

Review of compliance

Dr E U M Minhas and Dr H A Minhas
The Gables Nursing Home

Region:	Yorkshire & Humberside
Location address:	231 Swinnow Road Pudsey Leeds West Yorkshire LS28 9AP
Type of service:	Care home service with nursing
Date of Publication:	April 2012
Overview of the service:	The Gables Nursing Home is registered to provide accommodation for people who require nursing or personal care, diagnostic or screening procedures and treatment of disease, disorder or injury for 23 older people, some who have dementia. It is a is an extended, converted three-storey building. People living at the home do not have access to the third storey. Most bedrooms are

	single but there are some shared rooms. Some rooms have en-suite facilities. Not all rooms have wheelchair access.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

The Gables Nursing Home 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 because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 11 - Safety, availability and suitability of equipment
Outcome 14 - Supporting staff

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 11 August 2011, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Some people who live in the home had dementia and we were not familiar with their way of communicating, so we were not able to gain their views. The five people we did speak with, over the two days that we visited, said they were happy with the care that they received. People told us that they felt safe in the home and that they were happy and comfortable living there. People said they were well cared for. Some people said they were involved in planning their care and had a care plan. They said that that if they were to raise any concerns these would be listened to and addressed. People told us that the home was comfortable and that the special equipment that they used, such as wheelchairs, hoists and walking aids helped with their independence and were comfortable. No one had any concerns about the safety of the equipment and they all said that staff were caring and competent when using the equipment. People also said that the cook was more than helpful and the food was very good. Nobody raised any concerns about the home when we visited. However, we did find some areas that need to be improved. These were mostly about people's care plans, risk assessments and care records.

What we found about the standards we reviewed and how well The Gables Nursing Home was meeting them

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

and supports their rights

Overall we found that the home is compliant in this outcome area. However, to make sure that this continues, there is a need to keep clearer records of the wound care that people receive, and to make sure that people's care plans, assessments and care records are improved. There is also need to show how people and their representatives are involved in planning their care.

An improvement plan is requested to ensure that compliance with this Outcome is maintained.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

Overall we found that the home is compliant in this outcome area. However, to make sure that this continues, there is a need to make sure that each person's risk assessment includes an accurate record of the specialist equipment that they use and the risks associated with their use.

An improvement plan is requested to ensure that compliance with this Outcome is maintained.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Overall, we found that the home was compliant in this outcome area. However, to make sure that this continues, there is a need to make sure that the management team are provided with enough time and support to prioritise the improvement work identified under Outcome 4, and make sure that incidents are reported to the Commission where necessary.

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 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

The people we spoke with were happy with the care that they received. They said that the managers and staff listen to what they say and treat them with courtesy and respect.

One person told us that they like swimming and the staff have arranged to go with them. Another person said, "They are very good to me."

Some people said that they had been involved in planning their care and that they had a care plan, others couldn't remember.

People used words like, nice, good and beautiful to describe the food. They told us there was always a choice and always plenty of food. One person said, "The cook can't do enough for you."

Other evidence

One of the reasons that we visited this nursing home was because we were made aware of concerns about the way staff were caring for one person, in treating their pressure sores. In response to these concerns the manager had put a new, detailed wound care plan in place. When we visited we met the person, who was very frail. We looked at the person's records and found that there was some evidence that the person's pressure sores were healing. However, the records of the care and treatment had not been completed as regularly or as consistently as they should be. The manager said that she thought that the wound care provided by the staff in the home was good, but the written evidence needed to be improved and this is an area that she has been working on with the staff team.

We looked at the care records for two people living in the home and found that they included information about people's needs. However, the files were disorganised and there were several assessments that were out of date, unnecessary, or incomplete. Although the care records did include people's social needs, information about their wishes and show how the staff should support people, it was difficult to find the most up to date and relevant information. There were also several different assessments about people's capacity to make decisions and about the Mental Capacity Act Deprivation of Liberty safeguards, which were not meaningful or helpful. The manager and the rest of the management team were aware of the need to improve people's care plans, risk assessments and care records and were working to make improvements. The manager told us that the team are auditing people's records, and updating and improving the care plans and the records around assessing the risks for people. She showed us the progress made with this so far. She also told us that she plans to make sure that people's important contact details were at the front of their files. The deputy manager told us that there is a need to improve the opportunities for people, or those acting on their behalf, to be involved in the planning and development of their care. A record of peoples' involvement also needs to be kept and an improvement action is made about this.

People's records did show that they have access to health care such as GPs and district nurses, dietician and optician. This was also confirmed by the people we spoke with.

Our judgement

Overall we found that the home is compliant in this outcome area. However, to make sure that this continues, there is a need to keep clearer records of the wound care that people receive, and to make sure that people's care plans, assessments and care records are improved. There is also need to show how people and their representatives are involved in planning their care.

An improvement plan is requested to ensure that compliance with this Outcome is maintained.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- * Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- * Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us

People told us that the home was comfortable and that the special equipment that they used, such as wheelchairs, hoists and walking aids helped with their independence and were comfortable. No one had any concerns about the safety of the equipment and they all said that staff were caring and competent when using the equipment.

Other evidence

One of the reasons that we visited the home was because we were made aware of concerns about the way that one person's special mattress was used and maintained. In response to these concerns the manager had reviewed the system that was in place to make sure that the equipment available was suitable for its purpose, properly maintained, used correctly and safely. When we visited we saw no evidence that the equipment used in the home (medical and non-medical equipment, furnishings or fittings) was unsafe or unsuitable or posed any risk of harm. We spoke with the manager, the deputy manager and the administrator. All said that there were no difficulties about sourcing, providing or maintaining equipment. The staff we spoke with said that, where necessary, they had training in how to use the equipment.

We looked at the risk assessments for two people and found that they did not always provide an accurate record of the equipment that people were using. One person's record showed that they had an air mattress, but did not provide details of the make or model or show the setting that the pump should be set at. Another person had a good record of the hoist that they use and of the sling that should be used. One person had a

risk assessment about the use of bedrails, but it had not been completed properly, or signed.

Our judgement

Overall we found that the home is compliant in this outcome area. However, to make sure that this continues, there is a need to make sure that each person's risk assessment includes an accurate record of the specialist equipment that they use and the risks associated with their use.

An improvement plan is requested to ensure that compliance with this Outcome is maintained.

Outcome 14: Supporting staff

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 competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People told us that there were enough staff and that they were caring. Comments included,

"Staff are good, caring."

"They come up every time I press the bell."

"The staff are excellent."

"Well trained and caring."

Other evidence

When we visited we observed that there was a quiet, relaxed atmosphere in the home. We saw staff giving people choices, and respecting people's needs and wishes. We saw staff maintaining people's privacy and dignity when care was delivered. People appeared relaxed and at ease when talking with staff.

We spoke with the staff on duty on the two days that we visited. They were knowledgeable about peoples' needs and preferences.

The manager is relatively new and the deputy manager has recently returned from maternity leave. They have identified several areas that need to be improved in the home, particularly around the systems for care planning, risk assessment and recording information about people's care. They have made some progress with these tasks. However, the manager is expected to spend some of her working hours on nursing tasks, so that improvement has been slow.

The manager came across as very committed to providing staff with opportunities for training. She has undertaken training to enable her to provide staff with moving and handling training. This training is provided over four days and includes risk assessment. The management team have had training in the Mental Capacity Act Deprivation on

Liberty safeguards and this training is being cascaded to the staff team in staff meetings. All staff had training in safeguarding people. Training in working with people with dementia was being provided. Care staff recently had training in mouth care and wound care, with more wound care scheduled for October. The homes administrator was undertaking a Level 5 Diploma in management and leadership. The manager told us that specialist training was being arranged, about working people who have suffered strokes.

The staff and managers we spoke with told us that there were regular staff meetings. All of the staff and managers we spoke with came across as committed and interested in improving the service. We met the owners of the home and they were very committed to the welfare of the people in the home. They told us that they try to make staff feel valued. That the strength of the home lay in the staff team and that people rarely left so there was a consistent team.

During the visit we found that the owners of the home did not report all significant events that occurred in the home to the Care Quality Commission under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This included the previous registered manager leaving and the new manager being appointed.

Our judgement

Overall, we found that the home was compliant in this outcome area. However, to make sure that this continues, there is a need to make sure that the management team are provided with enough time and support to prioritise the improvement work identified under Outcome 4, and make sure that incidents are reported to the Commission where necessary.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: People's care plans, risk assessments and care records need to be improved.	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The wound care records for each person do not always provide a sufficiently clear or detailed picture of the wound care that people receive.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: The wound care records for each person do not always provide a sufficiently clear or detailed picture of the wound care that people receive.	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Not all people who live in the home had a record that shows how they or those acting on their behalf are	

	involved when their care plans are created, reviewed and updated.	
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 11: Safety, availability and suitability of equipment
	<p>Why we have concerns:</p> <p>The risk assessments for each person do not provide a sufficiently detailed picture of the aids and equipment that people use or always address the risks associate with their use.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>Manager needs to be provided with sufficient management time in order to prioritise their work on the identified improvements of the service.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>The home has not reported all significant events to the Care Quality Commission under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.</p>	

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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