

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: 13 November 2013

Date of Publication:
December 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Meeting nutritional needs

✓ Met this standard

Management of medicines

✓ 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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether The Gables Nursing Home had taken action to meet the following essential standards:

- Meeting nutritional needs
- Management of medicines

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, carried out a visit on 13 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke with one person who used the service and they said they had a good choice of food. They told us they had their preferred choice each morning of egg and mushroom sandwiches.

We found the provider had taken appropriate action to protect people from the risk of inadequate nutrition.

We found the provider had taken appropriate action to protect people from the risks associated with medicines.

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

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At the last inspection on 3 July 2013 we found appropriate arrangements were not in place to protect people from the risk of inadequate nutrition. Following the inspection the provider wrote to us and told us the actions they would take to become compliant with this outcome. We carried out this inspection to check that appropriate improvements had been made.

During the last inspection, we found a number of people were given jam sandwiches for breakfast despite there being no evidence in people's records that indicated a preference for jam sandwiches. At this inspection, we found the home had produced a pictorial breakfast menu to make people aware of the variety of choices which were available for breakfast. The menu included a choice of cereals, porridge, toast or a cooked breakfast. A manager told us that since the new menu had been introduced, people were now aware of the different options available and this had resulted in a wider range of food being requested. We spoke with one person who used the service who confirmed they had a good choice of food. They indicated to us that they had their preferred choice each morning of egg and mushroom sandwiches.

The provider had recently developed a winter menu which ran on a four week cycle. We saw this gave people the option of two main meals at lunchtime and a lighter option or sandwiches in the evening time. The menu was varied and included a range of different choices including meat, fish and vegetarian options.

We observed the lunchtime meal. We saw people were asked prior to serving which of the two options they wanted. We saw staff providing assistance for some people for example help with cutlery or chopping food up. Portion sizes appeared adequate and people were offered a second helping if they finished their plate. Throughout our inspection, we saw people were offered fluids such as juices to ensure they were adequately hydrated.

This showed us people were offered a choice of food and hydration in sufficient quantities.

At the last inspection, we found that following weight loss being observed appropriate

action had not always been taken. At this visit, we looked at three people's care records. In two people's records where they had lost weight, we found they had been referred to the dietitian. We saw advice from the dietitian had been incorporated into people's care plans to assist staff in delivering care. When we asked staff about the strategies used to help ensure these people received adequate nutrition, their responses matched the advice from the dietitian and with what was written in people's care plans. This showed us staff understood people's nutritional needs.

The deputy manager explained that some people in the home were weighed weekly and others monthly depending on the level of risk. We found weighing was generally done to the frequency specified with the care plans. However the provider may wish to note, we found one person who had recently lost weight and was to be weighed every two weeks, had not been weighed in over three weeks.

Where people were deemed high risk of poor nutrition we saw food and fluid charts were maintained. These were generally completed and the fluid total added up at the end of each day, so the nutrition and hydration of each person could be assessed.

We saw evidence prescribed dietary supplements were used to ensure people received adequate nutrition following advice from the GP/ dietitian. The chef explained to us, that they fortified some people's foods with cream and milk to ensure they were receiving enough calories to help them to maintain a healthy weight.

This showed us the provider had taken appropriate action to protect people from the risk of inadequate nutrition.

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At the last inspection on 3 July 2013 we found appropriate arrangements were not in place to protect people from the risk of unsafe management of medicines. Following the inspection the provider wrote to us and told us the actions they would take to become compliant with this outcome. We carried out this inspection to check that appropriate improvements had been made.

We found the service had implemented a new policy for the safe management of medicines. The deputy manager told us a pharmacist from the local Clinical Commission Group (CCG) had carried out a medication review for each person who used the service. This meant each person's medication was checked to make sure it was still appropriate to their needs. We saw evidence of this in the records we looked at.

The deputy manager told us the majority of the nursing staff had completed training on the safe management of medicines since the last inspection. This was confirmed by the training certificates we looked at. The deputy manager told us one of the nursing staff had missed the training because they were on leave, they explained the arrangements they had made for this person to have a training update when they returned to work.

At the last inspection we were concerned about the way the service managed medicines which were classified as controlled drugs. During this inspection the deputy manager explained they had introduced weekly checks on controlled drugs. They told us the controlled drugs cupboard was checked every week even when there were no controlled drugs in stock. We saw evidence of this in the records. This demonstrated the provider had taken action to make sure controlled drugs were managed safely.

At the last inspection we found the service did not provide clear guidance for staff on when to administer medicines prescribed to be taken on an "as required" (PRN) basis. During this inspection we found the service had introduced "PRN protocols" which instructed staff on how these medicines should be used. In addition, we saw more detailed care plans about the support people needed with their medicines were included in people's care records. This helped to ensure people received their medicines in the correct way when they needed them.

At the last inspection we were concerned that the medication administration records did not always provide an accurate record of the medicines people had taken. For example, we found one person had discarded their medication but this was not reflected in the records. During this inspection we found the records showed when people had refused or discarded their medicines. We saw the service had taken action to have medicines supplied in alternative formats to make sure people received their prescribed medications.

At the last inspection we found information about people's allergies was not always recorded on their medication administration records. During this inspection we looked at 12 people's medication administration records and found information about their allergies was recorded. This reduced the risk of people receiving medicines they were allergic to.

We checked a random selection of stock balances against the medication records and found they corresponded. However, the provider may find it useful to note it was sometimes difficult to check the stock balances against the records because some people had a number of different medication administration records which started on different dates. This was discussed during the inspection.

The deputy manager told us they had changed the way they managed topical medications, (creams). They said all prescribed creams were administered by the nursing staff and signed for on the medication administration records. We saw evidence of this in the records we looked at.

The service had a homely remedy policy. A homely remedy policy makes provision for people to receive a limited number of over the counter medicines, such as Paracetamol, without a prescription. The deputy manager explained the service was not using their homely remedy policy at the time of the inspection. They told us any medication which people required was prescribed for them.

This showed us the provider had taken appropriate action to protect people from the risks associated with medicines.

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.

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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