

**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 Inspection: 29 July 2013

Date of Publication: August 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Gabriel Court Limited
Registered Manager	Mrs. Carola Rose Wonfor
Overview of the service	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 inspection there were 44 people resident at the care home.
Type of service	Care home service without 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 July 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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During our inspection we spoke with five people who used the service, four visitors and three members of care staff. We found that people had received care that was appropriate to their personal needs. A person who used the service said, "All my needs are taken care of. They help me with everything. A visitor told us, "My relative is looked after well. I like the care staff very much because they are very caring and attentive."

A health care professional who visited the home regularly said, "We work very closely with the care team here and they are attentive towards people's needs and work with us closely in maintaining their health needs."

People's care plans were detailed and took account of their individual needs. We found that the provider had made the improvements we asked them to make at our last inspection on 14 December 2012 and had made sure that the immediate needs of people who came to live at the home more recently had been assessed and met in a timely way.

We found that the provider needed to make improvements to the way the home was cleaned and maintained.

The provider had adequate quality assurance systems to ensure the safety and comfort of people who lived at the 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.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 04 September 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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

We spent time on each of the two lounges in the home.

People that lived at the home looked happy and settled. A person who used the service said, "I don't think for a moment you could get anything better than the care they get here. They care for us like family."

We found that people were engaged in activities and watched TV, chatted with visitors or sat quietly and read a newspaper or a book. During this time we also saw an activities coordinator engaged in individual activities such as memory games and card games with people that used the services. Organised activities that included playing board games, group engagement such as armchair exercises, bingo, flower arrangements, and sing along with a musician had been provided regularly.

Visitors were encouraged to participate in activities with their relatives. A visitor we spoke with said, "I take out my relative every Saturday for lunch and they love it and look forward to it." Another person we spoke with said, "I have just returned from the hairdresser with my relative. That outing into town does them a world of good." A visitor of a person that used the service said, "occasionally I have dinner with my relative here in the home. That gives us both a sense of belonging together." Another person said, "I play bingo together with my relative, and they love the excitement of the competition."

Care staff understood people's needs and their interests and interacted with them well. A care staff we spoke with said, "I make it my business to know about the people I care for. That way I ensure I can support them well." We saw staff assist people to the toilet. At lunchtime care staff accompanied people that needed support to the dining table. Where people needed help to eat their food we observed that they were supported by the care staff.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three care plans. These 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. We saw evidence of visits made by professionals such as the district nurse the doctor and the community psychiatric nurse.

We found that the provider had made the improvements we asked them to make when we last inspected on 14 December 2012 and had made sure that the immediate needs of people who came to live at the home more recently had been assessed and met in a timely way.

Daily records showed that people were given the care and support needed.

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

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### **Our judgement**

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The provider was meeting this standard.

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.

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### **Reasons for our judgement**

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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 care staff who explained what action they would take should they suspect any form of abuse had occurred. Training records showed that care staff had completed training relating to safeguarding, the Mental Capacity Act 2008 and in the deprivation of liberties safeguards.

The provider had safeguarding and whistle blowing policies. Contact telephone numbers for raising concerns on safeguarding and whistleblowing were available on the notice board in the manager's office. This meant that care staff had easy access to information they required if they needed to raise any concerns.

We found that the provider had worked with the local authority adult safeguarding team and ensured the safety of the people that lived at the home and acted on their specific instructions.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

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.

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**Reasons for our judgement**

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We looked around the home including the two lounges, communal bathrooms, wet shower room, toilet facilities and people's bedrooms. We found the home had adequate hand washing facilities. We saw evidence of personal protective equipment (PPE) in place and used as needed. This included the use of gloves, aprons and cleaning wipes.

We however saw that personal sinks in people's bedrooms the communal bathrooms and the wet shower room in the older part of the home were not clean. The carpet in a person's bedroom needed urgent replacement as it was worn and soiled. On the day of our inspection we found a persistent odour in the lounge in the older part of the home. This meant that the provider had not maintained good standards of cleanliness and infection control. The manager told us that the home currently had just one cleaner as the other cleaner was on sick leave. This had affected the way the home was cleaned.

The manager also told us that the home had a refurbishment plan which included sink and carpet replacements, redecoration and refurbishment of people's bedrooms, but could not provide us with a schedule of work with timescales as the person responsible for this plan was currently on holiday.

The provider subsequent to our inspection sent us a copy of their planned maintenance programme. This showed us that the worn and soiled carpet we found in a person's bedroom was due for replacement by the end of August 2013

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We looked at the files of two recently recruited care staff. These files contained a range of documents which showed that the provider had followed the correct procedures when they recruited staff.

Appropriate checks were undertaken before staff began work. New care staff had submitted an application for employment and had undergone a pre-employment interview.

We found that pre-employment checks which included a photographic identity check, references from previous employers, and a Disclosure and Barring Service (DBS) check had been carried out. The DBS check is a process of gathering information about an applicant's possible criminal activity and helps determine their suitability to work with vulnerable people.

New staff members were given a copy of their job description and had an induction when they first started work.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There was a process to regularly assess and monitor the quality of service that people received.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. These included a monthly review of care plans of people that used the service by the registered manager or a senior carer and a review of any associated risk assessments.

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 was in the process of sending out the 2013 questionnaire. People we spoke with told us that they could not think of any improvements needed at the home. A person told us, "I've no complaints everybody is smashing."

Regular meetings were held with the people who used the service and their relatives. These meetings discussed improvements to the service provided, menu plans and other issues that concerned the people that lived at the home and their welfare.

Staff meetings were held monthly and were used to discuss practice issues that affected the care that is provided to people who lived at the home. A staff member we spoke with said, "I love working here because the management listens to us." We saw evidence that issues regarding cleanliness had been identified during staff meetings. The provider may wish to know that it is important such discussions and any actions agreed are followed through at subsequent meetings and documented.

The provider took account of complaints and comments to improve the service.

The registered manager told us that the owner 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 during these visits. There was evidence that learning from incidents / investigations took place and appropriate changes were implemented.

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	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b> The provider had not maintained appropriate standards of cleanliness and hygiene in the premises where people lived. Sinks in people's bedrooms, communal bathrooms and the wet shower room in the older part of the home were not clean. The carpet in a person's bedroom needed urgent replacement. There was a persistent odour in the lounge in the older part of the home. Regulation 12(2)(c)(i)

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 04 September 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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

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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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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