



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

Name:	The Gables Nursing Home
Address:	231 Swinnow Road Pudsey Leeds Yorkshire LS28 9AP

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Sean Cassidy	0 7 0 5 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

Document Purpose	Inspection report
Author	CSCI
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Gables Nursing Home
Address:	231 Swinnow Road Pudsey Leeds Yorkshire LS28 9AP
Telephone number:	01132570123
Fax number:	01132551336
Email address:	
Provider web address:	

Name of registered provider(s):	Dr Emad-UI-Mulk Minhas,Dr Hussan Ara Minhas
Type of registration:	care home
Number of places registered:	23

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	3	3
old age, not falling within any other category	0	23
physical disability	1	0
Additional conditions:		
Not to exceed 3 service users in total for the categories DE and DE(E)		
The place for Physical Disability is specifically for the service user named in the variation application dated 20 February 2004.		

Date of last inspection									
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Brief description of the care home
The Gables Nursing Home is an extended converted building that provides personal care with nursing for both men and women over 65 years. It is a three-storey building, but people living at the home have access to only two of these, the third storey is used for storage and office space. The home is situated on a busy main road with good access to public transport for Leeds and Bradford. Facilities nearby include a public house, shops, a post office, a cricket ground and a GP surgery in the grounds of the home. The majority of bedrooms are single but there are some shared rooms. Some

Brief description of the care home

rooms have en-suite facilities, the majority of which have limited access. Lounges and the dining room are on the ground floor; the garden can be accessed from one lounge by a portable ramp.

On the 22nd April 2008 the manager said that the weekly fees ranged from four hundred and forty one pounds and forty one pence to five hundred and seventy two pounds per week. Additional charges are made for newspapers, hairdressing, chiropody and personal toiletries.

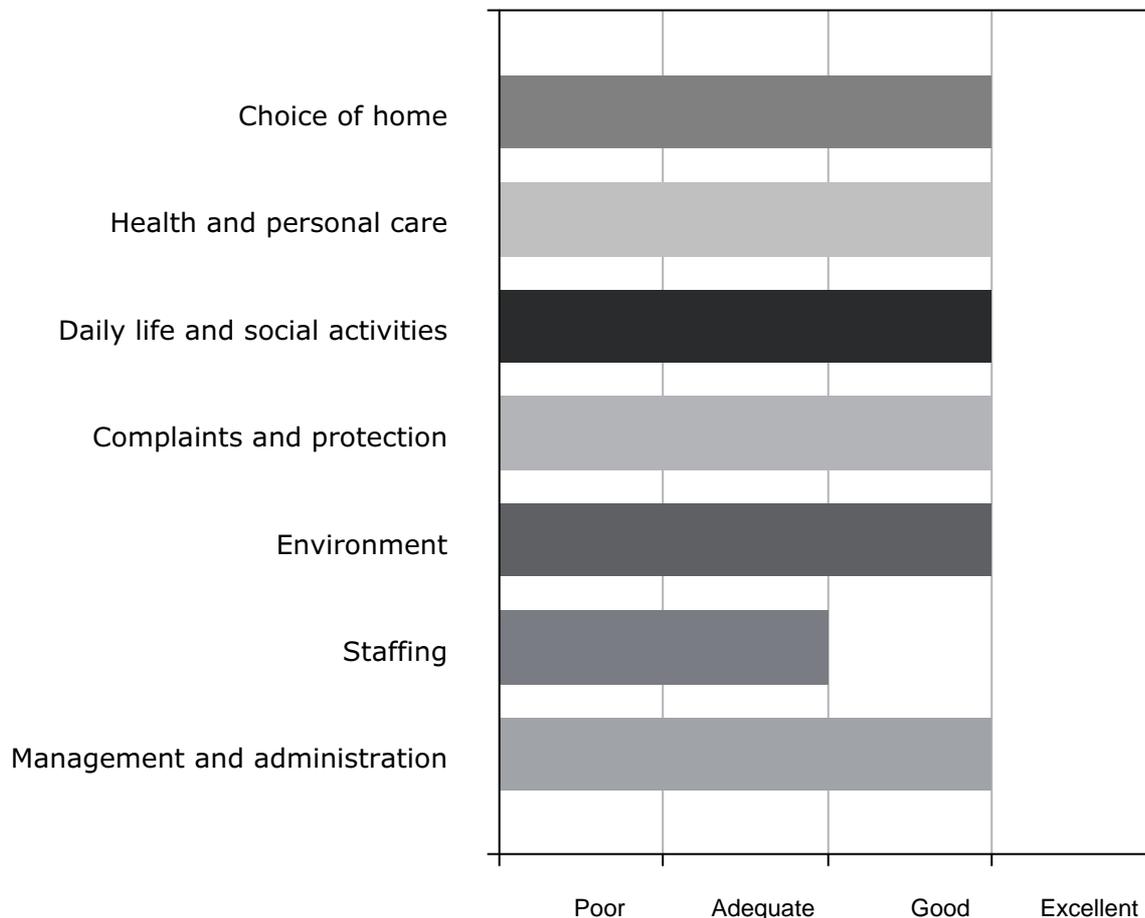
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

The accumulated evidence used in this report has included:

A review of the information held on the homes file since its last inspection.

Information submitted by the registered provider in the AQAA (Annual Quality Assurance Assessment)

Information received from people who use the service, relatives and staff. Surveys were sent to the service but none were received back.

An unannounced visit to the home, which lasted eight hours. This included a partial

tour of the premises.

Evidence gained by direct observation, talking with people who use the service and management. Inspection of records including care plans risk assessments, medication administration records, and the homes policies and procedures.

What the care home does well:

People are provided with good information that assists them with making their choice about moving into the home.

People are provided with a good standard of care planning when a care need is identified.

The care staff working with people who live in the home are very aware of people's health care needs and ensure the appropriate health professionals are involved when needed.

Staff are aware of the importance of promoting people's privacy and dignity needs.

People are encouraged to get involved with the activity programme that is developed in the home. Those people who are isolated in their rooms are also assisted to have a degree of interaction with activities.

The staff have a good awareness of the safeguarding process and this helps to protect people who live there.

What has improved since the last inspection?

The care planning and risk assessment of people who use the service has improved. These documents now include sufficient detail to help staff meet people's care needs.

User involvement in relation to consenting to care provision has also improved. This gives people and their relatives sense of ownership to the care they receive.

What they could do better:

The manager should ensure that the document used to assess people's capacity to give consent in relation to the Mental Health Act 2005 is reviewed by an appropriate professional in that area. This will help ensure the document is suitable for its purpose.

Toilets should have suitable locks in place that ensure people's privacy and dignity is promoted at all times.

The care home providers should develop a maintenance programme that highlights the improvement work that is needed to provide a more up to date environment.

The system for assisting people with their meals must be reviewed to ensure there are suitable numbers of staff available to perform this care task. This will help ensure people are assisted with eating their meals in a timely way and their dignity is not compromised during the process.

There must be a robust recruitment system in place that ensures all the necessary

information needed before a person can start work is obtained. This will help protect the people living at the home.

All areas of the home must be properly risk assessed to identify any potential harmful hazards. This must be performed by a person qualified to perform this task. This will ensure that potential risks to people's health and safety are appropriately managed.

The providers must make arrangements to carry out monthly visits to the service that monitors the quality of the care provided to the people living in the home. These documents must be made available at all times. This will help assure the quality of care provided to the people living in the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are appropriately assessed before they move in. Sufficient information is made available to assist them with making their individual choice about taking a place at the home.

Evidence:

The home has developed a Statement of Purpose and Service User Guide that informs the reader of the facilities and services offered within the home. People told me they had an opportunity to visit the home before they moved in. The care files showed evidence that people are assessed before they enter the premises. This is good practice as it enables the assessor to identify whether they are able to meet the needs of the individual in the home.

Intermediate care services are not offered at the home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care plans and risk assessments belonging to people who use the service are clear and detailed. Staff are aware of people's care needs as they are set out in the care documentation. People told us that they felt their privacy and dignity are respected.

Evidence:

Three care files were randomly selected. All contained evidence that showed people were thoroughly assessed in all areas of need. Where a care need was identified a care plan was developed. Evidence was seen that showed care plans were reviewed on a monthly basis. Risk assessments were carried out in areas such as falls, pressure area care, continence care and nutrition. Evidence was seen to show other professionals are involved with care packages when needed. The Tissue Viability Nurse, dietitian, optician and GPs all visit and provide advice. The care plans contained evidence that showed advice from professionals was acted upon.

One care file highlighted that a person had been losing a significant amount of weight.

Evidence:

The evidence in the care file showed the correct action had been taken to deal with this problem. All three files showed evidence that people are weighed regularly.

Not all care documentation contained evidence to show people or their representatives consent to the care documentation. The home has included a document in the care files that relates to the Mental Health Act. It is an assessment of each individual in relation to their ability to make decisions for themselves. Where this is assessed as not possible the document highlights this. It was unclear whether this document was appropriate for the needs of people living in the home. It is essential that the document is fit for purpose and supports people who do not have capacity to make decisions for themselves.

Staff were observed performing their duties over the course of the day. They showed good awareness of people's needs and were attentive when needed. Staff showed good communication skills and people responded well to them. There were several occasions where the staff spoke slowly and used touch as a form of communication with people who found this difficult. This provided a positive response for people. People told me that the staff working at the home were very respectful in relation to privacy and dignity. They said, "Staff are really nice and pleasant. They help me whenever they can." "The staff always knock before they come in. Sometimes they leave the room to get something. They are only away a few seconds but they knock again before entering." "When I ring the buzzer they are quite attentive." There is a toilet at the entrance of the home that needs a lock put in place to assist people's privacy when using the facility. This has been highlighted with the manager at the last two visits to the service but has still not been addressed.

The medication charts were randomly checked. Each person has a sheet which highlights any non compliance with medication. A random check of the Medication Administration Charts showed recording medications were completed correctly.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are provided with a variety of opportunities to get involved with various activities provided in the home.

Evidence:

Each person has a file developed by the activities co-ordinator for the home. This contains a full pen picture of each individual and their likes and dislikes in relation to activities, interests and food. The carers on duty record on a daily basis what each individual has been involved with over the course of each day. All those looked at had been fully completed.

The activities co-ordinator has developed a structured activity programme that focuses on calendar events such as St Patrick's Day, St George's Day, Easter, Halloween and Mothering Sunday. The new programme for the summer months is being developed and will be displayed on the notice board in the dining room. Books are kept with pictures of these events. It is recommended that some pictures of people involved in activities are displayed in accessible areas around the home for all to see.

Elderly Action are used as often as possible to take people out in a mini bus.

Evidence:

The lunchtime meal was observed during the visit. Two people spoken to said they enjoyed the food offered and that there was a lot of choice. This was confirmed through speaking with the cook and looking at the planned four week menus that are displayed in the dining room. The cook provided documentation that showed she was aware of the food likes and dislikes of people living in the home. She incorporates their likes into the menu. The cook also showed evidence that she involves people with some cooking exercises. People were involved with making dough for biscuits and cakes. Evidence was provided to show how people who have dementia were involved and feedback from others informed me that this was a positive experience.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are protected by the complaints and safeguarding systems used by the home.

Evidence:

There have been no complaints or concerns received by the Care Quality Commission prior to the inspection. The complaints process is contained within each Service User Guide and is also displayed at the entrance of the home. People spoken to said they knew how to complain if they needed to and they said they were confident that their complaints would be investigated by the management team.

Staff spoken to during the inspection said they had received training in safeguarding vulnerable people. The training files showed further evidence that this was provided. All staff spoken to had a good awareness of what was meant by safeguarding vulnerable people and what action they would take if they identified a safeguarding issue.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in an environment that suits their needs. The internal fixtures and fittings are in need of improvement to make them more modern and appealing.

Evidence:

A short inspection of the environment was undertaken with the manager during the visit. He was unable to produce the improvement plan for the home but said they do have one. Specific areas where redecoration had taken place were highlighted. The refurbishment has mostly taken place in bedrooms and this consisted mainly of redecoration including new carpets and curtains. The rooms that were refurbished looked comfortable and appealing. However, there are a lot of areas in the home that are in need of refurbishment and modernisation. Many of the wardrobes, drawers, chairs, commodes and bedside cabinets look tired and old. Two people spoken to commented about the standard of the environment in the home. They said, " The furnishings in many areas are in need of modernisation." " The home needs a revamp."

The home appeared clean and tidy and positive comments were received about the standard of cleanliness. The domestic staff work throughout the week. Two spoken with gave a good awareness of their understanding of infection control and how to manage this. Both received training in this area as well as in Controlling of Substances

Evidence:

Harmful to Health.

One bedroom inspected had a very strong odour present. The manager stated that they have attempted to eradicate this odour but they are struggling to deal with it. It was recommended that they seek advice from a professional company that may be able to assist.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People receive their care packages from a group of staff that have been inducted and trained to a good standard. The recruitment process does not ensure vulnerable people living in the home are protected.

Evidence:

The manager was able to produce a staff rota that highlighted the names of the people that were on duty for a four weekly rota. Staff spoken to said the morale in the home was good and that when someone was off sick they pulled together and filled the shift amongst themselves. Staff spoken to said they were happy with the staffing levels of the home. Comments made were, "We have enough time to do the jobs we need to do and also spend time with the residents." " Staffing at the home is good. It does get busy but we manage well."

A concern was identified relating to staffing and the system in place for assisting people with their meals. Staff were observed in the front dining room of the home. There were around ten people in this room, the majority needing different levels of assistance with eating their meals. Only one member of staff was available and she tried her best to assist people with their meals all at the same time. People had to wait for assistance or only received a small amount of assistance at one time and had to wait for that staff member to come back to assist. This was not good practice and was

Evidence:

seen to compromise people's dignity.

The recruitment procedures were inspected. The manager has devised a system of recruitment and selection. I looked at two personal recruitment files for two recently recruited care staff members. There were some concerns noted about this process. The recruitment procedure did not record the date when references were obtained and therefore no evidence was available to show people started work before references were returned. One person had only one reference obtained before starting work.

There was no evidence that the POVA (Protection of Vulnerable Adults) checks had been obtained by the umbrella company used by the home before each person started work.

Concerns were also raised about the employment of a carer who had an unsuitable reference. The manager had no evidence that he was monitoring the progress of this person's suitability to work with vulnerable people. It was recommended that the manager developed a written record of the planned action taken by the home to monitor this care worker during a clearly identified probationary period. This will provide the manager with evidence and assurance that this care worker meets the requirements of the role.

When people start work without having a CRB (Criminal Record Bureau) check they are not appropriately supervised when working with vulnerable people in the home. This places people at possible risk.

Over 50% of staff have received training to National Vocational Level 2 training. This is good practice.

Staff told me they went through substantial induction when they started work. Evidence of induction was seen during the inspection. Evidence was seen to show a training matrix has been identified that showed what training was planned and what training people had received. Staff gave positive comments about the training they were provided with by the organisation. " I have received a lot of training since I started. It has helped be do the job that I need to do." " Training provided by the manager is good. I enjoy it as it gives me confidence."

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management systems and processes used by the home help ensure the quality of the care provided is good. Improvement is needed with health and safety procedures so that people are properly protected.

Evidence:

The manager has worked in this role for a considerable period of time and has been trained to NVQ level 4. The manager has developed auditing systems that assist him with assuring the quality care in the home. Staff and people who use the service spoke positively with regards to the manager. They said, " He is supportive and helpful. He tries to encourage me to develop myself." " He is approachable and we can go to him if we have any problems." Staff said they received appropriate supervision and records were seen that confirmed this did take place.

The home has an administrator that manages small amounts of monies for a small group of people living there.

Evidence:

There are systems in place for assuring the quality of care at the home and the manager recognised that these could improve and ongoing work was being carried out to improve these. The manager was asked to provide the Regulation 26 reports carried out by the home. These were not available but he did produce a record of a visits performed by the provider in the diary. These diary inputs did not contain the evidence that the quality of care in the service is robustly monitored monthly and people who live there are not benefiting from this process.

The manager confirmed that he and another member of staff are responsible for risk assessment and health and safety of the environment within the home. He agreed that the training he received was not robust and up to date to ensure people living at the home are properly protected. He will access further training that will update his knowledge and skills.

Staff receive regular training in moving and handling and fire prevention.

There is an environmental checklist for the service, however this needs to cover areas of the home such as the stairs, lounge, hallways and dining areas. A hazard was identified in one of the hallways on the first floor which posed potential injury to staff and people who lived at the home. This was pointed out to the manager and he was asked to manage the hazard. This had not happened by the end of the inspection. One fire escape that lead to a potentially hazardous metal staircase was not wired into the alarm system and there was no health and safety risk assessment performed on that area. This posed a potential risk of harm.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	38	13	<p>All areas of the home must be properly risk assessed to identify any potential harmful hazards. This must be performed by a person qualified to perform this task.</p> <p>This will ensure that potential risks to people's health and safety are appropriately managed.</p>	31/07/2009
2	38	26	<p>The providers must make arrangements to carry out monthly visits to the service that monitors the quality of the care provided to the people living in the home. These documents must be made available at all times.</p> <p>This will help assure the quality of care provided to the people living in the home.</p>	31/07/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	10	The manager should ensure that the document used to assess people's capacity to give consent in relation to the Mental Health Act 2005 has been reviewed by an appropriate professional in that area.
2	10	The manager should ensure all toilets have suitable locks in place that ensure people's privacy and dignity is promoted at all times.
3	19	The care home providers should develop a maintenance programme that highlights the improvement work that is needed to provide a more up to date environment.
4	26	It is recommended that all identified unpleasant odours in the home are managed appropriately.

Helpline:

Telephone: 03000 616161 or

Textphone: or

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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