

Karamaa Limited

The Gables

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Gables is a residential care home providing personal care to 24 people aged 65 and over in one adapted building.

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

People were safe and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support people safely. People received their medicines as prescribed. Staff followed infection control guidance and had access to personal protective equipment. Accidents and incidents were recorded and action taken to minimise risk for the future.

Staff had the skills and knowledge to meet people's needs. People's nutritional needs were met. People accessed health care support when needed. The environment where people lived was clean but tired and in need of updating.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring and knew them well. Staff had built good relationships with people. People's privacy, dignity and independence were respected by staff. People's equality and diversity needs were respected.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. People were supported to take part in social activities. The provider had a complaints process which people were aware of to share any concerns.

The provider had employed an independent consultant to support with auditing of the service, however, further improvements were still required. The registered manager was known to people and made themselves available. The registered manager understood their duty of candour and was open and honest about the improvements they had needed to make since their last inspection

Rating at last inspection

The last rating for this service was good (published 18 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Gables

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

The Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, care manager, senior care

workers, care workers and the chef. We spoke to one health care professional. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed. At our last inspection, we identified that the provider was not recording gaps in employment history for all staff members. At this inspection we identified that there were still some gaps in employment history with no evidence to record that these had been explored. Whilst improvement had been made, further improvement was still required in order to make the provider's recruitment system more robust.
- There were enough staff to support people. A relative said, "There is always someone available to speak to, they are very helpful." Observations we carried out confirmed there were enough staff and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the Gables and relatives we spoke with confirmed this. One person said, "I feel safe." A relative said, "I've got no worries about [person] being here at all."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- Accidents and incidents were recorded and investigated to prevent them from happening again in the future.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people. Staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Risk assessments were updated regularly and reflected people's current needs.

Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records showed people received their medicines as prescribed. A medical professional we spoke with said, "I have no concerns with medication."
- All medicines were stored securely. Appropriate checks and storage of controlled medicines was in place.
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was in place.

- Where people received their medicines covertly, the appropriate authorisations were in place.

Preventing and controlling infection

- The home was clean and tidy. Staff used personal protective equipment and this was readily available to them and we observed this in practice.
- Staff supported people, following good standards to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences. For example, where bruising had been recorded for people, staff had received additional training in how to care for people's skin as it aged and became more fragile.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out an initial assessment of people's support needs so they could be sure they could support people how they wanted. People using the service and their family members were involved in the initial assessment.
- People's current needs were regularly reviewed to ensure they continued to receive the correct level of support. One relative told us, "I have been invited to reviews of care."

Staff support: induction, training, skills and experience

- People were supported by care staff who had the skills and knowledge to do so effectively. We observed people being moved using safe moving and handling practices on the day of inspection.
- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Care staff were given opportunities to review their individual work and development needs.
- Care staff received on-going training.

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

- We saw that people's nutritional needs were catered for and they ate a healthy balanced diet. One person told us, "The food is nice." A relative said, "The cook is very good."
- Where people had specific dietary requirements, staff knew these and could support people accordingly.
- People had access to hot and cold drinks throughout the day to ensure they were well hydrated.
- Processes were in place to regularly monitor people's weight.
- Advice was sought from health professionals when needed and we saw evidence of this in people's care plans.

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

- Records we observed confirmed that staff worked well with other agencies and followed their advice as required.
- We observed medical professionals visit the home on the day of inspection to support people's care needs. A health professional said, "They [staff] follow instructions. They will call in if they have requests. They do ask for help."

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

- Some of the decoration around the home was tired and needed updating. The carpet in the lounge had come up in places. The registered manager told us they were aware that the home needed some re-decoration and were in the process of re-decorating the home at present. They showed us some of the improvements they had already made, for example re-painting.
- The provider had painted certain areas in different colours, for example, the toilet doors were painted yellow in order to help people living with Dementia to identify easily where the toilets were.
- The home was clean and tidy and had the lounges had plenty of natural light.
- The provider had plans to turn the small lounge into a memory room and make individual memory boxes for people to help them retain memories that were important to them.
- There was a beautifully laid out garden which residents could access freely. The garden included a sensory garden which volunteers from the local community had helped to create. There were wind chimes and fresh herbs were grown for people to taste and smell.

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

- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans and corroborated by health professionals we spoke with.
- The registered manager had introduced a new oral health care assessment in order to give guidance to staff on how oral health can impact on a person's health. The registered manager was looking at further training in this area to upskill staff knowledge.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were applied for and were being reviewed by the local authority. People were cared for in the least restrictive way.
- Mental capacity assessments and best interests decisions were recorded on people's files.
- Staff received training in the Mental Capacity Act and had a good knowledge of the Act.
- We observed people being asked for their consent before support was given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. One person told us, "I enjoy being here, they are a nice bunch." A relative said, "Its brilliant the way they [staff] look after them [people]."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity. Staff we spoke with had knowledge about LGBT (lesbian, gay, bi-sexual and transsexual) and understood how to meet people's diverse needs.
- The provider celebrated special occasions, for example, birthdays, Christmas and Eid which supported people's well-being and celebrated people's diverse needs.
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them.
- We observed activities in the lounge and there were some kind and thoughtful interactions between staff and people.
- People were nicely dressed and there was a hairdresser available at the home for those who wanted to get their hair done.
- There were thank you cards displayed in the reception area. One card read, "Many thanks for welcoming [person]. Your kindness and caring nature have been very much appreciated. Keep up the good work."

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes respected.
- Regular meetings were held for people using the service in order to gain their views and notices were displayed on the communal notice board about upcoming events. Relatives told us they were also invited to the meetings.
- A monthly newsletter was produced for people and their relatives informing them of upcoming events and giving them the opportunity to express their views on things that were happening around the home. For example, what people would like in their memory box.
- Surveys were carried out with people and staff to gain their views of the service and action plans were formulated as a result. For example, there had been a few problems with laundry and families had been requested to put labels in people's clothes to ensure they were returned to the right people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and we observed this in practice.
- There was information displayed on the notice board in the hallway reinforcing how to treat people with

dignity and respect.

- People were encouraged to maintain their independence, for example, people were encouraged to take part in exercise classes in order to maintain their mobility.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. As part of the assessment, people were given the choice as to whether they preferred a male or female carer.
- The provider ensured people's individual needs were met, for example, there were regular religious services provided at the home for those people who wished to maintain their faith.
- Staff knew people's individual needs and preferences. For example, staff knew what people liked to eat and how they liked their tea. We observed how staff could read people's body language when they were becoming anxious and took steps to re-direct them and keep them calm. One relative said, "The staff are very good, they are very patient."
- Relatives told us they were kept up to date about any changes if people became unwell. A relative told us, "They [staff] keep us informed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us in information they had shared with us prior to inspection, they had an accessible information policy in place. This was to ensure people who have a disability, impairment or sensory loss can access information in a way they can understand, for example producing documents in a different format such as large text.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to take part in various activities in the home to prevent social isolation, for example art classes.
- The provider had recently employed a new activities co-ordinator who was very keen on introducing more activities to the home. They were implementing an individualised development programme for people to ensure their needs and preferences regarding activities were considered.
- The provider looked at different ways of getting people together to help reduce social isolation, for example, they held a Christmas party at the home and were currently planning a Halloween party.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. One relative told us, "We had to raise one complaint when [person] first moved in but it was dealt with the following morning when we were invited to a meeting. We are happy with how the incident was dealt with."
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management. One staff member said, "The manager would listen to any concerns."

End of life care and support

- People had end of life care plans in place to ensure their wishes and beliefs were respected at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same while some improvements had been made, some further improvements were required, and changes had not been made in a timely way to support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider told us in information they shared with us prior to the inspection that they had employed the services of an independent consultant to support with auditing of the service in order to improve quality. However, whilst some audits of the service had improved, further improvement was still required. Our last inspection had identified that gaps in employment history were not being accurately recorded. At this inspection we identified that not enough action to address this shortfall had been taken. Whilst a prompt to explore gaps had been written into their processes, it had not been effective in ensuring this was explored consistently, and audits had failed to address this. We still identified gaps in employment history which were not being accurately recorded.
- The management team regularly sat in the main lounge area to enable them to have oversight of the service and build relationships with people that lived there.
- Spot checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke highly of the service. One person said, "I am glad my family put me here."
- Staff spoke positively about the management team and consistently told us they were approachable and would listen to them. One staff member said, "The manager is nice and the owners. Any issues we can raise with them."
- The registered manager recognised staff and thanked them when they had gone above and beyond in their role.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their requirements around the duty of candour. When incidents had been reported they were investigated thoroughly, and outcomes recorded for learning.

- The provider had displayed their last inspection rating as required.

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

- The registered manager held regular meetings for residents and relatives which were used to gather information about people's views.
- There were regular staff meetings for staff to share their views of the service.
- The registered manager completed regular audits as a way of improving the service by the monitoring of trends and using the information gathered to benefit how people were supported.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there.
- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was evidenced in people's care records and corroborated by relatives and health professionals we spoke with.
- The registered manager had arranged for the community mental health nurse to come in and provide additional training to staff to give them the confidence and knowledge to manage behaviours that challenge.