

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Gabriel Court Limited

17-23 Broadway, Kettering, NN15 6DD

Tel: 01536510019

Date of Inspections: 14 December 2012
13 December 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Gabriel Court Limited
Registered Manager	Mrs. Rose Wonfor
Overview of the service	<p>Gabriel Court is a care home which provides accommodation and personal care for up to 44 people. The care home is situated in Kettering Northamptonshire. At the time of our visit there were 44 people resident at the care home. When we visited the provider told us that they did not carry out diagnostic and screening procedures or treatment of disease, disorder or injury. We have advised the provider to have these regulated activities removed if there is no intention to provide these.</p>
Type of service	Care home service without nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 13 December 2012 and 14 December 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We found that people were encouraged to express their views and make choices. A person who used the service said, "I like to spend time in my room and they respect that." A relative we spoke with said, "It feels like you are in your own home rather than in a care home because they are so caring."

People's care plans were detailed and took account of people's individual needs and how this would be supported. However we found that the provider needed to make improvements to ensure that the immediate needs of people who came to live at the home more recently were assessed and met in a timely way.

We found that the provider took adequate steps to protect the people they cared for and their carers from harm. The provider had adequate quality assurance systems which made sure the safety and comfort of the people they cared for were maintained and any problems quickly resolved.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 06 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. One person we spoke with said, "I like to spend time in my room and they respect that." People's lifestyle choices were taken into account. For people who could not easily tell staff about their lifestyle choices this information had been gathered from relatives.

There were regular organised activities. The two activities coordinators ensured that people who used the service were engaged individually and collectively in meaningful activities which kept people stimulated and occupied. On the first day we visited we saw that a number of people who used the service were taken to the local garden centre for an afternoon out which included a meal. The provider may wish to reorganise their activities schedules so these occurred more evenly throughout the day.

Carers knocked on people's doors before they entered their room and addressed them by their preferred name. A relative we spoke with said, "It feels like you are in your own home rather than in a care home because they are so caring." We saw carers speaking with and supporting people in a professional, sensitive calm and respectful manner. A visitor we spoke with said, "The care is wonderful, I have nothing but praise for the carers."

People were treated with dignity and respect. We saw and heard carers taking time to listen to people and respond to what they were saying in a supportive manner. A relative we spoke with said of the carers, "So many of them are young but they are very capable friendly and patient."

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

Our judgement

The provider was not meeting this standard.

People did not experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at four care plans. Three of these belonged to people who had lived at the home for longer periods and the other belonged to a person who had lived in the home for seven weeks.

The care plans for the people who had lived at the home for longer periods included an initial assessment of people's needs made by the registered manager or a senior carer and an analysis of their needs after they had come to live at the home. These plans identified individual needs and how these would be supported. We saw that care plans and risk assessments for these people which included personal and environmental risk assessments regarding people's welfare and safety were reviewed and updated on a monthly basis. Where necessary the appropriate professionals had been consulted for advice regarding people's individual care needs. We saw evidence of visits made by professionals such as the district nurse the doctor and the community psychiatric nurse. Daily records showed that these people were given the care and support needed.

The records for the person who came to live at the home more recently however did not have any written care plans or risk assessments. The registered manager told us that it was usual for care plans to be developed over a period of time as people's individual needs became clearer over time. We however did not see any interim care plans that addressed the immediate needs of this person which meant that care and treatment was not planned and delivered in a way that ensured their safety and welfare.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with three carers who knew how to respond to safeguarding concerns to keep people safe and promote their rights. Carers knew how to recognise the signs of abuse and knew who to report their concerns to. The manager showed us training records which confirmed that carers had undertaken training in safeguarding vulnerable adults from abuse. We saw that policies and procedures on safeguarding vulnerable adults from abuse were in place.

Carers had undertaken an awareness session on the Mental Capacity Act 2005 as part of a recognising suicidal tendencies course. We saw evidence of mental capacity assessments to provide care and treatment to people who could not make this decision themselves.

The provider had a whistle blowing policy. We saw that the provider had liaised with relevant healthcare professionals in maintaining the safety of people who use the service.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Carers received appropriate professional development. The provider had an induction programme for new carers. This was both in-house specific to the care home as well as an e-learning programme. Training records showed that carers had undertaken training in topics that was relevant to the needs of people living in the home which included recognising suicidal tendencies and mental health issues. The provider had a system to identify carers that needed refresher training.

Carers had regular supervision. We spoke with three carers and looked at their files. All told us that their induction scheduled training supervision and appraisals were up-to-date. The files we looked at confirmed this. One carer we spoke with said, " I am very happy working here. They treat us all like family."

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had an internal audit system to regularly assess and monitor the quality of service that people received. These included monthly service user care plan reviews, regular health and safety risk assessments, complaints and incident reviews and talking to people who lived at the home.

Views of people their families friends advocates and professionals were sought wherever possible during reviews of people's care and through a questionnaire. We saw the results of the most recent survey which was rated very positively. The provider held regular residents meetings where matters affecting the home such as setting the food menu and the activities schedules for people who used the service, the next social outing and staffing issues were discussed and agreed.

The manager told us that the nominated individual visited the home almost every day to monitor the quality of service and was also available to the people who used the service, relatives and staff during this time. Any identified issues for improvements were reviewed on an ongoing basis during these visits. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

The provider took account of complaints and comments to improve the service. People we spoke with told us that their views were listened to and that any problems were quickly dealt with. The provider had a system to record compliments received. One complement card said, "You and your staff are the stars on top of the Christmas tree" while another said, "...The home was warm and inviting. It was spotlessly clean and tidy and the residence was happy."

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: There was no interim care plans that addressed the immediate needs of people who came to live at the home more recently. This meant that care and treatment was not planned and delivered in a way that ensured their safety and welfare during this interim assessment period. Regulation 9 (b)(i)(ii)

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 by 06 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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