Jade Country Care Homes Limited

Five Gables Nursing Home

Inspection report

32 Denford Road
Ringstead
Kettering
Northamptonshire
NN14 4DF

Tel: 01933460414

Date of inspection visit:
29 June 2017
30 June 2017
03 July 2017

Date of publication:
18 August 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place over three days on 29 and 30 June and 3 July 2017.

Five Gables Nursing Home is registered to residential care for up to 43 people who require support with personal care and nursing care. At the time of this inspection there were 36 people living in the home. At the last inspection, in June 2015, the service was rated Good. At this inspection we found the service to be rated as Requires Improvement.

There was a registered manager in post at the time of our inspection. 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.

Systems and processes in place to assess, monitor and improve the quality and safety of the service were not always effective at identifying shortfalls. Where shortfalls were identified these were not always addressed in a sufficiently timely manner. People were not always protected from the risk of infection as some areas of the home were not sufficiently clean or maintained.

People did not always receive their care from sufficient numbers of staff and people felt that there was not enough social stimulation and activity available. Some people were left waiting for support to have their food and drink and people's nutritional risk assessments were not always accurate; although staff were aware of people's nutritional needs and had accessed extra support as needed.

Recruitment procedures protected people from receiving unsafe care from care staff that were unsuitable to work at the service. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People felt safe in the home and relatives said they had no concerns about people's safety. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed; relevant health care professionals were appropriately involved in people's care.

People developed positive relationships with the staff, who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage complaints.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The service had a positive ethos and an open culture. People, their relatives and staff told us that the registered manager was a visible role model in the home. There were opportunities for people and staff to contribute to the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff deployment needed to be adjusted to ensure that staff were deployed to meet people's needs consistently.

Systems in place for infection control and management of the environment required strengthening.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Systems were in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Safe recruitment practices were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

People's nutritional needs were not always met.

Staff received training to ensure they had the skills and knowledge to support people appropriately.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to access appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service was not always responsive

Staffing levels impacted on the ability of staff to consistently support people with activities.

People were involved in their care planning. People's care plans were personalised and their views were acknowledged and listened to.

People using the service and their relatives knew how to raise a concern or make a complaint and a system for managing complaints was in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of managerial oversight of the quality and safety of the service.

Systems and processes were not effective at ensuring all aspects of the service were delivered appropriately.

People, their families and staff were encouraged to share their experience of the home to help drive improvements.

There was a registered manager in place who understood their responsibilities in making notifications to the relevant authorities.

Five Gables Nursing 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 29 June, 30 June and 3 July 2017. The inspection was unannounced and was undertaken by one inspector and one 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 we reviewed the information we held about the service, including safeguarding information and we looked to see whether we had received any notifications from the provider. A notification is information about important events which the provider is required to send us by law. We also contacted the local health and social care commissioners who place and monitor the care of people living at Five Gables Nursing Home.

The registered manager had 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. The provider returned the PIR and we took this into account when we made judgements in this report.

During our inspection we visited the home and spoke with twelve people who used the service and three relatives. We spent some time observing care to help us understand the experience of people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eleven members of staff including nursing staff, care staff, kitchen staff, housekeeping staff and the registered manager. We reviewed the care records of four people who lived in the home and four records in relation to staff recruitment and training; as well as records related to the quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People could not always be assured that there were enough care staff to meet their needs. There was no formal calculation of staffing requirements or deployment and all of the people we spoke with told us that although care staff worked hard to meet their needs, their care sometimes felt rushed. One person said "They are short staffed here but they do their best." Another person said "They could have more staff, they are so busy". We observed that care staff were very busy and in the main were responsive in providing care. However, in one area of the home, people did not always receive appropriate support with their meals due to the lack of staff available to support people in a timely way. We brought this to the attention of the registered manager; they immediately revised the deployment of staff at mealtimes, to ensure that there were sufficient staff available to support people with their meals. The registered manager has also reviewed staffing levels against the support needs of people currently living in the home, using a dependency assessment tool.

People were not always assured that they were protected from the risk of infection. There were elements of the management of the cleanliness of the environment and infection control that required improvement. On the day of inspection we found that some areas of the home and equipment were not sufficiently maintained or clean. For example shower chairs required replacement due to a build-up of rust, flooring in some communal bathrooms was not sufficiently maintained and some communal toilets and bathrooms were not clean. There were maintenance and cleaning schedules in place, but these had not prevented the infection control risks highlighted during the inspection. We brought this to the attention of the registered manager who immediately arranged for the shower chairs to be replaced and for a review of cleaning practices. The provider was currently working through a schedule of maintenance within the home.

In the main people lived in an environment that was safe. There were environmental risk assessments in place and a list of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation. People were protected from the risk of fire as regular fire safety checks and a suitable fire risk assessment were in place.

People were protected against the risks associated with the appointment of new staff. There were appropriate recruitment practices in place, taking into account staff's previous experience and employment histories. Records showed that staff had the appropriate checks and references in place and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put safeguarding procedures into practice and staff described how they would report concerns if they suspected or witnessed abuse. One member of care staff said "I would report concerns to the nurse or manager, if they did not take any notice I would go to CQC, the police or the council." The provider had worked with the local safeguarding team to investigate safeguarding referrals

when necessary; which demonstrated their knowledge of the safeguarding process.

People's medicines were safely managed. Registered nurses managed and administered medicines within the home. We observed staff administering medicines to people and we saw that they were patient, offered each person the support they needed and explained what the medicines were for. Staff followed guidelines for medicines that were only given at times when they were needed for example, Paracetamol for when people were in pain. The medicines policy covered receipt, storage, administration and disposal of medicines.

Risk assessments were in place and these provided staff with the information they needed to support people in a safe way. Where people's support needs had increased, their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety. For example, the type of support people required to move.

When accidents had occurred, the registered manager and staff took appropriate action to ensure that people received appropriate and timely treatment. Training records demonstrated that staff had received health and safety and first aid training. Accidents and incidents were regularly reviewed to establish if there were any incident trends and control measures were put in place to minimise the risks that had been identified.

Requires Improvement

Is the service effective?

Our findings

Improvements were required to ensure that people's nutritional needs were adequately supported. People in one area of the home were not always provided with their food in a timely way. We observed that some people in the nursing unit had to wait for their meal as staff were busy supporting others. Staff were rushed during the lunch service and we observed some staff supporting more than one person with their meal at the same time, whilst trying to provide verbal encouragement to others. The lack of timely support resulted in some people trying to manage to eat their food independently; they found this difficult and it impacted on the amount they ate. We raised our concerns with the registered manager, who immediately reviewed the way lunch service was managed and the deployment of staff at lunch time; this change needs to be sustained and embedded.

People were weighed on a regular basis; however the Malnutrition Universal Screening Tool (MUST) was not always used correctly, which could provide an inaccurate picture of people's nutritional needs. We spoke with nursing staff, who confirmed that they monitored people's weights and contacted the GP and dietician to gain additional nutritional support for people as necessary. We reviewed the nutritional needs of people and found that at the time of the inspection people had been referred to the dietician as needed and any recommendations implemented. The registered manager immediately carried out a review of all people's MUST assessments and corrected anomalies; the correct completion of MUST assessments needs to be embedded with all nursing staff.

People had mixed views on the quality and variety of the food provided at mealtimes. Some people were happy with the food on the menu, however others said that it lacked variety and was sometimes bland. Menu boards were available but had not been completed to inform people what food would be served at lunchtime. Drinks and snacks were readily available to people.

People's needs were met by staff that had access to support and supervision. Staff were able to gain support and advice from nursing staff and the registered manager when necessary and told us that they felt supported. One member of staff said "I have had supervision with [Registered Manager] I was asked whether everything was ok with my job, I know I can go to [Registered Manager] or the nurses if there are any problems." There were some arrangements in place for formal supervision and appraisal, although these required strengthening to ensure that supervision and appraisal meetings occurred regularly.

New staff received a comprehensive induction which included practical training, completion of workbooks and shadowing experienced members of the staff team. Staff did not work with people on their own until they were competent to undertake the role. The induction included key topics on moving and handling and safeguarding people. Newly recruited staff also undertook the Care Certificate; this is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People were supported by staff who had received training that was relevant to their role. Records showed

that staff had accessed training in key areas such as health and safety and food hygiene on a regular basis. Additional training, relevant to people's needs included dementia awareness and mental capacity. One member of staff said "After my dementia training I have a better understanding of people, for example why someone might be agitated, there could be different reasons such as needing the toilet or being in pain."

People received care and support from staff who understood how to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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).

The registered manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. Care plans contained assessments of people's capacity to make decisions and recorded when 'best interest' decisions had been made. The provider had followed the legal process when applying for DoLS authorisations to place restrictions on people's freedom. Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way and these were followed by staff. We observed that staff asked for people's consent before providing care.

People had regular access to their GP and staff were prompt to call the GP for acute health problems when needed. We saw instances in people's care records where staff had contacted the GP in response to deteriorations in people's health and provided support in line with their advice. People had regular support from a range of healthcare professionals such as dieticians, speech and language therapists and physiotherapists and staff were available to support people to attend appointments when necessary.

Good

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person told us "I would give the staff a very good rating; I've got no worries about anything." Another person's relative told us "The staff are very good, very friendly and kind."

People were relaxed in the company of staff and clearly felt comfortable in their presence. One person told us they enjoyed having a laugh and joke with staff, we observed that staff knew people well and engaged people in light hearted conversation. People's choices in relation to their needs and wishes were listened to and respected by staff. One person told us that during the night, staff always remembered to ensure they had the two types of cold drink they preferred on the cabinet by the side of their bed. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example how and where they wanted to spend their time.

People were treated with dignity and respect. We saw that where people were receiving end of life care this was provided sensitively. One person's relative told us that they were happy with how their family member was being supported and that staff were doing a good job. Staff explained to people what they were doing and encouraged them to do as much as they could for themselves.

Requires Improvement

Is the service responsive?

Our findings

Staff did their best to engage people in activities but people told us that there were not enough varied things to do. People told us that they sat and chatted with one another and did their knitting as a way of passing the time. Staff said that they offered people different group activities such as arts and crafts, puzzles and reminiscence as well as spending time one to one with people chatting and reading. However, it was difficult to think of things that people may enjoy doing, and people often declined the activities offered. Staff allocated to activities were sometimes re-deployed to support with care provision; during the inspection we observed that people were unable to attend a local event that was advertised in the home as there were not sufficient staff to accompany them. There was some social stimulation and activity available to people; during the inspection we observed staff in the dementia unit singing and dancing with people.

People's care and support needs were assessed before they came to live at Five Gables Nursing Home, to determine if the service could meet their needs. This assessment was carried out by nursing staff who considered people's past and current medical needs. The information from the assessment was shared with staff. Initial risk assessments and care plans were produced and these were monitored and updated as necessary.

People were cared for by a team of staff that knew them well and that had an in-depth understanding of their care and support needs. People said that they could talk to staff about their support needs, one person said "I just say what I want and they do it for me." There were good verbal communication systems in place to support staff and to ensure they were aware of any changes in people's care or support needs. Relatives were contacted promptly if staff had concerns about the wellbeing of the person.

Person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. They covered areas such as personal care, eating and drinking, mental capacity and skin integrity. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs and people received care that corresponded to their care plans. Where people were at risk of pressure ulcers, their care plans recorded the equipment and support they required to help prevent them. People's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. People were involved in planning their care as much as they were able and people or their representatives had signed their care plans to consent to care and support.

There was a complaints policy and procedure in place and complaints were logged and investigated promptly and thoroughly by the provider. People and their relatives told us that they knew who to speak to if they were unhappy with any aspect of the service, one person's relative told us that they had made a complaint to the registered manager and they were happy with how it had been resolved. Staff were knowledgeable about how to respond to complaints, one member of staff said "If anyone reports any concerns to me I do what I can to help and I let the nurse or manager know".

Requires Improvement

Is the service well-led?

Our findings

The systems in place for monitoring the quality of the service were not always used effectively to drive and sustain improvement. There were arrangements in place to monitor the quality of the service that people received as regular audits were carried out by the registered manager; however, these processes had not consistently identified the areas of concern found during inspection. Environmental and infection control audits had not identified the need for more effective cleaning and maintenance in some areas of the home. Care plan audits had not identified inconsistencies in people's MUST assessments scores.

There was insufficient oversight of the impact of staffing levels and deployment on the care and support that people required. We saw that staffing levels and deployment required review to ensure that people's needs were met.

The provider had identified that more managerial support was required in the home and had recently introduced the role of deputy manager to support the managerial oversight of the service. The role was not sufficiently embedded to evaluate the impact that this would have on the quality and safety of the service.

Auditing of some areas was effective and action had been taken to rectify any shortfalls found. Medicines, accidents and the kitchen were regularly audited and we saw action had been taken in response to the findings these audits; for example increased monitoring of instructions on medicines administration records.

The culture within the home focussed on providing person centred care in a homely environment, one member of staff told us "It's brilliant here, I love being with the residents, chatting and laughing with them, we are all here for them." All of the staff we spoke to were committed to providing a high standard of personalised care and support. Staff were aware of the standards expected of them, worked well as a team and focussed on the outcomes for the people who lived at the home. The registered manager was visible in the home and staff said that they were approachable and supportive.

People said that the registered manager was approachable and they had confidence in their ability to manage the home. People, their relatives and staff consistently told us said that the manager worked hard to ensure that people were provided with appropriate care and support. We observed the registered manager working alongside care staff in the home; supporting people and chatting with them and their relatives.

Staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated an open culture, with discussions about people's need for social stimulation and activity, people's support needs and health and safety.

The provider carried out regular surveys of the views of people living in the home, their relatives and staff. We saw that questionnaires completed by residents and relatives had been analysed by the registered manager and action taken in response to comments made.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role, such as safeguarding and whistleblowing; staff were able to explain the process that they would follow if they needed to raise concerns outside of the company.