Bupa Care Homes (CFChomes) Limited

The Gables Specialist Nursing Home

Inspection report

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Tel: 01733808966

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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?	Requires Improvement

Summary of findings

Overall summary

The Gables Specialist Nursing Home provides accommodation, personal care and nursing care for up to 55 older people including those living with dementia. Accommodation is located over two floors. There were 53 people living in the home when we visited.

This inspection was unannounced and took place on 26 January 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The provider had failed to notify the Care Quality Commission (CQC) of important events that had occurred in the home.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty where this was lawful.

The provider had a robust recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

People's privacy and dignity were respected at all times. Staff sought, and obtained, permission before entering people's rooms to provide personal care. People's health, care and nutritional needs were effectively met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals. People received their prescribed medicines and medicines were stored in a safe way.

Wherever possible people or their families were involved in the planning of the care that they received. The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits completed by the provider and registered manager showed the subsequent actions taken, which helped drive improvements in the home.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported to take their prescribed medicines.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

People were assessed for their capacity to make day to day decisions. Appropriate DoLS applications were being made to the authorising agencies to ensure that people were only deprived of their liberty in a lawful way.

Staff were trained to support people with their care needs. Staff had regular supervisions to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were knowledgeable about their needs and preferences.

People could receive their visitors at any time.

People could choose where and how they spent their time.

Is the service responsive?

Good

The service was responsive.

People were encouraged to maintain hobbies and interests and

join in the activities provided at the home and in the community.

People's care records were detailed and provided staff with sufficient guidance to help provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

Is the service well-led?

Requires Improvement

The service was not always well-led

The provider had failed to notify the CQC of notifiable incidents that had occurred in the home.

There were various opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

The Gables Specialist 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 unannounced inspection took place on 26 January 2016. It was undertaken by three 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. Their area of expertise was in caring for older people and those living with dementia.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

During our inspection we spoke with four people and six visitors. We also spoke with the registered manager, senior nursing sister and ten staff who worked at the home. These included the administrator, care staff, activity worker and housekeeping staff. Due to the complex communication needs of the people who lived at the home we observed how the staff interacted with people to help assist us in understanding the quality of care they received.

We looked at three people's care records. We also looked at records relating to the management of the service including staff training records, audits, and meeting minutes.

Good

Is the service safe?

Our findings

Visitors we spoke with told us they had no issues or concerns that people were not safe. One visitor said, "I've no concerns about [family member] safety". Another visitor said, "I have no worries as [family member] is in safe hands and well looked after".

All the staff we spoke with told us they had received training to safeguard people from harm or poor care. They showed they understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us, "Yes, I have completed SOVA (safeguarding) training. If someone had a change in their behaviour, appetite or mood, had unexplained bruising or was not at ease around a person I would tell my senior or the nurse so that they could check that no abuse was occurring". Another staff member said, "If I saw a staff member speaking to a person disrespectfully or not respecting their dignity I would report them to my senior. I have had to do this in the past and the [registered] manager took action. The person is not working here".

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their weight loss, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. The registered manager audited incident and accident reports and identified where action was required to reduce the risk of recurrences. For example, where a person had had a number of falls they had sought additional advice about the use of bed rails where this was deemed appropriate.

We found that there were sufficient staff to meet people's needs. A member of staff said, "Yes, there are mainly enough staff on duty if everyone is working who should be. We cover for each other but there have been times when cover is not available and then the senior helps us between meds (medicine administration) and the nurse will help if we are really short". A visitor told us there wasn't a high turnover of staff and that she hadn't seen anything of concern in the way that people were cared for. They went on to say that, "moving and handling is brilliant here". We saw that staff took their time and explained what they were doing before people were supported with their moving and handling.

We noticed that staff were visible in all the different areas of the home, either supporting people to meet their personal needs, serving drinks and meals or spending time talking with people. We heard staff checking with another member of staff that they were remaining in the lounge before they left to support

another person. This ensured that people had a member of staff available if they required some support.

The registered manager told us that they regularly assessed the number of staff required to assist people with their needs in line with their company's policy on staffing levels. Records we looked at confirmed this was the case.

Staff confirmed that they did not start to work at the home until their pre-employment checks including a satisfactory criminal records check had been completed. One member of staff told us that they had answered an advert and completed an application form. The manager had then sent off for their references, one personal and one from their previous employer. The registered manager applied for criminal record check (Disclosure and Barring Service (DBS). The member of staff confirmed they did not start work until their DBS had been returned and was clear. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work with people living at the care home.

We were told by the registered manager that all staff who administered medicines had received training to do this. We observed the administration of medicines during the morning and at lunch time. Medicines were administered and signed for correctly. Nursing staff made conversation and interacted with people whilst they were supervising them taking the medication. Where people needed extra prompting and time to swallow tablets, this was given. If people had been having difficulty with swallowing, GP advice was sought and liquid medication prescribed. People with diabetes were being regularly monitored and reviewed by qualified staff. Blood sugar recording charts showed that the monitoring was carried out regularly and any concerns had been raised with the GP.

Medicines were stored securely and within the required temperature range. This ensured medicines remained effective. Medicines were reviewed weekly by the GP. Best interest decisions had been made were people were receiving covert medications (people were unaware they were having their medicines). Monthly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help ensure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

Visitors we spoke with told us that people's needs were well met. One visitor said, "They're [staff] on the ball and know how to deal with things. [Family member] is always spotless; I can't fault them [staff]".

Staff told us they received regular supervision and support. This was to ensure they had the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics including fire safety awareness, infection control and food safety, moving and handling and safeguarding people. A member of staff said, "Yes, we do training such as dementia care, moving and handling, health and safety, fire safety, SOVA, infection control and MCA and DoLS. The manager is making sure that we all complete all of the necessary training. We have been doing training and other training is planned".

The 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 DoLS.

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the staff we spoke with had an understanding and were able to demonstrate that they knew about the principles of the MCA and DoLS. The nurse and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager had submitted one application for a DoLS to the supervisory body (local authority) and they were waiting the outcome.

Visitors told us that they were very happy with the food being provided. One visitor said, "The food is excellent but very big portions". Another visitor said, "There seems to be a constant stream of food all day". They went on to say that [family member] had put on weight since coming to the home and felt they were getting enough to eat. There were printed menus in the corridors although they were not in a pictorial format. This meant that people weren't given as much opportunity to choose their meals as they could have been. However, staff told us they asked people daily what they would like to eat from the choices available.

We observed lunchtime in various dining areas. Some people either sat at a table or remained in their chairs in the lounge. Some people had chosen not to sit but were walking around to eat their meal and staff were supporting them. This showed that staff supported people's choices.

People were asked if they would like to wear a clothes protector (tabard). Staff told people what was on

their plates and then asked if they would like gravy. People were then offered cutlery that suited their needs either a knife and fork or a spoon. One member of staff asked people if they would like some help to eat her meal, they accepted the assistance. The member of staff explained what they were eating and offered it giving them time to complete each mouthful. Another two people were also supported to eat their meals. One person decided that she did not want to stay in the room and took her plate of food out into the corridor. A member of staff attempted to encourage them back into the dining room. When this was unsuccessful the member of staff walked away and allowed them to continue their walk whilst eating their meal whilst watching them from a distance to ensure they remained safe.

Throughout the meal people were being asked if they wanted more to drink. A heated trolley was then brought in for chocolate pudding and chocolate sauce to be served. People were asked if they wanted desert and the member of staff told us that there was a diabetic option. This allowed people to eat the same food and not feel different.

Information was provided to the cook on what people had eaten and how much. This helped when reviewing the menus as most people were unable to say what they liked or disliked.

Appropriate diets were provided to people who required them and people were referred to a dietician when needed. For example, we saw that some people's diets included "nourishing drinks". This showed that people at an increased risk of malnutrition or dehydration were provided with meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the records were completed accurately. This was to help identify any change in people's food and fluid intake.

A visitor told us that the doctor comes in regularly. They explained that the home had dealt with [family members] medical condition very well. They explained that within a few weeks of being at the home their medical condition had much improved. Another relative told me that [family member] has a yearly check-up and that carers will take them for regular blood tests. They told us that the staff keep them updated on their family members health.

A third visitor told us they had queried the number of prescribed medicines their [family member] was taking. A review took place and they were satisfied with the outcome. They also told us that the staff would always contact them if there were any concerns or if anything needed to be brought in, for example, toiletries.

Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and therapists. Staff made appropriate referrals to healthcare professionals. This meant that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

Our observations showed the staff were kind caring and respectful to the people they were caring for. Staff called people by their preferred name and spoke in a calm and reassuring way. One visitor told us that staff showed a very good understanding of people's needs.

We saw a member of staff kneeling next to a person and talking to them quietly. A nurse spoke to a person who was sitting slumped in her chair and went to fetch them a pillow to make them more comfortable. They then sat with them and chatted about the clothes they were wearing. Another member of staff was heard talking to a person and their visitor about their holiday in a campervan. Staff spent time talking with people about things personal to them throughout the day. This showed us that staff were considerate of people's needs.

Relatives/visitors were very complimentary about the care given at the home. One visitor told us, "I'm really happy with the care of [family member]; the carers [staff] are lovely". They went on to say "whenever I take [family member] out for lunch after 20 minutes they want to come back" which she felt indicated that they were happy at the home. Another visitor said the staff, "Are brilliant, absolutely brilliant". A relative told us that the home was, "Absolutely gorgeous, I can go away feeling happy that [family member] is cared for".

Visitors/relatives told us that they could visit whenever they wanted with a couple of relatives saying they like to come at mealtimes to support their relative with their meals.

Two relatives told us they had been involved in the care plans which they felt were very thorough. One visitor also told us that they had been to a meeting to discuss additional funding to meet their family member's needs.

Staff knew people well and told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans.

Visitors/relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered. This meant that staff respected and promoted people's privacy.

One relative told us, "Staff treat people with respect and dignity and will have a laugh with them. Staff also ensure all care is undertaken in private and consented to. They encourage residents to do what they can for themselves".

The registered manager was aware that local advocacy services were available to support people if they required assistance. However, the registered manager told us that there was no one in the home who currently required support from an advocate. Advocates are people who are independent of the home and who support people to raise and communicate their wishes.

Good

Is the service responsive?

Our findings

People, and their family members, said that staff met people's care needs. One visitor told us, The staff really look after my [family member] and give them every care and attention. I could not ask for better". Overall, we saw that people were happy with lots of smiles and laughter and were enjoying what they had chosen to do.

Pre admission assessments were undertaken by the registered manager. This helped in identifying people's support needs and care plans were developed stating how these needs were to be met. People were involved with their care plans as much as was reasonably practical. Where people lacked capacity to participate, people's families, other professionals, and people's historical information were used to assist with people's care planning.

People's care plans contained specific documents, to be maintained by staff, to detail care tasks such as personal care having been undertaken. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

Staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, and they provided care in a way people preferred. One member of staff said, "This is a lovely home that puts the people who live here first. They receive person centred care from staff who really care and work well together".

There were notice boards in corridors showing the regular activities that took place. These included religious services, a singer, a piano player and an Elvis look-alike session. There was also a luncheon club once a month for people living with dementia and their carers held at a local pub. We spoke with the person who had set this up and they told us it had been useful in helping to provide support to each other.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This was to help people orientate themselves as well as being personal to them.

Visitors we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff". One visitor said, "The manager listens to me all the time. I expect he gets fed up with me worrying about my [family member] but he never shows it. No, no complaints".

There had been a number of compliments received especially thanking staff for the care and support their family members received during their time living at this service. There was a complaints procedure which was available in the main reception area of the home. We looked at a recent complaint and saw that it had

been investigated and responded to satisfactorily and in line with the provider's policy. The registered manager had also discussed the issues with staff at the team meeting. This showed us that the service responded to complaints as a way of improving the service it provided.

Requires Improvement

Is the service well-led?

Our findings

Records, and our discussions with the registered manager, showed us that notifications had not been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager did not have a full understanding of their role and responsibilities.

This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009.

There was a registered manager in post at the time of this inspection. People and visitors said that they knew who the registered manager was. One person said, "He's a lovely person and always ask if I am ok".

The registered manager was very knowledgeable about what was happening in the home including the refurbishment programme, which staff were on duty, people whose health required a GP visit or other professional support such as the dietetic nurse. This level of knowledge helped them to effectively and safely manage the home and provide leadership for staff.

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. The registered manager had put together a comprehensive action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements to the home.

Staff told us that they felt supported by the registered manager. One staff member said, "The [registered] manager encourages us to let them know our views". Another said, "He is good and is very approachable. They [registered manager] sort things out quickly and are not afraid to tell us how a thing has to be done". Staff all said that the manager was approachable and had an open door policy. All said they could speak freely at team meeting and during supervision.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, the staff working here are kind and treat people well. The manager takes action if they are told that a staff member is not treating people right".

Staff felt there was good teamwork. One of them said, "We are a very friendly team and help each other out, the atmosphere is good and we laugh a lot". We observed this to be the case during our inspection.

There were regular staff meetings for all staff during which they could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. Staff said that their senior informed them of incidents when issues occurred and that they were discussed to ensure did not happen again.

People were given the opportunity to influence the service that they received through residents'/relative meetings and by completing an annual survey to gather their views. The annual survey had recently been sent out to all people who live in the service, visitors and other stakeholders. People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views.

Relatives told us that they receive a newsletter showing the news and activities planned for the home and there is a strong culture of fund raising at the home (which they are actively involved with) and there are a number of events planned to raise money to buy additional things for the home.

There were effective quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the nurses regularly 'work alongside them' to ensure they were delivering good quality care to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The Registered Manager had failed to notify the Care Quality Commission of significant incidents that had occurred at the home. Regulation 18