

The Gables Care Home Ltd

The Gables Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 inspection visit took place on 18 September 2018 and was unannounced.

The Gables is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which we looked at during this inspection.

A registered manager was in place. 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.

The Gables Care Home registered under a new provider in July 2017. Consequently, this was their first inspection.

People who lived at The Gables and relatives we spoke with told us they were very happy with the care provided and staff were caring, compassionate and supportive. One person said, "They look after me really well and are so kind." Also, [Relative] is in the hands of people who really care and are so kind."

During the inspection visit we observed staff being kind and attentive to people in their care. They were caring, patient and respectful. Comments we received confirmed that.

People who lived at the home received their medicines on time and as required. Care records we looked at contained a medication care plan and risk assessment to inform staff about medication details for each individual.

There was a safeguarding procedure document on display. This gave people who lived at the home, visitors and staff information about who to report any concerns to. Staff told us they had received training in safeguarding vulnerable people and records confirmed this.

We found the building was clean and tidy. However, there were storage issues. For example, equipment was left in the hallway and wheelchairs in communal areas. These were potential hazards for people who lived at the home and put their safety at risk.

We have made a recommendation about the environment to ensure the safety of people was maintained and any obstacles and potential hazards were removed to reduce the risk of trips and falls.

Care plans we looked at were informative and up to date. However not all information was correctly recorded or detailed and put people at risk of not receiving the right care. We discussed this with the registered manager who informed us care planning was being reviewed to simplify systems and ensure all

information is contained in records of people who lived at the home.

The registered manager completed risk assessments to guide staff about the mitigation of risk to people who lived at The Gables. Completed accident forms with clear documentation about any injuries and measures introduced to reduce their reoccurrence were kept. Furthermore, the registered manager would look for any patterns or trends that would be addressed to ensure people were kept safe.

Staff had been recruited safely, appropriately trained and supported. They had skills and experience required to support people with their care and social needs. One staff member said, "There was good induction training here when we started."

The service had safe infection control procedures in place and staff had received infection control training. Staff spoken with confirmed they had been provided with protective clothing such as gloves and aprons as required. This reduced the risk of cross infection.

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

Care planning followed a person-centred approach and people told us they were involved in this process. We observed staff supported their human rights to good levels of family contact and supported them to meet their diverse needs.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have access to healthcare professionals and their healthcare needs had been met.

Staff had been recruited safely, appropriately trained and supported. They had skills and experience required to support people with their care and social needs. One staff member said, "There was good induction training here when we started."

There was a complaints procedure which was made available to people and their family when they commenced using the service. People we spoke with told us they were happy with the support they received from staff and the registered manager and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included staff and 'resident' meetings and satisfaction surveys to seek their views about the service provided.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their 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?

The service was not always safe.

Peoples health and safety were at risk because arears of the home were not safe. Obstacles and equipment were potential hazards.

Assessments were undertaken of risks to people who lived at the home, however not all information was contained to ensure people received the correct care.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

We reviewed infection prevention and control processes and found systems were in place.

Requires Improvement 

Is the service effective?

The service was effective.

People who lived at the home were consulted and gave their consent to care and treatment the service provided.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard and had knowledge of the process to follow.

Good 

Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

People who lived at The Gables told us staff were patient, sensitive and were available to spend time with them.

Good ●

Is the service responsive?

The service was responsive.

People participated in a range of activities which the service provided.

People's care plans had been developed to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and resolved.

Good ●

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability.

Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

Good ●

The Gables Care 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 Gables is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 18 September 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection on 18 September we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection planning we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection visit we spoke with a range of people about the service. They included four people who lived at the home, two relatives and the registered manager. We also spoke with, six care staff, the deputy manager and the owner of The Gables. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records of two people, recruitment and supervision arrangements of staff members and staffing levels. We also checked the care homes environment to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We found the building was clean and tidy. However, there were storage issues. For example, equipment was left in the hallway and wheelchairs in communal areas. These were potential hazards for people who lived at the home and put their safety at risk. In addition, people's bedrooms lacked storage areas to keep medical items such as incontinence pads and bedding out of sight so that people lived in pleasant surroundings. The registered manager informed us they would address the issues and look for alternative storage areas.

We recommended the registered manager and owner ensure communal and private areas of the home remain clear of obstructions that put people at risk of injury.

We looked at care planning for people who lived at The Gables following a new registered manager recently in post who had made changes to documentation in relation to information contained in care plans. This was to ensure all details about people's care was accurately recorded to make sure the right care, treatment and support was given.

Overall the three care plans we looked at were informative and up to date. For example, new consent to care documentation had been added. Care plans of people who lived at the home had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support and what input was required. However not all information was correctly recorded or detailed. For example we saw one person had recently required more support in terms of personal care. This had not been updated in their care plan and therefore put the person at risk of not receiving the correct care and support. We discussed this with the registered manager who informed us all care planning was being reviewed to simplify systems and ensure all information is contained in records of people who lived at the home. One staff member said, "We have much better care plans now and all would soon be updated."

We recommended the registered manager seeks advice to ensure all information is correct and up to date to ensure people were not at risk of unsafe care.

Staff comments confirmed they were satisfied with the numbers of staff on duty. One person who lived at the home said, "They do seem they have enough time to spend with us and always respond to me if I need something." Staffing rotas seen showed sufficient staff were deployed within the home. We observed a calm and relaxed atmosphere throughout the day of our visit. We noticed call bells and requests from people who lived at the home were responded to within a timely manner. One person who lived at the home said, "No-one is rushing around and staff are on hand to help if needed." We observed during the day staff made themselves available and were not rushing around the building.

We looked at how accidents and incidents were managed by the service. The registered manager had a record of falls, accidents and incidents. They detailed the nature of the incident, time and action taken to resolve it. There had been few accidents however, where they occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar events.

We looked at medication records and found people's medicines were managed safely by staff at the home. We observed staff who administered medication and found this was done in a safe way and at the correct time required. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines. Each person's care file held medication care plans, which provided good guidance for staff about their specific needs.

Staff recruitment files we looked at held required documents, such as references and criminal record checks, before they commenced employment. There was a record of induction training and evidence of training each employee had completed. One staff member said, "The process was very good and helped me settle in."

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required. We checked bedrooms and some rooms had faulty window restrictors. However, during the inspection, the registered manager had these fixed so that they were in working order.

We found staff had a good understanding of safeguarding procedures to protect people against abuse or poor practice. A staff member stated, "I know who to contact and the process to go through if I witnessed anything untoward." Procedures informed staff about contact details of relevant agencies should they wish to speak with them. Staff confirmed training around safeguarding issues had been completed and was ongoing.

The Gables had a clean environment. Personal protective equipment stations were available throughout the home, which provided disposable gloves, aprons and hand sanitiser gel. Training records showed staff had received infection control training to support them provide a clean hygienic environment.

Is the service effective?

Our findings

We looked at evidence the management team was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at The Gables received effective care because staff had a good understanding of their care needs. People who lived at the home and relatives we spoke with found staff were competent, skilled and knowledgeable. One person who lived at the home said, "The staff are always there when you need them for advice or just a general chat."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed during our visit people were not deprived of their liberty or restricted. We found good recordkeeping standards, such as capacity assessments and legal authorisation forms. We discussed the principles of the MCA with staff and found they were knowledgeable.

Care plan records confirmed an assessment of people's care needs had been completed before they moved into the home. Following the assessment, a plan of care was developed with the person at the centre of the discussions with family for staff to follow. These were currently being updated. A staff member said, "They are a lot better now." Care records contained information about people's current needs as well as their preferences. Consent had been agreed and signed for by the person or family member. We found documentation was there to confirm this.

Information was made more accessible to people who could not communicate their needs. This included easy read documents, such as meal selections. In addition, appropriate signage was displayed around the building to help people who lived with dementia. We also looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss.

We had a walk around the premises. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place to meet the assessed needs of people with mobility needs. However, parts of the building required updating to ensure the premises remained safe and comfortable for people who lived there. For example, one person who lived at the home said, "It does need redecorating." Also, a relative said, "The building does need doing up, but that does not detract from the wonderful care [relative] receives." We discussed the environment with the provider and registered manager.; They were in the process of putting together a programme of refurbishment. They informed us they would be addressing the issues with the building and timescales would be factored in the programme.

One of the bedrooms had a fire door exit with a shaded glass door with no outside view. This was not appropriate for a person to live in. We spoke with the registered manager and they were seeking advice from the fire department to change the door and ensure the person could see outside, live in pleasant

surroundings and remain safe.

People we spoke with were complementary about the quality of food and comments included, "The food is very good the staff do a good job." A relative said, "There is always plenty of snacks around when we come and visit and we are always offered some." We observed sufficient staff at lunchtime made themselves available to help people who required assistance. People were not rushed at meal times and there was a relaxed atmosphere in the dining area.

On the day of the inspection visit the cook was off duty. Staff prepared food and had information about people's dietary needs and these were accommodated. These included people who had swallowing difficulties. Where this was identified the service involved the 'speech and language therapy' (SALT) team. A staff member said, "We are only a smallish home so we can monitor food and drink intake and pick up if anyone is not eating well."

People's healthcare needs were monitored and discussed with the person as part of the care planning process. A relative we spoke with said, "They keep me informed of all [relative] appointments." Records looked at confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

We found staff received training and records we looked at confirmed each staff member had a programme of training courses. This was confirmed by staff we spoke with and evidence of training courses staff had attended. On the day of the inspection visit an outside trainer was training a group of staff in 'first aid'. We spoke with the group during their break and comments were positive. They included, "As you can see we get provided with outside companies with training which I prefer than sitting in front of a computer." Also, "Lots of training as you can see today." Training included, infection control, safeguarding adults, falls management and end of life care. In addition, had staff regular supervision and appraisal sessions. The sessions were a two-way discussion between the staff member and registered manager.

Is the service caring?

Our findings

We spent time when we arrived at breakfast time observing interactions between staff and people in their care. This helped us assess and understand whether people who used the service received care that was meeting their individual needs. We found staff were caring and attentive to people who required help. One staff member was supporting a person with their breakfast. They were polite and both chatted and laughed together. We spoke with the person who lived at The Gables later who said, "They are so nice and what they have done for me is fantastic." We saw people were relaxed in the company of staff and enjoyed the attention they received from them. Other comments from people who lived at the home and relatives included, "They look after me really well and are so kind." Also, [Relative] is in the hands of people who really care and are so kind."

We discussed care planning with people who lived at the home and two relatives, they felt involved in the support that was provided for them. One person who lived at the home said, "At first they went through things with me and kept me up to date."

People we spoke with confirmed staff treated them with respect and upheld their dignity. For example, when people required support with personal care or to visit the bathroom staff did so sensitively and ensured privacy for the person. During the inspection visit we observed this was the case. We observed two staff members help a person from their wheelchair to a lounge chair. They explained procedures clearly when they supported the person and checked they were comfortable throughout. They did so sensitively and both were laughing together throughout. A staff member said, "[Person] is great we have such a rapport and laugh together." We saw on many occasions during the visit staff respected people's privacy by knocking on their bedroom doors and waiting for permission to enter their room. They also called people by their preferred term of address which was recorded in their care documentation.

Staff received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. A staff member said, "We do have training in this area, it is important."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion and sexual orientation.

We spoke with the registered manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Documentation looked at for people included information about communication between staff and relatives, such as telephone calls keep them updated. People and their relatives said there were no visiting time restrictions, which they felt was highly beneficial to their relationships. One relative stated, "I come nearly every day and sometimes have something to eat. They are all so kind and supportive."

Is the service responsive?

Our findings

We found there was a programme of activities provided by staff at The Gables. This included games, outside entertainers and film days. Staff encouraged people to participate in group events. Also, one person had an interest that they wanted to continue to do. They said, "The staff have been brilliant and keep me occupied with what I want to do." Comments we received from people who lived at the home confirmed activities were daily and they were encouraged to join in or follow their chosen interests. One person said, "There is a lot going on like bingo, and film days." Another said, "They like to join in the staff and there is a choice. You can join in or just do your own thing. The staff are so good."

Staff told us they were encouraged to spend time socialising and had time to sit and chat with people. A relative said, "They always seem time to spend with people and are not rushed which is what I like." A staff member commented, "[Registered manager] encourages you to spend time with people, you don't feel rushed."

Records we looked at were detailed and staff used a person-centred approach to plan and support people. Care records contained physical, mental, social and personal health needs. One staff member said, "They are good records and are currently updating information." Also care documentation contained the person's history and preferences. These included people's wishes about personal care, preferred term of address and sleeping arrangements. Staff told us the more information provided help them get to know people better.

We found a review and update of people's care was undertaken on a regular basis. The registered manager fully involved them and their representatives in this process. This approach enhanced the home's personalisation of care to help people achieve their goals. One person who lived at the home said, "I go through all the care and support regularly. Without them I would have been not well at all. They have been fantastic."

The registered manager provided information in documentation to inform people about how to make a complaint if they chose to. In addition, the complaints process was available in the premises should relatives/friends require guidance. The policy included details about the various timescales and steps to take, as well as contact details for the Local Government Ombudsman and CQC. One relative said, "Never need to complain I know the procedure should I need to."

Care records held information about people's requirements in relation to their end of life care, which were monitored and updated to reflect any changes that were required. The registered manager's approach was strengthened by good caring staff. One staff member said, "We have had training in end of life care and aware of the principles of supporting families and the person with compassion." The registered manager was in the process of reviewing all care records and end of life to ensure high quality care and treatment provision at The Gables They sought the views of families with a very sensitive post-bereavement approach.

Is the service well-led?

Our findings

People who lived at The Gables and relatives told us they were happy with the way in which the home was managed. For example, we only received positive comments and they included, "What a difference [registered manager] has made." Also, "[Registered manager] has been so good and so supportive. A relative added, "[Registered manager] is always available and at the end of the phone if we need to speak with her."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager, her deputy and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service. For example, one staff member said, "[Registered manager] has brought structure and a sense of purpose to the home which is what we needed."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, infection control, environment and recently staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained. These were currently ongoing and further auditing systems were being introduced to monitor the home more efficiently. For example, care plans were in the process of being updated and audited on a more regular basis to ensure people received the right care for their circumstances.

Further monitoring systems included 'resident' and staff meetings. One staff member said, "They are useful and we do give our opinions on improvement." We saw evidence the management team provided people with the opportunity to discuss activities, meals and any suggestions. Staff also told us they were able to contribute to the way the home ran through these staff meetings, supervisions and informal discussions with the management team. They told us they felt supported by the registered manager and management team. A monthly newsletter had been introduced 'Gables News'. This document gave information about the home and forthcoming events and what had been improved to make the home better for people who lived there. One person who lived at The Gables said, "I like to read it."

Surveys about the quality of care delivery were distributed between family and people who lived at the home. Following survey results the registered manager would analyse outcomes and responded to any negative comments. However, from surveys completed, positive comments were received. Comments seen included, 'A very good caring home.' Also, 'The staff are really good and care in what they do.' In addition, a relative wrote, 'When health problems arise I am notified and told of the action taken.'

The service worked in partnership with other organisations to make sure they followed current practice,

providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.