Mr & Mrs L Difford

Red Gables

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 June 2016.

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 27 people were living at the care home. The home is on two floors, with access to the upper floor via stairs or a passenger lift. Some rooms have en-suite facilities. There are shared bathrooms, shower facilities and toilets. Communal areas include two lounges, a dining room, a conservatory and an outside seating area.

There was no registered manager in post, however a new manager had been appointed and was in the process of applying for registration. 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.'

At our last inspection on 17 November 2015 we asked the provider to make improvements to how documentation relating to medicine management was being completed. During this inspection we looked to see if improvements had been made and we found that action had been taken.

People told us they felt safe living at the service. Staff knew what action to take if they were concerned someone was being abused or mistreated. Staff had been recruited safely to ensure they were suitable to work with vulnerable people. The provider's whistleblowing policy protected staff to make disclosures about poor staff conduct or practice, and staff confirmed the manager would take responsive action. People's consent to care was sought in line with legislation and guidance, to help ensure their human rights were protected.

People's risks associated with their care were managed to help ensure their freedom was supported and incidents were minimised. People's environment was assessed for safety and checks were carried out on equipment in line with manufactures guidelines, to ensure they were safe for people to use. People had personal evacuation plans in place to help ensure emergency services would know how to correctly support people, for example in a fire. People were supported by sufficient numbers of staff. People's medicines were managed safely.

People received care from staff who had undertaken training to meet their needs. However, some staff had not completed all of the provider's mandatory courses, such as moving and handling. Some external health care professionals were also concerned about the competence and experience of some staff, so discussions were taking place with management. An action plan was in place to address training gaps and the provider was reviewing the organisations training strategy.

Staff told us they felt supported and received supervision and appraisals, which helped to identify their

training and development needs.

People liked the meals and were supported and encouraged to maintain a balanced diet. People's likes, dislikes and specialist diets were catered for and when concerns were identified about people's nutrition or hydration, action was taken to seek medical advice. People had access to external health services to help maintain their ongoing health and wellbeing.

People were cared for by kind and compassionate staff, who knew them well. Staff and the manager spoke fondly of the people they supported. People were encouraged to be involved in decisions regarding their care. People's privacy and dignity was promoted.

People received individualised care which met their needs. However, an external health care professional told us, staff did not always contact them in a timely manner, which had resulted in one person being in unnecessary pain. Staff, however had now been more pro-active in contacting them for advice and support more frequently.

People's independence was promoted. People were encouraged to maintain relationships and friendships. People's religious and culture beliefs were respected. People told us there was not always enough to occupy their time; however the manager was taking action to make improvements.

People's complaints were valued, listened to and used to affect change within the service. People and staff had confidence in the manager and were complimentary of the positive culture within the service. There were systems and processes in place to help monitor the quality of care people received. The manager was taking steps to make further improvement to how people were fully involved in developing the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe from abuse and avoidable harm.

People's risks associated with their care were managed to help ensure people's freedom was supported.

People were supported by sufficient numbers of staff.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

People received care from staff who had undertaken training to meet their individual needs and an action plan was in place to address gaps in training.

People's consent to care was sought in line with legislation and guidance to help ensure their human rights were protected.

People were supported and encouraged to eat and drink enough.

People had access to external health services to help maintain their ongoing health and wellbeing.

Is the service caring?

Good

The service was caring.

People told us staff were kind.

Staff spoke fondly of the people they cared for and knew people well.

People were encouraged to be involved in decisions relating to their care.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive.

People received individualised care which met their needs. Action was being taken to ensure external health care professionals were contacted in a timelier manner.

People told us there were not always enough social opportunities; however the manager was already making ongoing improvements.

People's complaints were valued and investigated to help make improvements to the service.

Is the service well-led?

Good

The service was well led.

People and staff had confidence in the manager.

People and staff were complimentary of the positive culture within the service.

There were systems and processes in place to help monitor the quality of care people received. The manager recognised further improvements were needed to make sure people were fully involved in developing the service.

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 21 June 2016. The inspection team consisted of one inspector and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of service.

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

During our inspection we spoke with nine people living at the home, two relatives, four members of care staff, the chef, a kitchen assistant and the manager. We observed how people were supported at lunch and watched how staff interacted with people during this time. We observed care and support in communal areas, spoke with people in private and looked at eight care plans and associated care documentation. We also looked at records related to medicines as well as documentation relating to the management of the service. These included policies and procedures, staffing rotas, training records and quality assurance and monitoring paperwork.

After the inspection we spoke with the Nominated Individual. The Nominated Individual is responsible for ensuring the services provided by the organisation are properly managed. We also contacted the local authority service improvement team, Healthwatch Cornwall, two GP practices, and the community district nursing team for their views about the service.

Good

Is the service safe?

Our findings

At our last inspection on 17 November 2015 we asked the provider to make improvements to how documentation relating to medicine management was being completed. At this inspection we found improvements had been made.

People's medicines were managed safely. People had medicine administration records (MAR) to record what medicines they were taking and when. The manager was in the process of changing the medicine system, which would in turn help to improve the accuracy of documentation and improve staffs practice. Staff received knowledge checks to help maintain their ongoing competency. Medicines were stored safely and at the right temperature. Some people's topical medicine (creams) had not been dated when opened, which meant the cream being used may not be as effective. The manager explained improvements would be made to tighten up practices.

People had care plans and records in place relating to their medicines to provide guidance and direction for staff. Risk assessments were not always in place when a person had chosen to administer their own medicines. However, immediate action was taken to put a risk assessment in place at the time of our inspection. The manager monitored medicine practices within the service in line with the provider's policy and procedure. This helped to identify areas which required improvement to ensure prompt action was taken.

People told us they felt safe living at the service, with one person telling us "I like it here as they (the staff) are always popping in, and that makes me feel safe".

People were kept safe from abuse and avoidable harm because staff knew what action to take if they were concerned someone was being abused, mistreated or neglected. Information about safeguarding was displayed within the service so everyone had access to the relevant contact details, such as the local authority should they wish to make a referral.

Staff confirmed they had been recruited safely to help ensure they were safe to work with vulnerable people, for example references had been requested from their previous employer and a disclosure and barring service check (DBS) had been carried out.

People's risks associated with their care were managed to help ensure they were protected and their freedom respected. For example, risk assessments provided guidance and direction for staff about how to meet people's mobility or skin care needs. For people who had risks linked with their health, such as diabetes, there were no risk assessments in place. However, the manager was responsive and took immediate action to rectify this.

Staff followed people's risks assessments to help minimise risks, such as falls. For example a member of staff was heard to say kindly say "(…) you should have your frame with you…let me go and get it for you".

People's falls and accidents were recorded so themes could be identified so action could be taken to help reduce the likelihood of re-occurrence. For example, people had been referred to their GP or a falls specialist, or had had equipment implemented. All of which had helped to reduce the number of times they were falling.

People had personal evacuation plans in place so in an emergency they could be supported correctly. People's environment was assessed for safety, for example environmental risk assessments were in place, and equipment such as the fire system was serviced in line with manufacturing guidelines. Legionnaires testing and portable appliance testing (PAT) was overdue, however the maintenance team were aware of this and action was being taken to organise a company to carry them out.

People told us there were enough staff to meet their needs, commenting "The girls are so good and if I ring my call bell everyone comes immediately", and "They have definitely got enough staff all the time". A relative told us, "The girls are always in and out of my relative's room to check on them".

Since our last inspection the manager had been reviewing staffing levels at the service to help ensure staffing was effective. For example, additional hours in the kitchen and laundry had helped to ensure care staff were not distracted from their caring duties. The provider had a staffing dependency tool, which linked with people's care plans. This helped to ensure people's individual needs were considered when deciding on how many staff were required. Overall, staff told us there were enough staff and that the manager and provider listened when additional staffing was needed.

Good

Is the service effective?

Our findings

People received care from staff who had received training, such as dementia care, safeguarding and moving and handling, in order to meet their needs. One person told us, "The staff are very good and very professional".

The manager's training plan showed some staff had not completed all of the provider's mandatory courses and the local authority service improvement team also told us, training in some areas had been slow. Some external health care professionals were concerned about the competence and experience of some staff, so discussions were taking place with management. The manager had an action plan in place and explained a recent change in the providers training strategy would help to improve things.

Staff received ongoing support. For example, supervision and appraisals gave staff the opportunity to talk about their training and development; with one member of staff telling us "She (the manager) gives you the opportunity to tell her how you feel". Staff were complimentary about how the manager encouraged staff, and recognised their potential by enrolling them on courses to enable them to develop their career. For example, one member of staff had been asked to complete medicine training which would enable them to take on more responsibilities.

New staff received an induction when they joined, introducing them to day to day practices and to policies and procedures. One new member of staff explained how they had shadowed more experienced staff for a few weeks to help ensure they felt confident. The manager had incorporated the care certificate into the provider's induction. The care certificate is a national induction tool which providers are required to implement, to help ensure staff work to the desired standards expected within the health and social care sector.

People's consent to care had been sought and recorded in their care plans and staff were heard to verbally ask people for their consent prior to supporting them.

The manager understood her responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Some staff had received training in respect of the legislative frameworks and had a good understanding, whereas some staff had not. The manager told us she would take action to ensure all staff improved their knowledge.

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 so that they can 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).

People were supported to maintain a healthy and balanced diet. People told us they liked the meals commenting, "I have no complaints at all about the food", "All the food we have is excellent" and "The food is very nice, especially the sausages, they are top quality".

People's likes and dislikes were respected, with one person telling us "I didn't want the crumble so they just gave me the rhubarb, delicious". Staff appreciated people's likes and dislikes may change over time, so explained it was important to always ask. People's individual nutritional needs were known and catered for. One person told us, "I am a vegetarian and they make a great effort to give me the food I like".

People's nutrition and hydration needs were monitored when required, to help ensure people were eating and drinking enough. When there were concerns about a person, action was taken, such as contacting the person's GP or seeking nutritional guidance from professionals such as speech and language therapists (SLT). Changes to people's nutrition were communicated by care staff to the chef each day, to make sure their meals were prepared in the correct way.

People were supported to maintain good health by accessing health care services such as their GP, chiropodist and optician. One person told us, "The home arranges a G.P to visit me at the home if I need one".

Good

Is the service caring?

Our findings

People and relatives told us the staff and manager showed a kind and caring attitude. Comments included, "I am always spoken to in a nice manner", "The staff can't do enough for me, they get me everything I want", "I'm here on respite but I would come here again if I had to" and "My relative is extremely happy, all the staff love her".

Staff spoke fondly of the people they cared for telling us, "I love listening to their stories", "They crack me up, I love them", and "I love my residents". The manger also spoke respectfully and knowledgeably about the people living at the service.

The atmosphere within the service was calm, people were supported at their own pace and staff took time to stop and chat with people. An external health care professional had written in the comments book, that the "The atmosphere here in the home is open, friendly and light".

People's privacy and dignity was respected, with one person telling us "They always close the door and curtains when I am receiving personal care, they absolutely do that". We observed staff knock on people's doors prior to entering and addressing people by their preferred name, one person told us, "I know all the staffs names and they know mine".

People's life histories were in the process of being documented to enable social activities to be tailored to people's preferences and to help staff have meaningful conversations with people. People's families were able to visit at any time and without restriction.

People were supported to be actively involved in decisions relating to their care and about how they chose to live their life. For example, people told us they were able to choose when they wanted to get up and go to bed, with one person telling us at 10am, that they had only just got up as they liked a lie in.

People's confidential information was protected, for example when discussions were taking place about people's needs, doors were closed; and people's and staffs records were stored securely.

People's laundry was handled respectfully and following an increase in staffing hours within the laundry department, people's clothes now rarely went missing or got ruined.

Good

Is the service responsive?

Our findings

People received care which was individualised and met their needs. One person told us, "When I looked at this home with my family we all knew this was the one" and a relative commented, "I have no regrets about my relative living here".

People were encouraged to remain independent and maintain relationships with people who were important to them. Religious beliefs were respected with one person telling us, "I phone a taxi from my room to take me to church every Sunday".

People were able to participate in some social activities, for example craft making, exercises and board games. Hoverer, some people told us there was not always enough to do to occupy their time. Comments included, "There's not much to do as there's not much going on" and "I enjoy the film days and reading, but other than that there's not much to do". The manager was in the process of making ongoing improvements.

People, prior to moving into the service had a pre-assessment review to establish what their needs were and to help ensure they could be met by the staff. People had care plans in place which provided guidance and direction for staff about how to meet people's individualised needs. Care plans were reviewed and updated when changes to people's care occurred, to help ensure they were consistent and reflective of their needs. The manager was continually improving care plans, and recognised that there were some care plans which could be more detailed, so some were being re-written. Relatives told us they were kept informed and were involved in decision making about their loved ones care.

People's changing care needs through-out the day were communicated at a handover. The handover was used as an opportunity to highlight any people who may require closer monitoring or a GP referral. Feedback about communication was varied from external health care professionals. Whilst some stated they were contacted appropriately, others told us staff had to be prompted to raise concerns. We were told discussions were being held with the manager to address their concerns.

People and their relatives, mostly knew who to speak with if they had a complaint. The provider had a complaints policy which was displayed for people in the main entrance. However, the policy may not have been accessible for everyone, due to the format and height it was positioned at. The manager told us the provider was in the process of updating their organisational information and the complaints policy would be included within it. So this would make sure people had better access to it.

Complaints were recorded and investigated. Records demonstrated the complaints policy was effective and when a complaint had been made, the policy had been followed and solutions had been found. For example, for one person a better shower chair had been purchased to enable them to have a shower more easily. Complaints were audited each month to identify any themes, to help learning and improvement of the service.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of the management of the service. One person told us, "The manager pops her head round the door and asks if I'm alright" and a relative commented "Personally I can't find a fault in anything".

Staff were overwhelmingly complimentary about the manager of the service, telling us "She is really on the ball", "She's always there for the residents, nothing is too much trouble". Staff told us the manager had an ethos of support and confidentiality, and that she made herself available to people and to staff, at any time.

The manager told us she felt well supported by her line manager. Supervisions and appraisals were carried out to identify the manager's training and developmental needs, to help ensure the ongoing effective management and leadership of the service.

The manager had been working hard to change the culture of the service, to ensure it was a transparent place, where staff respected each other and could learn and challenge their practices. Staff told us, "The whole atmosphere has changed completely", "Things have definitely improved" and "Everyone seems to be working as a team, which is lovely and appreciates what others are doing". An external professional had also observed a change, writing in the comments book, "As a professional visiting, changes made since (…) has been in the management role are significant and immediately apparent when entering the building".

The service was underpinned by a number of policies and procedures, made available to staff and these were reviewed in line with changing regulations. There was a whistleblowing policy in place which protected staff should they make a disclosure about poor practice. Staff told us the manager had acted in the past, when they had raised concerns about staff conduct. Some staff were also aware of the role of the Nominated Individual with regards to whistleblowing, however some were not. We spoke with the Nominated Individual about his, who told us he would address this and promote staff awareness. The Nominated Individual is responsible for ensuring the services provided by the organisation are properly managed.

Surveys and a comments book were available for people to provide their feedback, which helped to ensure the continued evaluation and improvement of the quality of the service. Feedback had been used to make improvements, for example criticisms of the laundry service had resulted in changes to staffing. However, the manager recognised further improvements were needed to effectively seek people's views in the running of the service. For example, residents meetings were going to be organised.

The manager had monitoring and auditing systems in place to help ensure the quality of the service people were receiving was of a high standard. One member of staff told us the manager has been "Dedicated to bringing up the standards". The provider was also in the process of 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 to and recognition of, the failings found at previous inspections.

The outcome and ratings given by the Commission of the provider's last inspection had been displayed in line with regulations. The manager was keen to improve the rating of the service and a notice had been displayed for people to "Please ask to speak to (the manager) with any queries regarding progress and improvement". This demonstrated the manager was open and transparent.

The manager worked in collaboration with external professionals, listened to advice and implemented changes as required. For example, at the time of our inspection the manager was working with the local authority service improvement team. We were told by the local authority that the manager was working positively to complete a quality assurance action plan. An external professional told us, that overall; there were positive working relationships with staff, but that they found some staff were more receptive than others.

The manager and Nominated Individual had apologised to people when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The manager had notified the Commission of significant events which had occurred in line with their legal obligations. For example, expected and/or unexpected deaths.