

***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: 05 September 2014

Date of Publication: October 2014

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

**Supporting workers**

✓ Met this standard

**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

## Contents

*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 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.

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### What people told us and what we found

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This was a follow up inspection to monitor progress made since our last inspection in May 2014 when two compliance actions were set.

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?

One the day of our inspection we found the service to be 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?

One the day of our inspection we found the service to be 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?

One the day of our inspection we found the service to be caring.

At our previous inspection 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?

One the day of our inspection we found the service to be 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?

One the day of our inspection we found the service in need of improvement.

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.

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 31 October 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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Supporting workers

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### 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.

We looked at the training records and found progress had been made since our last inspection on 12 May 2014. Staff had received training in first aid, fire prevention, basic safeguarding, equality and diversity/inclusion, risk assessing and assisting with moving individuals. Some staff had also received training for Parkinson's.

We found the training matrix to be in need of further updating to show exactly which staff had received what training and future dates of training to be delivered. A training matrix is a spread sheet which shows which staff have completed what training. It is a useful tool in establishing the training needs of a staff team.

At our last inspection records showed formal supervision of staff had not occurred since

the previous year and staff confirmed this. We found supervision had now commenced and this process had been completed with three of the staff team. We were told that a staff meeting had been arranged to discuss with the senior carers who would supervise who. This process was not in place at the time of our inspection.

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on going 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 had been held with each member of staff.

We noted the progress made in the supporting and training of staff but more consistency is required to become fully compliant in this area.

## 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

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### Our judgement

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

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### Reasons for our judgement

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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.

The service notified the Commission of relevant events and incidents, where appropriate.

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 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 evidence that these audits had occurred, nor did we see action plans to address identified deficits.

At our previous inspection in May we found that the care plans had not been updated. At this inspection we saw that a start had been made, but the majority of plans were still in need of review. 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

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. Care planning documents also were headed with these companies. We noted that the new care planning format referred to Red Gables so some progress had been made in this

area.

Signatures of consent had still not been documented.

Some progress has been noted, but overall regular audits of records and documentation had not been completed.

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	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b> Evidence of regular auditing of services, documentation, policies and procedures was not found

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 31 October 2014.

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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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