

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

The Gables Nursing Home

231 Swinnow Road, Pudsey, LS28 9AP

Tel: 01132570123

Date of Inspection: 29 November 2012

Date of Publication: January 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
Management of medicines	✗ Action needed
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Dr E U M Minhas and Dr H A Minhas
Overview of the service	The Gables Nursing Home is located in a residential area of Pudsey in Leeds and provides care, support and treatment to a maximum of 23 older people some, some who have dementia. Most bedrooms are single but there are some shared rooms. Some bedrooms have en-suite facilities.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Safety, availability and suitability of equipment	9
Supporting workers	10
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	11
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

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 looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 29 November 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke with five people who used the service to seek their views about the service provided. People said they were happy with the care and support they received. They said they felt confident to take any concerns to the manager and they made several positive comments about the staff. They said staff respected their privacy and dignity. People told us the care workers were supportive and the manager was approachable.

We saw the atmosphere within the home was relaxed and friendly and people appeared well looked after. We saw staff gave people time and engaged with them in a respectful, encouraging and patient way. Two people told us that there always appeared enough staff on duty and they never had to wait long if they required assistance.

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 23 January 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 privacy, dignity and independence were respected. Their 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

We used a number of different methods to help us understand the experiences of people who used the service. This was because some people had complex needs which meant they were not able to tell us their experiences. For example, we saw some warm and friendly interactions between people who used the service and staff.

One person told us that they had been able to look round before moving in to ensure it was the right place to live. They described the staff as patient, caring and kind.

People told us resident meetings were held and they were able to air their views and discuss any concerns.

We asked staff how they made sure privacy and dignity was promoted in the home. They told us there was a policy and procedure in place about how people were expected to be treated.

The care workers we spoke with said they always knocked on the door before entering a room. One care worker said they always spoke politely to people who used the service asking how they were and always said please and thank you. They also said before assisting people with personal care they explained what they intended to do and asked the person's permission.

The activity coordinator said they carried out reviews with people about activities they liked doing. This was to see if they were happy with what they were doing and to see if there was anything else they could provide. They felt that this was giving people choice which maintained their dignity.

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 experienced care, treatment and support that did not meet their needs or protected their rights.

We have judged that this has a minor 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 care plans for six people. Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. Some care records had information that showed risks to people had not been assessed properly, and some care plans and assessments had not been updated when people's needs had changed or significant events had occurred. For example, one person was known to be at risk of falls; however there were no fall risk assessment in place. Accidents and significant changes in people's health were not always recorded.

Care plans were not person centred and did not provide the care workers with sufficient information to provide personalised care. We found that care plans did not always give staff sufficient information about how to meet people's needs.

One person's care record showed that they had lost weight over a period of time. Although the person had been seen by the GP we did not see any evidence that staff had alerted them to the weight loss. Food and fluids charts were not available to ensure the person had adequate nutrition and hydration.

We did not see evidence that people or their relatives signed the care plans to demonstrate their involvement in the decisions contained within the care plans. Files were disorganised and some information were out of date, unnecessary, or incomplete.

The provider told us the manager had started reviewing the care plans and they were looking at engaging an outside consultation group to help make improvement to the care records.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because arrangements to manage medicines safely were not fully implemented and consistently adhered to.

We have judged that this has a minor 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

One of the reasons that we looked at this outcome was we were made aware of concerns about the way medication was managed in the home. The NHS medication manager visited the home October 2012 and found that several issues needed to be addressed. For example they found: Short courses of medication were not given as directed and not signed for once administered. Medication policy had not been updated and the temperature of the fridge was not recorded daily. The medication manager was due to visit the service again in due course. We observed staff giving medication at lunchtime and found that staff were giving people their medication, and waiting for people to take it, to ensure their health benefited from taking their medication.

We looked at some people's medicine administration record (MAR) which documented when people had been given their medicines. We found that some medicines were not always accurately recorded. For example, we saw that one person's record stated that they had refused medication on more than one occasion. We found that when the person had refused the medicine in the morning there was no evidence that staff had re-offered the medication at a later time. If people continue to miss their prescribed medication this might have a detrimental effect on their health. There was also no evidence that the service had informed the person's doctor of these repeated refusals, so that the doctor could determine whether anything more needed to be done.

Medicines administered to people who used the service were not always recorded correctly and it was not clear if some people were receiving their medication as required.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People are not risk of harm from unsafe or unsuitable equipment.

Reasons for our judgement

One of the reasons that we looked at this outcome was at the last inspection in August 2011 we found risk assessments did not provide a sufficient and detailed picture of the aids and equipment people used or addressed the risks associate with their use.

People spoken with told us they were happy and felt comfortable with the equipment used in the home. They told us wheelchairs, hoists and walking aids were always available when they needed them. They also told us they felt safe with the equipment the staff used and they were caring and new how to use the equipment.

We looked at a special mattress used by one person and found it was properly maintained, used correctly and safe. There were records of hoists and slings that people used. Staff spoken with told us they had had training and had received enough information on all the equipment they used in the home when supporting people.

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

One of the reasons that we looked at this outcome was at the last inspection in August 2011 the manager was not provided with sufficient management time in order to prioritise work.

The provider said this was no longer the case and the manager was being given all the help and support required to run the home. However, the manager was not on duty at the time of the inspection to confirm this.

People who used the service told us they liked the care staff and got on well with them.

The record of staff training showed staff were provided with training on essential subjects such as fire safety, manual handling, health and safety, infection control and food hygiene. We spoke with four care staff, they said they enjoyed working for the service and felt well supported.

We were told by the provider that staff meetings were held so that staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service. We saw evidence of this through minutes. The provider told us they visited the home regularly and was therefore able to discuss any concerns or issues raised by staff.

The provider told us individual staff training and personal development needs were identified during staff formal one to one supervision meeting with the manager. This was evidenced in records looked at.

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 activities	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
Diagnostic and screening procedures	How the regulation was not being met: People's care plans, risk assessments and care records need to be improved.
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures	How the regulation was not being met: People were not protected against the risks associated with medicines because arrangements to manage medicines safely were not fully implemented and consistently adhered to.
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 23 January 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
