

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Red Gables

59 Killerton Road, Bude, EX23 8EW

Tel: 01288355250

Date of Inspection: 12 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Mr & Mrs L Difford
Registered Manager	Mrs Suzanne Jayne Morrish
Overview of the service	Red Gables provides personal care to a maximum of 32 older people, some of whom may have a form of dementia.,
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We gathered evidence against the outcomes we inspected to help answer our five key questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? We gathered information from people who used the service by talking with them and observing care practices.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

Is the service safe?

People told us they felt safe. Systems were in place to help the manager and staff team learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. Quality assurance processes were not robust and need improvement. This will reduce the risks to people and help the service to continually improve. Staff showed a good understanding of the care needs of the people they supported.

Red Gables alerted the local authority and the Care Quality Commission when notifiable events occurred or they had any concerns regarding people who used the service. Red Gables had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DOLS). This helped to ensure that people's needs were met.

Is the service effective?

People's health and care needs were assessed with them, although people were not involved in writing their plans of care. During our inspection it was clear from our observations and from speaking with staff, and relatives of people who used the service, that staff had a good understanding of people's needs.

Specialist dietary needs had been identified where required. Care plans were not up-to-

date as they were not regularly reviewed.

We saw that there was good liaison and communication with other professionals and agencies to ensure people's care needs were met.

The quality of recording seen was of a satisfactory standard but required greater consistency to enable care staff to use the information correctly.

Is the service caring?

We spoke with four people and one relative and asked them for their opinions about the staff that supported them. Feedback from people was positive, for example, "wonderful", "Staff are very friendly" and "Very considerate carers". When speaking with staff it was clear that they genuinely cared for the people they supported.

People's preferences and interests had been recorded and some life histories were evident.

Red Gables had regular support from the local GPs and other visiting health professionals. This ensured people received appropriate care in a timely way.

Is the service responsive?

The care records showed some evidence of the lifestyle of the people who lived at Red Gables and we observed that staff spent one-to-one time with people throughout the day.

The service worked well with other agencies and services to make sure people received care in a coherent way.

Is the service well-led?

We met with the registered manager. We saw minutes of meetings held with the staff. This showed the management consulted with staff to gain their views and experiences and improve support for people who lived at the service. We noted that these meetings were not held at regular intervals.

The service had a quality assurance system which we considered needed a more comprehensive and consistent approach. Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and but were not clear about the quality assurance processes. This did not help to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 03 July 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We observed people who used the service and spoke with people and their relatives throughout the inspection. Some people were able to move around the home freely. We saw staff offering help and support in a discreet manner. People who used the service told us they were happy with personal care provided. Staff we spoke with showed they were knowledgeable about the people they cared for and knew their likes and dislikes.

We looked at four care plans and associated documents, such as risk assessments and daily care records. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. The care plans provided guidance and direction to staff about how to meet people's needs. We were able to see people had access to a GP, community nurse, dentist, optician or a chiropodist as required. The registered manager and a senior care worker told us they had very good working relationships with the local district nursing services. They said they asked them for advice about people if they had concerns and felt supported by the community team.

The provider might like to note we saw that social histories about people were not completed in every care plan we looked at, but it was clear the care workers knew the people who used the service well.

The provider might like to note on the day of the visit no internal activities were being provided. We were told there was no activities organiser. The hairdresser was present and several people who used the service enjoyed having their hair cared for. They (people) told us they had enjoyed their treatments and looked forward to the next time. Some people who used the service were sitting in one place for the length of our visit without apparent stimulation, whilst others were seen to converse with staff and visitors. We saw staff take people outside for a walk around the garden.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us they felt well looked after in terms of their personal care. There was a happy, relaxed atmosphere in the home at the time of the inspection.

We asked a senior care worker if they knew what to do should they witness an incident, or suspect, that a person who lived in the home was being mistreated, abused or neglected. They told us that they would speak directly to the registered manager, and were also aware of social services role and involvement in the safeguarding process. We saw staff were happy to approach the registered manager if they had concerns or wanted to discuss any issues.

We looked at the home's policy on protecting people from abuse and the policy contained detailed information about definitions of abuse. The policy was available to all staff. The policy provided guidance for staff on the action they must take if they suspected any abuse and whistle blowing. The whistle blowing policy outlined the protection given to staff who disclosed any alleged or suspected abuse. The policy provided the contact details of the local Adult Care Health and Wellbeing (social services) authority to whom suspected abuse should be reported and other contact details such as CQC and the police. These contact details were displayed in the home thus providing easy access to the staff team.

We were told by the manager that staff had been trained in the safeguarding of vulnerable adults and in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). The provider may wish to note we did not see any evidence to confirm this on the training matrix although some certificates were available in staff files..

The MCA and DoLS provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. We were told by the registered manager that nobody who currently resided at Red gables was subject to a deprivation of their liberties. She told us they had a person who had a DOLS in the past but it no longer applied. The registered manager told us she had made an application and had sought help about the process from the local authority DOLS lead. She had informed CQC of the DOLS application, as required.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During our inspection we checked if the manager was operating an effective recruitment procedure in order to ensure the people they employed were of good character, suitably qualified, skilled and experienced.

The provider had a recruitment policy in place, the policy made reference to the Health and Social Care Act 2008 and referred to its legal obligations. We inspected five recruitment files; two of these were for new employees. We found the manager had carried out recruitment checks prior to the person commencing work at Red Gables. We saw recruitment files contained references, an application form and/ or curriculum vitae (CV). We spoke with a member of staff who had been recently recruited, who confirmed that appropriate checks had been carried out prior to them commencing work.

A Disclosure and Barring Service check (DBS) is a mandatory process, which must be undertaken by any health and social care provider to ensure people are of good character and are suitable to work with vulnerable people. We found in all of the recruitment files evidence that DBS checks had been carried out. This demonstrated the manager was aware of the requirements and could see that she was following the recruitment policy.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who used the service told us the staff were kind and caring and they were satisfied with the service they received. They did not make any further comments on the competency or training of staff.

Two members of staff confirmed they had been provided with thorough induction training and worked alongside another member of staff initially so they got to know the people who used the service well.

An induction is an essential process all staff should undertake when joining an organisation. An induction welcomes new staff to the ethos of an organisation. It ensures staff feel confident and are equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. We saw evidence of the Common Induction Standards (CIS) training in use for all newly employed staff. The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. We saw that the manager had also put together an 'in house' induction training pack.

Additional records evidenced training had been provided to staff during their employment to ensure they were competent to meet the needs of the people who used the service. The Provider may like to note that some training is now due to be repeated. For example, basic first aid, record keeping, risk assessments equality and diversity. We met a staff member on her first day of work at Red Gables. She had been tasked with reading the home's policies and procedures.

Records showed formal supervision of staff had not occurred since the previous year and staff confirmed this. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development.

We were told staff meetings had occurred, and these were used to disseminate

information that may affect working practices. We also saw comprehensive staff hand over meetings were held at the change of each shift ensuring up to date information on each person who used the service was passed to those coming on duty. Annual appraisals were held with each member of staff.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with people who used the service. They told us they were happy with the service they received. One person told us if they had any complaints they would be able to speak with the staff or the manager. We did not receive any comments that directly related to the systems the provider had in place to assess the quality of the service delivered to people.

Systems that were in place to measure and improve service quality were not satisfactory, and did not provide assurance that the service complied with the regulations. The service notified the Commission of relevant events and incidents, where appropriate.

The manager told us she and a representative of the nominated individual conducted monthly audits of procedures undertaken in the home that reflected the outcomes used by the Commission at inspections, for example, infection control and cleanliness. We did not see any detailed written confirmation these audits had occurred, nor did we see action plans to address identified deficits.

Policies and procedures were not specific to Red Gables. Some referred to other services managed by the same provider. Document headings were inaccurate and misleading, for example some were headed with the company name of Ladybrook Care or Anavive Care. Both of these companies are now defunct. Care planning documents also were headed with these companies.

The care plans we looked at had not been reviewed for six months nor was there evidence of involvement of the people to whom they related. Signatures of consent were not documented. This indicated that regular audits of records and documentation had not taken place.

Formal one to one supervision had not occurred for over a year. This showed that staff had not been adequately supported

We did not see that information gained from audits had been analysed in order to learn and improve services.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: The provider did not have suitable arrangements in place to ensure staff had received appropriate training, professional development and supervision
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: The registered person did not routinely monitor the quality of the service to ensure records and policy documents were reviewed and kept up to date. This did not ensure compliance with Regulation 10(1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 03 July 2014.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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