

## Making Space

# Gables Manor

### 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

Gables Manor is a care home providing accommodation and nursing care for up to 20 people who have learning difficulties and who require nursing care.

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

People continued to be protected from the risk of abuse and felt safe. Staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines was safe.

People continue to be supported by sufficient numbers of staff who had received adequate training for their role.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported these practices.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People received individualised person centred care from staff who had a good understanding of their needs. They were supported to take part in a range of social activities of their choice.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously

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.

<b>Is the service safe?</b> The service remains good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good	<b>Good</b> ●

# Gables Manor

## **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.

We visited the service on 8 and 9 February 2017, this was an unannounced comprehensive inspection. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with three people who used the service, two relatives, two nurses, two members of care staff, an activities coordinator, the cook and the registered manager. We looked at the care plans of four people and any associated daily records such as food and fluid intake charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for people.

## Is the service safe?

### Our findings

The safety of people who lived at the service was managed well by the staff who cared for them. One person we spoke with told us, "Yes I have been here [number] years and I feel safe." Relatives we spoke with had confidence in the staff to keep their relations safe. Staff we spoke with had an understanding of the types of abuse the people they cared for could be exposed to and what their role was if they suspected a person in their care was being abused. One member of staff told us, "There are good processes in place (to manage safeguarding). There is good teamwork to keep people safe." They told us they underwent regular safeguarding training and the management team undertook de-briefing sessions after any incidents to help them get a better understanding of how well things were handled.

We saw from our records the registered manager had kept us informed of any incidences that may affect the safety of people and safe running of the service, and had taken the necessary actions to maintain a safe service. For example prior to our visit the service had undergone an audit by the local fire officer who had highlighted some necessary work needed to be completed to ensure the service met the fire safety regulations. The provider had undertaken the necessary work and the registered manager had kept the Care Quality Commission (CQC) informed of the progress as part of their statutory duty.

The risks to people's safety were well managed. People we spoke with told us they had the appropriate aids to assist them in areas such as mobility. One person also told us they had a medical condition that meant they were prone to seizures and that staff monitored them on a regular basis but gave them the space to be as independent as they could. Relatives we spoke with felt the risks to their relations' care were well managed. One relative told us, "(Name)'s safety is managed well, their 'one to one' care during the day ensures that they are always closely monitored."

Staff we spoke with told us the individual risks to people's safety were documented in their care plan. The staff showed a good understanding of what levels of care different people required and the reasons for this. One member of staff said, "The care plans have risk assessments that tell us how to manage people." The care plans we viewed contained a range of risk assessments which gave detailed information for staff on how to reduce risks to people whilst promoting their independence.

People were supported by adequate numbers of staff. Although the service did use agency staff one person we spoke with told us, "Yes they have ten to twelve staff on duty, and when we go out they put extra on." The person went on to say the service did use agency staff but that a number of agency workers had joined the service as permanent employees as they 'like working here'. The person said as a result there were less agency staff on duty now and more regular staff.

We discussed this with the registered manager who acknowledged that some agency staff were used, but confirmed that some agency staff had applied for permanent jobs. The manager told us they worked hard to ensure there were enough staff on duty to meet the needs of people and monitored the staffing establishment to proactively manage recruitment. Staff we spoke with told us, there was usually enough staff to meet the needs of the people they cared for. One member of staff said, "Yes, (enough staff to) meet

people's needs," We viewed six staff records and saw the provider had taken steps to ensure people were cared for by fit and proper staff.

People received their medicines from staff who had received appropriate training. One person we spoke with told us they received their medicines on time and told us the staff ensured they received them if they were going out. One relative we spoke with told us staff always explained what was happening with their relation's medicines. They told us that some of their relation's medicines needed to be given disguised with their meals. We spoke to staff and viewed the person's records and saw the necessary steps had been taken to ensure these covert medicines were given safely.

## Is the service effective?

### Our findings

People received care from skilled and competent staff. Relatives we spoke with felt staff were competent in their roles. Staff told us they were given training relevant to their roles and a number of staff confirmed they had undertaken further qualifications related to their role. One member of staff said, "Yes we get the right sort of training." Staff told us on commencing employment they were supported with a structured induction training programme. One member of staff told us they had worked with the registered manager to review the induction period as they had found that new staff were not staying. The member of staff told us the induction period had increased from one week to two weeks and this seemed to offer greater support for new staff and had improved the retention of staff.

People were supported to make decisions and choose what they did on a daily basis. They told us staff asked them what they wanted to do and if they were supporting them with care they would ensure people were happy to receive this. One person said, "They always check we are okay for them to do things before they do them." Relatives we spoke with told us they felt the staff supported their relations to make independent decisions as far as possible.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. One member of staff said, "It's their life and their home." Staff's knowledge of individual's mental capacity meant they were able to apply the principles of the MCA to ensure people's right to freedom and choice were always considered. We saw people's care files had records of mental capacity assessments and best interest meetings which gave information on how staff should support people to make their own decisions.

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. The records we viewed confirmed this was the case.

People's individual nutritional needs were supported and they received enough to eat and drink. Relatives we spoke with told us they felt their relations' dietary needs were well managed. People were encouraged to eat regularly and there was flexibility to allow people to eat in a number of areas at the service. People who required support to eat their meals were provided with this. Staff were knowledgeable about the different diets people required and had made the necessary referrals to health professionals when people required further nutritional support. There was detailed information in people's care plans on how they should be supported and where required staff had received specialist training to assist people who received their nutritional intake in different ways.

People had access to health care professionals and staff had sought their advice to support people with their health care needs when required. People told us staff called the doctor or ambulance in a timely way if they required this. Relatives we spoke with were happy with the way their loved one's health needs were

managed. They told us staff was proactive when dealing with any health issues. This was confirmed by a member of care staff who said, "Our nurses respond to issues quickly." The care files we viewed also showed that people were supported by a range of health professionals to ensure their health needs were met.

## Is the service caring?

### Our findings

People we spoke with told us the staff who cared for them were kind and they had formed some close relationships with them. One person said, "We get on with different staff differently and there is always someone we can go to." The person told us they were encouraged to form friendships with the people who lived at the service and they had friends at the service who they enjoyed spending time with. Relatives we spoke with told us they felt the staff were caring towards their loved ones. One relative told us that staff "enjoyed [name]'s company" and staff were very fond of their relative. During our visit we saw staff engaging with people in a caring and non-patronising manner. They clearly know how best to approach people and our conversations with staff showed they understood the moods and behaviour patterns of the people they cared for. One member of staff told us staff were caring towards people and said, "This job is not for everyone you have to like it to want to stay."

People were encouraged to make choices about their care and information about their wishes were embedded in their care plans. One person's care plan gave a very detailed plan on their morning routine as changes to this caused anxiety. There was also information about the activities the person enjoyed undertaking to promote their independence. The people, relatives and staff we spoke with told us people were involved in creating and up-dating their care plans. One person told us they liked to read their plan and if there were things they could not understand staff would explain these to them. They went on to say, "The care is meant for me and I have a say."

People we spoke with told us that staff spoke to them respectfully and if they required help with personal care this was managed so their privacy was maintained. A relative we spoke with told us they were very happy with way their relative's privacy and dignity was managed as their relation required a lot of support with their personal care. The relative told us they were always impressed with their relation's general appearance when they visited. Staff we spoke with were able to give examples of the different ways they supported people's privacy and dignity. For example one person liked to have their room locked during the day, as they liked to stay in the communal areas and did not want anyone else accessing their room.

## Is the service responsive?

### Our findings

People and the relatives we spoke with told us the care they received was individualised and met their needs. We saw information in people's plans to show how they received individualised care. One person's plan had noted the person preferred a particular gender of staff. The plan also gave detailed information about the person's mental health and how staff needed to manage this. Staff we spoke with had a good knowledge of how to support people's individual needs and were able to describe these to us. This included the measures needed to keep people safe and ensure people had the independence to undertake the routines they preferred.

Staff explained how the care they provided for people was person centred. Some people required one to one care and staff were able to discuss the differing reasons for this, such as monitoring for a medical condition or management of behaviour patterns. Other people needed support to be more independent and staff were aware of their role in ensuring that individuals received the most appropriate care for their needs. Staff told us there was good communication around managing people's needs. One member of staff told us, "There are daily handovers and we have the time to read any changes in the care plans."

We saw there were opportunities for people to follow their hobbies and take part in social activities both in the service and in the community. One person told us how they enjoyed going to the gym and we saw people were undertaking preparations for an upcoming party. People told us they were able to decorate their rooms to their individual tastes. We saw a lot of thought had gone into this with staff helping people by painting murals on some of the bedrooms walls which reflected that person's interests. The range of social activities reflected the individual needs of the people who used the service. The service's activity coordinator had an excellent knowledge of the different things people enjoyed whether in a group or on a one to one basis and ensured this was factored into people's day.

There was a clear complaints procedure in place and people and relatives we spoke with knew how to make a complaint should they need to and felt if they raised concerns these were positively acted upon. One person we spoke with told us, "I would go to the boss (registered manager) she would sort it." A relative we spoke with said, "Yes I do know (how to complain) but have never come close to using the system." We saw the complaint's policy with an easy read format was displayed at the service and we viewed evidence that complaints or concerns had been acted on appropriately.

## Is the service well-led?

### Our findings

People and their relatives told us there was an open culture at the service and they had a positive relationship with the management team. Relatives we spoke with told us the registered manager was always honest and open about any issues relating to the care of their relation. One relative we spoke with told us the registered manager was approachable and if they were not available when they visited there was always an identified member of staff to help them. One person we spoke with said, "(Name) is the manager and she is always there for us. If we need her." Staff spoke positively about the registered manager and said they felt supported by the management team. Staff told us they would feel comfortable highlighting concerns to the registered manager or speaking up if they had made a mistake.

The management structure of the service was clear. The service employed registered nurses who managed the day to day operation of the service with the registered manager providing support and oversight. 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.'

Staff we spoke with understood their roles and responsibilities and told us the management team led by example. They felt supported and had regular staff meetings where they felt their views were listened to. Staff told us they received individual supervision from a named nurse. One member of staff said, "We can go to any of the nurses with issues and they will sort things for us."

People and their relatives were regularly asked for their views on the quality of the service through regular meetings or surveys which were sent out annually. People told us the meetings allowed them to talk about the things that were important to them. We saw from the minutes of the meetings that people's views were considered and actions taken about the issues raised, such as menu choices and social activities. The service had a robust quality monitoring system in place from which the provider was able to assess the standard of service provided to people. There was regular oversight from the regional manager and we saw action plans with completed actions following quality audits.