

Mr & Mrs L Difford

Red Gables

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 August 2015. Breaches of legal requirements were found and enforcement action was taken. This was because

people's care plans were not individualised and did not always give guidance and direction to staff about how to meet people's care needs. People were not protected from risks associated with their care. People were not protected from risks relating to the environment, and people were at risk of not receiving their medicines as prescribed because documentation relating to medicines was inaccurate. Safe recruitment practices were not always in place as checks were not always carried out to ensure new staff were of good character and safe to work

with vulnerable people, and there were not enough staff to meet people's needs. People were not protected by the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant people's freedom was not always supported or respected. People received support from staff who did not always have the necessary knowledge, skills and training to meet their needs, and the provider's systems in place to monitor the quality of service people received were not effective.

After the comprehensive inspection the provider submitted an action plan, to tell us what they would do to meet the legal requirements in relation to the

Summary of findings

breaches. The provider told us they would make improvements by the 30 November 2015. We undertook this focused inspection on 17 November 2015 to check improvements had been made.

Red Gables provides care and accommodation for up to 32 older people who are living with dementia or who may have physical and mental health needs. On the day of the inspection 22 people were living at the care home.

The home was on two floors, with access to the upper floor via stairs or a passenger lift. Some rooms have en-suite facilities. There were shared bathrooms, shower facilities and toilets. Communal areas included two lounges, a dining room, a conservatory and outside seating area.

The service had a registered manager but they were not working in the home at the time of inspection and Red Gables was being managed by an acting manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected by safe recruitment procedures as the necessary checks which determined staff were suitable to work with vulnerable people had been undertaken. There were enough staff to meet people's needs. People were supported by staff who were provided with the necessary support, knowledge, and training to carry out their role.

People received their medicines as prescribed, but documentation was not always accurate. The additional improvements were due to be completed by 30 November 2015 in line with the provider's action plan. People were protected from risks associated with their care because staff had guidance and direction about how to meet people's individual care needs. The environment was regularly assessed and monitored to ensure it was safe at all times.

People's mental capacity was assessed which meant care was provided by staff who sought people's consent and cared for people in line with their wishes. People who may be deprived of their liberty had been assessed to determine if this was necessary to keep them safe.

People had care plans in place to address their individual health and social care needs and to give guidance and direction to staff.

Systems had and were continuing to be devised and implemented to help ensure the quality of the service people received was effective and meet their needs. Auditing systems helped to highlight areas which required action and drive continuous improvement across the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Red Gables on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Action had been taken to make improvements. This meant the provider was now meeting the legal requirements.

People received their medicines as prescribed, but further action was being taken to help ensure documentation was accurate.

There were enough staff to meet people's needs.

Safe recruitment practices were in place to ensure new staff were of good character and safe to work with vulnerable people.

People were protected from risks associated with their care and documentation relating to this reflected people's individual needs.

People were protected from risks associated with the environment.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service effective?

Action had been taken to make improvements. This meant the provider was now meeting the legal requirements.

People were protected by the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant people's freedom was always supported and respected.

People received support from staff who were provided with the necessary, support, knowledge, skills and training to meet their needs.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Is the service responsive?

Action had been taken to make improvements. This meant the provider was now meeting the legal requirements.

People had care plans in place to give guidance and direction to staff about how to meet their care needs.

Requires improvement



Summary of findings

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Is the service well-led?

Action had been taken to make improvements. This meant the provider was now meeting the legal requirements.

Systems had and were continuing to be devised and implemented to help ensure the quality of the service people received was effective and meet their needs. Auditing systems helped to highlight areas which required action and drive continuous improvement across the service.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires improvement



Red Gables

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the home unannounced on 17 November 2015. This inspection was carried out to

check that improvements to meet legal requirements after our comprehensive inspection on 15 August 2015 had been made. We inspected the service against four of the five questions we ask about services: is the service safe; is the service effective; is the service responsive, is the service well led? This is because the previous breaches were in relation to these four questions. The inspection team consisted of two inspectors and two pharmacy inspectors.

During our inspection, we spoke with seven people living at the home, three relatives, five members of care staff, the

maintenance person, the acting manager and the nominated individual. The nominated individual is responsible for ensuring the services provided by the organisation are properly managed.

We observed care and support in communal areas, spoke with people in private and looked at seven care plans and associated care documentation. We assessed the safety of the environment. We also looked at 17 records that related to medicines as well as documentation relating to the management of the service. These included staffing rotas, staff recruitment, training records and quality assurance and monitoring paperwork.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents that the provider had sent us since our last inspection and the previous inspection report. A notification is information about important events, which the service is required to send us by law.

After the inspection we contacted the local authority service improvement team to obtain their views about the service.

Is the service safe?

Our findings

At our last inspection on 19 August 2015 medicines were not being managed safely, there were not enough staff to meet people's needs, recruitment processes were not thorough enough to ensure only suitable staff were employed, the environment had not been assessed to ensure it was safe for people and individual risk assessments were not in place for people to ensure care was provided safely. At this inspection, we found the acting manager had taken action to address these shortfalls although further action was needed in relation to medicines management and the acting manager confirmed this would be completed by the end of November 2015 in line with the action plan they had sent us.

Changes and improvements were being made to the way medicines were managed. People were given their medicines in a safe way, and asked if they needed any medicines prescribed when required. People could look after their own medicines if it was safe for them to do so, and a clear and regularly reviewed risk assessment had been completed for one person who was doing this. There were suitable arrangements for the storage, recording and handling of controlled drug.

However, documentation relating to the management of medicines was not always reflective and accurate. For example, it was not always clear if medicines had been given in the way they had been prescribed. And when changes had been made to medication administration records (MARS) and it was not clear who had authorised the changes. The acting manager was in the process of taking action to address these shortfalls, by arranging training for staff and introducing monitoring processes.

Documentation relating to medicine management was not being completed accurately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A review of the rota had taken place to ensure there was staffing cover at all times, such as at weekends. Recruitment for additional staff was taking place, and the acting manager had ideas for the future, about how to involve people in the recruitment and selection process. A dependency scoring tool was used to help ensure there were enough staff on duty to meet people's individual needs. The dependency tool showed staffing hours were in an excessive of what people required. The acting manager told us, the provider was supportive and understood that staffing may have to be altered to meet people's increased needs.

Action had been taken to address references missing from staff recruitment files and to re-apply for DBS checks for all staff. The acting manager spoke confidently about what was expected when new staff were employed, and showed us an example of a recruitment file in progress.

An environmental risk assessment had been created, with an associated action plan. A maintenance person had been working at the service three to four days per week to support the acting manager. Water temperatures were being regulated, doors were locked and there was a plan in place to restrict windows. Individual risk assessments had been completed for risks, such as radiators which were not covered and for doors which were held open.

A review of each person's care plan had been undertaken and was ongoing, with an action plan to address areas which required improvement. Risk assessments were in place for falls, bed rails and pressure sores. A new process was being developed and implemented to help ensure risk assessments would continue to be effectively reviewed.

Is the service effective?

Our findings

At our last inspection on 19 August 2015 the legislative framework of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were not being followed, and people did not receive care and support from staff who had the right knowledge, experience and skills to support people. At this inspection, we found the acting manager had taken action to address these shortfalls.

The acting manager had a good understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS), staff, however, were not as knowledgeable, but training was being arranged. People's care plans had been reviewed, and action plans created to help ensure information regarding people's mental capacity was being included. DoLS applications had been made. The legislative framework of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were not being followed. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A review of all staffing files had been carried out and a new training spreadsheet had been devised. The result of this had shown gaps in staff training. The acting manager had taken action to ensure staff were signed up for training courses. Some staff had expressed an interest in completing further training in areas that they were specifically interested in, such as medicines. The review of staffing files had also shown there were limited numbers of staff who had completed a Qualification and Credit Framework (QCF) so action had been taken to contact a training provider to enrol staff. Staff were being managed, and supported. Supervision and appraisals had commenced, and these were being used to empower staff who demonstrated good practice to develop, as well a tool to encourage improvements when required.

Is the service responsive?

Our findings

At our last inspection on 19 August 2015 people's care plans were not always in place and did not always meet people's needs and preferences. Care plans were not effectively reviewed and reflective of the care being delivered. At this inspection, we found the acting manager had taken action to address these shortfalls.

People's care plans had been audited and action plans had been devised to make improvements. People living at the service had a care plan in place. For one person, their care plan was in the process of being updated because they had been frequently falling. The acting manager was developing ideas to help ensure the quality of care plan writing and reviewing was of a high standard.

Is the service well-led?

Our findings

At our last inspection on 19 August 2015 the systems in place to monitor the quality of service people received were not effective. The provider did not have systems and processes in place to help ensure the service met regulations in respect of the planning of people's care, meeting people's individual needs, staffing, the management of medicines, the environment and the implementation of the legislative framework the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). At this inspection, we found the acting manager had taken action to address these shortfalls.

Action had been taken to meet breaches in legal requirements. Systems had and were continuing to be devised and implemented to help ensure the quality of the

service people received was effective and meet their needs. Auditing systems helped to highlight areas which required action and drive continuous improvement across the service. Some of which included, environmental assessments, staffing levels, care planning audits, recruitment and finance audits. A survey had been shared with people and visitors, the results were in the process of being collated. From the results an action plan would be created.

The provider was in the process of also devising a new quality auditing tool, which was going to be linked to associated guidance such as The National Institute for Health and Care Excellence (NICE) guidelines and the Commission's guidance for providers. This was in response and recognition to the failings found at our comprehensive inspection on 19 August 2015.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Documentation relating to medicine management was not being completed accurately.