

Ms Margaret Morris

The Gables Private Residential Home

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

The Gables is registered to provide personal care for up to 28 older adults. This inspection was unannounced and took place on 28 September 2016. At the time of our inspection there were 28 people living there.

There was a registered manager at this service. 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 in January 2014 the provider was fully compliant in all areas inspected.

During our inspection visit we observed that staff were friendly, kind and attentive to people. They spent time sitting with people to offer them comfort or stimulation. We observed staff delivering care which met people's individual needs and which supported them in a respectful and caring manner.

There were training and processes in place for staff to follow to keep people safe and staff followed these. People's physical and mental health was promoted. Staff were trained to meet the needs of the people they were caring for. Medicines were stored appropriately and were administered and recorded as prescribed.

We saw staff ensured people were comfortable and had their needs met. We saw people were supported in a relaxed and unhurried manner. Staff were caring and communicated well with people. Lunch was the highlight of the day and care was taken to ensure people had time to socialise and to enjoy their food.

Staff focused on people they were caring for rather than the task they were carrying out. Staff knew the people they were caring for and what was important to them. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support.

People's privacy was respected. People had their independence promoted. Where possible they were offered choice on how they wanted their care delivered and were given choices throughout the day.

People were supported to maintain relationships with family and friends. Visitors were welcomed at any time. Records we looked at were personalised and included decisions people had made about their care including their likes, dislikes and personal preferences. People were assisted to pursue their interests and hobbies.

The service was managed in an inclusive manner. People and staff had their wishes and knowledge respected. Staff were aware of their roles and responsibilities in relation to people's care.

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.

Staff knew how to keep people safe and how to report any concerns. Risks were identified and managed which meant people were kept safe from potential harm. There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received training to meet the varied and specialised needs of people using the service. Staff knew people and their individual care needs. People's nutritional needs were understood and met. People were supported to ensure their physical and mental health was promoted.

Is the service caring?

Good ●

The service was caring.

Staff knew what was important to people. The manager and staff ensured important aspects of people's lives were recognised and responded to. Staff were caring and compassionate and spent time sitting with people. They ensured people were not isolated and had the opportunity to have an enjoyable experience while using the service.

Staff ensured they always had people's consent, either verbally or by understanding their body language prior to assisting them. They ensured the privacy and dignity of people using the service was always promoted.

Is the service responsive?

Good ●

The service was responsive.

Staff assisted people and their relatives, where possible, to draw up their own care plan. The care plans were informative, easy to read and easy to obtain information from.

People were offered the opportunity to participate in their interests and hobbies. They were offered stimulation and the home used recognised therapies to occupy people living with dementia. The service followed their complaints process.

Is the service well-led?

The service was well led and there was a registered manager in post.

People and their needs were put at the centre of the service. This created an open culture that invited the opinions of people, relatives and staff. This left people, relatives and staff feeling valued.

Staff felt supported by the manager who was available to staff for support and guidance.

There were effective quality assurance systems in place.

Good 

The Gables Private Residential Home

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.

The inspection took place on 28 September 2016 and was unannounced. It was carried out by one inspector.

During the inspection we spoke with four people and two relatives. We spoke with four staff members, and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at four staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People who lived at the Gables told us they felt safe. One person said, "Yes I feel absolutely safe here." Another said, "Of course I am safe here, I wouldn't be here if it wasn't as safe as houses." A relative told us, "We don't worry about [relative's] safety. Thank God this place is as safe as houses."

Staff were trained to keep people safe and how to recognise and respond to signs of abuse. Staff told us, "We are a good team, we really care about people and we know people depend on us for everything." Another said, "People need to be able to come and go with the confidence that they are safe."

All the staff we spoke with said they had received training on keeping people safe and were able to demonstrate that they had a good understanding of how to do this. All knew the procedures to follow if they suspected abuse had occurred. They assured us that they would follow up on concerns until they were sure the issues had been dealt with. The registered manager was aware of their duty to report relevant incidents of concern to the local authority and to the Care Quality Commission and had done this.

People had individualised risk assessments which looked at risks to their health and well-being and where possible people were included in identifying risk to them. One person said, "We are encouraged to do things such as gardening safely." Each assessment identified the risk to people, the steps in place to minimise the risk and the steps staff should take if an incident occurred. Risk assessment was on going. For example, people who were at risk of falling had advanced fall risk assessments from which a falls support plan was put in place. Where people were at risk of falling, their medication was reviewed as well as on going checks that included people's footwear, balance and if their confidence had been reduced. People who used wet shaving had a risk assessment in place to allow them to shave this way for as long as possible. This ensured that the level of risk to people was still appropriate for them. Staff understood and respected people's right to take reasonable risks so that their independence was promoted.

In addition there were risk assessments for moving and handling, people who were at risk of pressure areas developing, people who had low moods or were confused and those at risk of malnutrition. There was evidence that these risk assessments were reviewed and people's weight was monitored on a monthly basis. We saw that staff understood the risk to people and followed written risk reduction actions in the care plans. There were systems in place for staff who cared for people on a daily basis to input their observations on people's safety and welfare.

People were protected from risks posed by the environment because the provider had carried out assessments to identify and address any risks. These included checks of window restrictors, hot water and fire systems. The provider had contingency plans for staff to follow in the event of an emergency such as a gas or water leak. Staff were aware of these plans and what they needed to do. This enabled staff to know how to keep people safe should an emergency occur.

People's medicines were administered safely and as prescribed by their GP. Staff had been trained to administer medicines safely. Medicines were stored appropriately within a locked cabinet. We looked at the

medicines administration record (MAR) for two people and found that these had been completed correctly. There was a system to return unused medicines to the pharmacy. Protocols (medicine plans) were in place for people to receive medicines that had been prescribed on an 'as when needed' basis (PRN). Routine reviews by psychiatrist, community nurses, annual reviews by the GP and diabetic clinics were also evidenced where required. Those people who were deemed capable of managing their own medication had paperwork in place to show they were happy to devolve this responsibility to staff.

There were enough staff to meet people's needs and wishes in a timely manner. We saw there was always staff around for people to call on for assistance should they need to. People we spoke with confirmed this also. The service had no staffing vacancies and had a low staff turnover, this allowed for continuity of staff. This meant staffing numbers and the deployment of staff met the needs of people and kept them safe. This approach to care, protected people from avoidable harm.

We found thorough recruitment procedures in place. These ensured the staff had the right skills and attitude, and were suitable to support people who lived at the home. The provider checked whether the Disclosure and Barring Service (DBS) had any information which might mean a person was not suitable to work in the home; and checked staff references. The DBS is a national agency that keeps records of criminal convictions. We saw from staff records that they did not commence employment until all the necessary checks were completed.

Is the service effective?

Our findings

People told us they were happy with the way staff cared for them. One person said, "The girls are absolutely wonderful." Another said "I couldn't be in a better place if I was the Queen." A third person said, "When I was depressed the girls were brilliant, 100%, always there for me. Since being here my depression has lifted."

People were assisted to eat in a manner that encouraged them to have optimum nutrition. This included preparing diets that suited people's ability to eat safely. Soft diets were provided or pureed food where people had swallowing difficulties. The service referred people for an assessment with swallowing difficulties to the appropriate health care professionals and then followed their advice and guidance.

People with poor appetites were gently encouraged to eat. If people didn't like what was on the menu, staff offered an alternative. This showed people were supported and encouraged to eat a healthy and balanced diet that was suitable for their individual needs and personal tastes. However we saw that where people ate little or no food this was not recorded to check if it was relevant to people's health. Staff told us that while they did not record it they were aware if people had a late breakfast or if they had a poor appetite for more than a few days.

Most staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and the importance of acting in people's best interests. The assistant manager told us how they put the principles of the MCA into practice when providing care for people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed and decisions made in their best interests.

The 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.

The registered manager and senior staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. 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). We saw that they had done this appropriately and were in the process of assessing and referring a number of people for a DoLS assessment. At the time of the inspection the service was waiting the results of six applications. This meant that people's rights were protected.

Forms in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) were included in four people's care plans. These had been completed by the visiting GP in conjunction with people or their representatives. However, the papers on people's care plans were photo copies rather than the originals which the GP held. Senior staff said they would pursue this and get the originals to the service.

Those people without family or representatives had access to advocates who gave independent advice and acted in their best interest.

Staff told us they were happy working in the service and that they felt supported. One staff member said, "I love my job and I love caring for the residents they are like my family." One staff member said, "The seniors are great, always there if you need them." Another staff member said, "We are here to take care of people full stop. But if you have a personal problem they will look out for you."

New staff received induction training before they cared for people. This included time to get to know people through interaction and by reading all the information the home held on them, including care plans and risk assessments. There was no time limit on the induction, the emphasis was getting the care right and staff knowing what to do. Records we looked at confirmed that staff had access to a variety of training courses felt necessary by the provider and the local authority. This included assisting people to move safely and to ensure adequate infection control was in place.

The registered manager and staff confirmed staff supervisions and appraisals were taking place on a regular basis. Supervision is a supportive meeting held with a senior staff member and an individual or group. Staff said they felt supported and appreciated. They said the people were very appreciative of the care they gave and this made caring for people easy. All staff we spoke with were happy working at the Gables.

We saw staff were supported through team meetings. These took place regularly, and staff said they were very useful and good for keeping up with changes in care practices and training available. This meant that staff had been supported to deliver effective care to meet people's needs.

The service was visited regularly by the local GP and district nurse. People were supported to have good health. Opticians and staff who supported people to have good foot health visited the home on a regular basis. When people showed signs of ill health this was addressed. Good mental health was promoted and signs of deterioration were monitored and acted on.

Is the service caring?

Our findings

People told us staff were caring or very caring. One person said, "The girls are life savers." Another said following a recent episode, "[Carers name] stayed with me and looked after me with such kindness and gave me cuddles until I was well again."

A relative said, "I have always seen only kindness." Our observations supported this. We saw staff show kindness and compassion to people. For example, a person was sitting alone and seemed sad, we noticed that staff were aware of this and sat with them until staff were sure they were content.

People's independence was encouraged. For example, those people who were self-caring were encouraged to continue this and their ability to care for themselves was supervised in a discreet manner. People showed signs of being happy with their care. We saw people smiling, laughing and joking with staff and each other.

People told us staff always checked with them before starting their care. One person said, "Yes we have a chat first." We saw staff get people's permission before offering assistance, such as moving them into the dining room. Not all people we spoke with remembered if they were involved in care planning, however, all said they were happy with the care. Relatives were able to confirm that care planning was conducted in an inclusive manner. People who did not have a representative had access to an advocate service. This helped ensure their views were sought and where possible respected. At the time of the inspection no advocates were in use.

Staff created a pleasant environment for people to eat their lunch. Tables were set with table mats and condiments. They did this to encourage people to eat well and to enjoy the occasion and make lunch one of the highlights of the day. People told us they had a good choice when it came to food and that it was good. One person said, "Yes the food is good there is always something nice to eat."

Staff were kind and compassionate and continually got people's consent to care before they offered assistance. We saw staff ensured they knew people's needs and wishes before proceeding. We saw people smile to show staff got it right. People's skills were respected and staff encouraged people to do as much as they wanted, or could do.

People's independence was promoted. We saw people were encouraged to continue to do tasks if they wished. This included gardening and looking after the home's aviary. We saw staff were respectful and very much appreciated the efforts made to ensure the garden always looked its best. This made people feel appreciated. This approach meant people were more inclined to continue to perform tasks and to stay more independent.

Staff communicated with the residents effectively and used different ways of enhancing that communication including; by touch, ensuring they were at eye level with those residents who were seated, and altering the tone of their voice appropriately.

Is the service responsive?

Our findings

People had their needs assessed and a plan of care drawn up to assist staff to look after them. Two people said that the staff made sure they go through the care needed together so that the staff can be sure they were being cared for as they wished. The plans included information on people's care needs, how they communicated, behavioural and care needs and detailed how people wished to be supported. People and their relatives had also been included when the plans were developed and updated. This ensured the care delivered was what people wanted and took account of changing needs.

Care plans were easy to read and to follow. They contained clear and concise directions to staff on the delivery of care, how best to deliver it and how to keep people safe and well. Daily records on people's care and welfare were up to date and were fully completed. This ensured staff had up to date information on how to care for people. Staff were proactive in caring for people, for example, the records showed that people were provided with pressure relief mattresses and cushions to protect their skin from pressure areas.

As well as their care needs, staff were aware of people's interests and hobbies. The care plans also had a social assessment. This included what people's ambitions and dreams were, the routine they liked and how they wanted to celebrate their birthday. Therefore staff knew what was significant to people in assisting them to live well. There were specialised staff who ensured people were supported to pursue their hobbies and interests. Staff had also drawn up personal histories to enable staff to understand what was important to people. Care plans were reviewed and updated on a monthly basis or more frequently if there was a significant event in people's lives.

Some people were also supported with activities such as gardening and quieter activities such as reading. Families and friends were welcomed to the home at all times. This approach to care helped to ensure people had the opportunity to live a full life.

People were consulted on how the service was managed. There was a variety of ways of doing this. We saw minutes of a meeting held in August 2016 where there were discussions on acquiring a hamster for the service. We also saw this meeting was used for menu planning and outings to local attractions.

There was a complaints process in place. The provider was proactive in receiving feedback and open to listening and making changes, before they became a problem. Details on how to make a complaint were freely available. At the time of the inspection there were no outstanding complaints. The registered manager was available to people and staff and issues were resolved with minimum fuss without them escalating. People, relatives and staff confirmed this. The service had very many compliments on the way they cared for people.

Is the service well-led?

Our findings

The service had a registered manager. There was a method of reviewing aspects of the service in place. This included staff training, care plans, risk assessments, how people's medicines were administered and ensuring the environment was safe and hygienically clean. This approach to management of the service helped ensure people using the service had optimum care and their welfare was at the centre of how the service was managed.

The service had a learning culture. All staff were aware of the need for training and had an open mind to new learning. Most staff had a qualification in how to care for people. Staff felt their knowledge of people was respected and was included in the reviewing process. Staff said they appreciated being assisted to provide optimum care to people. This included an appreciation of the senior staff who were always on hand to guide them.

One staff member said, "A thank you from the residents is so nice and it makes us work all the harder to keep people happy." Another said, "I was missed when I was on holiday and this was lovely." A third said, "We have a great team and it's great. I would be happy for any relative of mine to live here." We saw the staffing group worked well as a team and ensured people received optimum care.

There were regular staff meetings. The staff meetings included how to keep people safe and how staff should respond should they have concerns about how people were cared for. This included ensuring staff understood their duty of care to people under the provider's whistleblowing policy.

Staff said that the registered manager was very approachable, supportive and receptive to new ideas. They spoke positively about working in the service and said that the team was really good and staff worked well together. This helped ensure people received care to match their needs and wishes.

The registered manager was aware of their duty to report incidents to CQC. A review of evidence held by CQC supported this.