skill mix which meant peoples varied needs were met by a staff team who were knowledgeable and able to deliver care safely. We observed staff were patient and unhurried in their duties. For example, a number of people had chosen not to get up. Staff acknowledged this and frequently checked on each person. Where people required frequent re-positioning to prevent pressure damage to their skin. Staff explained to each person why they had to keep checking on them and that it was for their comfort and to protect their skin condition. It demonstrated staff understood the importance of acknowledging a person's choice but also how to continue to support that choice with more regular observations.

Accidents and incidents that took place in the service were recorded by staff in people's records with a form being completed. This form was given to the registered manager to analyse and look for trends at the end of each month or before if necessary. For example if a person was having frequent falls, they may require advice from another professional (falls advice team). On another occasion where people had fallen out of bed, bedrails had been put in place with discussion with the people and their families as appropriate. A relative told us, "[Family member] had fallen out of bed before and now there are rails around the bed. I am quite happy with this and it gives me peace of mind. They did speak to me before they put them on the bed." This meant that any patterns or trends would be recognised, addressed and the risk of reoccurrence was reduced. Staff confirmed that any learning as a result of incidents that occurred were discussed to reduce the risk of them occurring again. A staff member said, "At staff meetings there is an open discussion around learning [from incidents]."

Medicines were administered to people by staff who were competent to carry out the role safely. There were regular training updates to ensure practice was up to date and staff were working to current pharmaceutical guidance and legislation. Observations showed that staff administered medication with patience and gave people an explanation of what they were taking and why.

Medicines were stored appropriately and records showed that room and fridge temperatures were within an appropriate range. An up to date staff signature sheet was available which meant staff who administered medicines could be identified. Medication records had been completed appropriately and we saw that a best interest process had been followed for a person who took their medication covertly (hidden within food or drinks) that involved family members and health care professionals.

Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine. There were regular checks in place on cleanliness and staff used personal protective equipment such as aprons and gloves appropriately. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We did feedback to the registered manager that there were some odours around the sluice rooms. This was due to the fact that there was insufficient laundry equipment to keep up with the volume of laundry. The registered manager told us he felt this could be rectified by the purchase of additional equipment.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were also checked to ensure they were safe for use. Slings were designated for each person and were not shared but kept in their own rooms. This meant each sling was appropriate and safe for the person to use.

Good

Is the service effective?

Our findings

People's needs were assessed prior to being admitted to the service. This included an assessment of physical needs, mental health and social needs in line with up to date legislation and guidance. The initial assessment enabled a plan of care to be formulated as information for staff and was followed by ongoing assessments when people's needs changed.

Observations showed that staff had the required skills and knowledge to meet people's needs. Many people displayed complex needs associated with dementia and staff were skilled in managing these. A member of staff said they would be happy for a relative to be cared for at the service. Staff confirmed they received an induction when they joined the service and had been supernumerary (an extra member of staff) for a period of time. This was until the management team felt the staff member was confident and competent to deliver care. All staff spoken with said they had received training appropriate to their roles and gave relevant examples. It was positive to see that a nurse who had recently been appointed to another service managed by the provider spent time shadowing staff at The Gables Care Home as part of her learning and development..

Staff said that staff meetings took place and that supervision was regular. One member of staff commented, "I am supervised by the nurse monthly. It's helpful but I can go straight to any member of the management if there are problems." There were also regular spot checks made on staff to assess their competency by the management. Staff told us they thought this was a good way of making sure they were doing things right and did not find this form of supervision intrusive. An annual appraisal was held with each staff member and recorded. It was a two way (joint) conversation meeting with the staff member and the appraiser. Staff had the opportunity to contribute to their performance review as well as looking at their future learning and development needs. A staff member said, "We are very well supported. There is no doubt about that." This demonstrated staff comments were valued and supervision was a two way process.

People and families told us they were satisfied with the food and choice of meals. One person said, "The food is great, I really like it." A relative told us, "The food always looks good. I always sneak some of the dessert when I come, it is so tasty." Other comments from relatives included, "The food seems lovely and [family member] has put on weight. They seem to cater for everyone and give thickened meals [soft/pureed] if needed."

Meal choices were discussed with people shortly before lunch and a written and picture menu were available to people as a visual prompt. At lunch people had the option and choice to sit in the lounge area, dining table or their rooms to eat their meals. Staff offered people clothes protectors to ensure their clothes were kept clean.

Some people requested something different to the menu which was accommodated. Staff were very patient with a person who did not want their food. They calmly explained that they would leave it on the table next to the person in case they changed their mind. They reassured the person that they did not have to eat the

food and would take it away in a few minutes if they did not want it. The person then decided to try a little and were supported by staff. Some people who took a long time to eat had an insulated plate to ensure it kept their food warm.

Care records showed that nutritional assessments were completed regularly and these informed people's plan of care for nutrition. These plans were up to date and provided a clear picture about how the person was to be supported by staff with their food and drink intake. People who experienced swallowing difficulties had been assessed by a dietary and nutritional specialist. Instructions about their nutritional care were on individual care plans and had been followed by staff. Kitchen staff were aware of those people with specific dietary needs. For example they provided vegetarian meals.

Staff worked together with various professionals in implementing people's care and treatment. People who required it had input from specialist nursing professionals such as Parkinson's nurses. In addition we saw regular visits from the GP took place. The GP was complimentary about the care provided at The Gables Care Home and stated that staff were responsive to people's needs. They also felt that staff followed instructions and ask for the appropriate support from the surgery when needed.

The building was well maintained, with a good standard of decoration. Although there was no differential in colour and signage that directed people to different areas of the service. This would help assist people in finding their way around. We discussed how the importance of clear signage to support people with additional orientation needs or cognitive impairment with the registered manager. The registered manager agreed and said they would discuss this issue with the registered provider. We saw that wheelchairs and moving and handling equipment were stored safely and did not pose risk to people's movement around the service.

Families' comments included, "I think the premises are nice and I like that there are no stairs anywhere, I think that is much better." Another relative said, "I like it all being on one level. I think it is better for everyone." A third relative told us, "I think it is very comfortable here." And "I think the residents have everything they need and it all appears to be in good order."

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. The application procedures for this in care homes and hospitals are 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 were being met. We saw that the service had made applications to lawfully restrict some people of their liberty.

The service held an appropriate MCA policy and staff had been provided with training in this legislation. One member of staff said, "MCA is to protect people who can't make their own decisions. I think we do it well here. For example we use picture cards with people who can't communicate." Another member of staff told us, "We don't assume people can't make decisions unless it's proven. We also support people in their best interest." The service had clear records for people who had families appointed as lasting powers of attorney, to act on their behalf when they did not have the capacity to do this for themselves.

Staff were seen to seek consent from people about their daily routines. Staff spoke about how they supported people make decisions and about the importance of offering people choice. Mental capacity assessments and best interest decisions were recorded for aspects of people's care.

Good

Is the service caring?

Our findings

People who lived at The Gables Care Home and their families told us they were happy living there. This was because they felt well cared for by a committed staff and management team. Comments included, "The staff will do anything for you." "The staff here are amazing. I really don't know how they do their job. They are so kind and patient with everyone and all the time." And "They [staff] are always looking after them and everyone else, I don't know how they do it, they are so kind and loving with everyone." One member of staff told us, "We try and treat people like we would want family to be treated and make people smile."

Visitors and relatives were welcomed to the service by staff at any time. Throughout the inspection families were visiting. They were made to feel welcome by staff on duty and the registered manager. Relatives told us they were always made to feel welcome. One relative said, "We are always made to feel welcome and offered drinks and biscuits." Another relative told us, "There are no restrictions on visiting times and they always make you welcome. They always offer you a cup of tea or coffee." A third relative said, "Everyone here is like an extension to our family." A staff member said, "Relatives are always welcomed. Some even join in with the activities or enjoy a meal with their relative."

Staff had a good understanding of protecting and respecting people's rights and choices. Staff had a sensitive and caring approach which we observed throughout our inspection. A staff member said, "All the residents have had different life experiences. Its common sense to respect everybody's choices. Our training supports us in providing individual care." People's life histories were taken on their admission to the service and were included in care plans as information for staff. Staff were able to tell us about people's backgrounds and past lives. Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Systems were in place to ensure people's privacy and dignity was upheld. For example, people had their own rooms and doors were closed when personal care was being delivered. Families commented, "When they help [family member] get up they wash and dress them and I know they shut the door and curtains. [Family member] can be difficult but they [staff] take their time." Another relative said, "When they [staff] help [family member] to get washed and dressed they ask them what they want to wear. That shows me they respect them. I know they keep them covered rather than expose them to the world." Other comments were, "Staff always knock on doors. They are really careful when they get people washed and dressed and keep them private." And "[Family member] is always clean and they [staff] take their time when they get them washed. I have come and the door is shut because they are getting them up."

People were relaxed and comfortable with each other and the staff around them. People were assisted by staff in a patient, respectful and friendly way. Staff were frequently checked on people's welfare, especially those that remained in their own rooms. Records recording any daily interventions supported this. Staff were seen to always have time to stop and engage with people. They were seen to sit with people, holding their hands, stroking their arms or faces to keep them calm when they were becoming unsettled. They spoke to them in a calm and quiet manner. We saw that people became relaxed, their anxieties decreased and

these actions by staff put a smile on the person's face. This demonstrated the patient and caring approach.

People and their relatives said they were involved in the care and decisions about how they or their relative were being supported. People were encouraged to make decisions about their care, for example when they wanted to get up, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in developing their care plans and being part of the review. Families told us they knew about their relatives care plans and that the registered manager would invite them to attend any care plan review meeting if they wished.

The registered manager and staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when a person was happy or anxious. Also what action and prompts that might be taken if people were in an anxious state of mood. This showed staff understood the care and support people needed.

Information about local advocacy services was available to support people if they required assistance. Staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

Relatives told us staff were responsive to their family members care needs and were available when they needed them. We observed staff members undertaking their duties and responding to requests for assistance in a timely manner.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. People and their families were involved in the development of care plans where appropriate. One relative said, "[Name of registered manager] sat down with us before [family member] came in and we discussed the care and support required." Care records contained good life history information and staff demonstrated they knew people well. Records were up to date and relevant to peoples care needs. For example, the 'senses and communication' plan for a person who does not verbalise or gesture was completed to a good level of detail. We noted that the plan referenced information about how this person could behave as guidance for staff. Daily care notes were held in people's rooms and were completed by staff. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

The service had two activity coordinators who had the knowledge, skills and resources to support people in a range of activities. A monthly activity plan was placed on the notice board so people knew what was happening and could make a choice as to whether to take part. There were group and individual events that took place in the service regularly. For example, a visit from a school choir, memory games, music sessions and arts and crafts. People and their relatives made the following comments, "They have outings a couple of times a year. Last year we went to Hunstanton and I went to help. It was lovely." "They have singers in which is nice. They do their best." "We had a summer fete, it was lovely and everyone enjoyed it." "They do lots of different things; there is a list on a notice board" "There is enough to do." One member of staff commented, "We try and spend with them [people], one to one and small group activities work best."

The provider had a clear complaints policy which made sure all complaints and concerns were fully investigated and responded to. The policy was displayed within the service and people received a copy when they moved in. Where complaints had been made the registered manager told us they would meet with the complainant to make sure they fully understood their concerns. The records showed that complaints were dealt with in line with the provider's policy.

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health these directives had been clearly identified in their care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. The nurse told us they would arrange for medicines to be prescribed if necessary to keep people comfortable. At the time of the inspection no one at the service was receiving end of life care.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 service is run. The service had a registered manager in post. People, relatives, staff and visiting healthcare professionals told us the registered manager was approachable, listened and acted on information that was presented to them.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager and all members of staff understood what was expected of them. For example, clinical governance was the responsibility of a nurse. The registered manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people.

There was an effective quality assurance system in place to ensure that where needed improvements were made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, further work on the environment to make it more 'dementia friendly.'

People, relatives and friends had the opportunity to give their views on the quality of the service provided. There was a monthly meeting for them to attend. The comments we received included, "I attend the relatives meetings every month. They are really good and we chat about things affecting the home and also things affecting us. The [registered] manager comes to every other one which is really useful and we always seem to get things sorted, not that there has been any real problems." Another relative said, "We used to have combined relatives and fundraising meetings but they are separate now so that is better." A third relative told us, "I don't think there is anything that needs changing or improving, it is great. I like to go to the relatives meetings. You are kept informed and the [registered] manager attends every other one which I think is good. There are never any major issues but anything we mention seems to get sorted."

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

There were systems in place to support staff. Staff meetings took place regularly for all staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. A staff member told us, "We are all expected to

attend meetings and it's important because it keeps us updated about things. If we can't make it, minutes are available so we don't miss anything." There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.