

Review of compliance

Gabriel Court Limited Gabriel Court Limited	
Region:	East Midlands
Location address:	17-23 Broadway Kettering Northamptonshire NN15 6DD
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	Gabriel Court is a care home providing care and support for up to 44 older people, some with dementia and some with a mental health condition. Nursing care is not provided. Gabriel Court is owned and managed by Gabriel Court Limited. It is situated in the town of Kettering.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Gabriel Court Limited was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 22 December 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Residents and relatives were very positive about the care and support provided at Gabriel Court. Their comments included:

"Staff treat me with respect", "I go out when I want to, staff just ask me to tell them when I am going out." "I always have someone to chat to".

"I get all the help I need", "I have to have a special diet and staff make sure that I have what I need". "I know my mum is well looked after".

Residents told us that they felt safe and one commented: "I feel safe here, if there is a problem it is always dealt with".

What we found about the standards we reviewed and how well Gabriel Court Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Residents were treated with consideration, dignity and respect.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Care was planned and delivered according to resident's needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

Systems were in place to protect residents from abuse.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Staffing arrangements met the needs of residents.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Good systems were in place for obtaining residents' views about the service. There were also systems in place for the effective management of the service, but these had not been fully incorporated in the quality management policy.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Residents said that they were respected and could make decisions about activities they wanted to do. One resident said, "Staff treat me with respect", another said, "I go out when I want to, staff just ask me to tell them when I am going out."

We saw that a resident was collecting and delivering Christmas cards to other residents within Gabriel Court. The resident told us that she likes to help out and that staff provide opportunities for her to be involved in tasks within the home.

A resident told us that they have had opportunities to discuss their care and to give their views about the service provided. They said that residents meetings had been held and that one had been held recently. They said that they had been encouraged to give their views.

Other evidence

We observed staff speak to and treat residents with respect.

We saw that where residents had dementia and were not able to easily tell staff about themselves, information about their lives had been gathered from relatives. This provided staff with good information about residents' interests and things that were

important to them. Staff we spoke with knew about residents' interests and were able to talk with residents about them.

Minutes from a residents meeting showed that residents were kept informed about improvements and re-decoration and that they were involved in discussions about colour schemes.

Our judgement

Residents were treated with consideration, dignity and respect.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with seven residents and two relatives about the care at Gabriel Court. All told us that they were happy with the care. Their comments included: "I get all the help I need", "I have to have a special diet and staff make sure that I have what I need". "I know my mum is well looked after".

One resident we spoke with was pleased that there were other residents and staff around that they could talk to and commented "I always have someone to chat to".

We saw that one family had brought two children to see relatives. A relative told us that friends and family were always made very welcome. Other residents commented that they enjoyed seeing the Children visiting.

Other evidence

We looked at care records to see how residents' care had been planned. These records provided staff with the information they needed to care for people effectively. We saw that there was information about the need for staff to place meals to a resident's right side as the resident had only partial sight in their left eye.

We also saw a care plan for a resident with a mental health condition. This care plan provided staff with clear information about signs to look for that might indicate deterioration in their mental health. We spoke with two staff who had a good understanding of the needs of this resident.

We heard a resident insisting on having a particular type of chocolate biscuit with his morning drink. Staff were able to provide the particular type of biscuit and were aware that routines were important to this resident.

Risk assessments had been carried out and reviewed each month to check if residents were at risk of pressure ulcers, falls or if they had lost weight and were at risk of malnutrition. We saw that where residents had been identified as being at risk of pressure ulcers they had pressure relieving mattresses and cushions in place. Where residents had been identified at risk of malnutrition a care plan was in place detailing actions to take to reduce the risk. There was also information about individual food preferences.

We discussed with the manager arrangements for monitoring changes in residents' mental health. We found that referrals and advice had been sought from mental health professionals where appropriate. We spoke with two staff about the care that they provided to residents. They had a good understanding of residents' needs and the care and support that they needed to give them.

Our judgement

Care was planned and delivered according to resident's needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

One resident told us "I feel safe here, if there is a problem it is always dealt with". We asked three other residents if they felt safe and they said that they did.

A relative told us that if concerns were raised she was confident that they would be dealt with by managers.

Other evidence

We asked two staff what they would do if they witnessed abuse or if it was reported to them. They knew that there were policies and procedures available and were aware of their responsibilities to report any allegations to their manager. They were both confident that the manager would act on the concerns but also understood that if no action was taken they should speak to the service provider or social services. One staff member told us that the telephone number for social services was available to staff.

Both of the staff we spoke with told us that they had received training in safeguarding vulnerable adults from abuse.

Northamptonshire County Council safeguarding vulnerable adult team provided us with information which confirmed that the service provider and the registered manager had co-operated with them as and when necessary.

Our judgement

Systems were in place to protect residents from abuse.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We asked four residents if there were enough staff to meet residents' needs. They all said that there were. One resident told us that staff could not do enough for her. "You only have to ask". She told us that she had decorated her room with Christmas decorations and that staff had helped her to put up strings for Christmas cards.

A relative told us that there were always staff around and commented "I hear and see staff dealing with residents and they have a lot of patience -----"

Other evidence

During the inspection we saw that staff were available and responsive to residents' needs. We spoke with staff and residents who told us that there were enough staff on duty. Staff told us that most of the staff had worked at Gabriel Court for a long time and that there were not many staff changes which meant that residents had consistent care.

Staff told us that when staff had been off sick that arrangements had been made for other staff to cover the shifts and they were therefore rarely short of staff. This was confirmed on the staff rota.

A staff member told us that they have had training to help make sure they have the knowledge and skills that they need to meet residents' needs which included fire safety, movement and handling, dementia and mental health. She told us that she had received some training on mental health as part of a three day induction. We discussed

the training with the manager who advised that they were considering more in depth training for staff on dementia and mental health.

Our judgement

Staffing arrangements met the needs of residents.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not ask residents directly about quality assurance but their comments indicate that action was taken to maintain the quality of the service. One resident said "97% of staff are brilliant and those that aren't don't stay". We asked what he meant by this and he told us that the manager deals with any concerns that are raised.

Residents also told us that resident meetings were held where they had the opportunity to comment on the service.

Other evidence

We found that the systems in place to assess and monitor the quality of the service were mostly based on seeking the views of residents and their relatives. The service provider told us that he was at Gabriel Court on all seven days in the week and available to resident, relatives and staff. The registered manager worked five days a week and on alternate weeks, two days was at the weekend. Residents we spoke with all knew who the service provider and registered manager were. They all said that they would be able to raise any concerns about the quality of the service with either of them. We also saw that questionnaires had been sent to residents and that resident meetings had been held to seek residents' views about the service.

We discussed Gabriel Court's quality management policy with the service provider and the registered manager to establish what systems were in place to assess and monitor the quality of the service. We saw an annual development plan for quality improvement. The plan was mainly focussed on improvements to the premises and repair and

replacement of furnishings and equipment.

We also saw a quality management policy which referred to annual quality audits. We found that the quality audits referred to feedback from questionnaires sent out to residents but not any other audits, such as management audits. Records showed that where an incident had occurred, action had been taken to reduce the same risk for others.

Following our inspection visit we received additional information from the registered manager. This related to documentation and systems in place at Gabriel Court used as part of providing a quality service. The information included evidence to show that there were schedules for cleaning, that menus were planned, essential items purchased, that maintenance contracts were in place and that staff appraisals had taken place. There was also evidence in the form of audits to show that some aspects of the management of medication had been monitored. The additional information provided showed that appropriate systems were in place for the management of the service forming part of a quality assurance system.

Our judgement

Good systems were in place for obtaining residents' views about the service. There were also systems in place for the effective management of the service, but these had not been fully incorporated in the quality management policy.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Good systems were in place for obtaining residents' views on the quality of the service but these were not supported by a robust quality monitoring system.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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