

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

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September 2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✗	Action needed
Cleanliness and infection control	✓	Met this standard
Management of medicines	✗	Enforcement action taken
Staffing	✓	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

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

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:

- Care and welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Management of medicines
- Staffing

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 3 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, talked with staff and talked with other authorities.

What people told us and what we found

We spoke with two people who used the service and the relatives of another person.

People who used the service said they felt safe and well looked after. One said the staff were "very nice people" and another said "I get on with all the staff". They said the home was "very clean and tidy". They said they could have visitors whenever they wanted, one said "It is a good home, I am fine here". One person said there had been a BBQ a few days before we visited which they had enjoyed. Another person said they sometimes got bored. During the inspection we saw staff engage with people on an individual basis on a few occasions but apart from that there did not seem to be much for people to do.

The relatives we spoke with told us they had no concerns. They said their relative was well looked after and they were kept fully informed. They described the staff as "brilliant". They said they had been visiting for many years and had seen the staff always treated people with kindness and respect.

We found care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. However, we found people did not always receive the right support to meet their nutritional needs.

We found people were cared for in a clean and hygienic environment.

We found there were enough suitably qualified and experienced staff to meet people's needs.

We found improvements were needed to the way people's medicines were managed.

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 11 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against The Gables Nursing Home to protect the health, safety and welfare of people using this service.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At the last inspection in November 2012 we found people did not always experience care, treatment and support that met their needs and protected their rights.

During this inspection we spoke with two people who used the service and another person's relatives. One person said "I have no complaints about the place, I am fine here, and my relatives can visit whenever they want." Another person said "I am very well looked after. The staff roll me every 2 hours to stop sores." The relatives we spoke with told us they were happy their relative was receiving the right care and treatment. They said they were kept fully informed about any changes in their relative's condition and were comfortable talking to staff if they had any questions or concerns.

We looked at five people's care records. We saw that people's needs were assessed and the assessments included areas such as communication, eating and drinking, mobilising, continence and personal hygiene. There was information about people's medical histories. The information obtained from the assessments had been used to develop care plans to show how people were being supported to meet their identified needs.

The provider may find it useful to note we found the care plan index was not correct in some of the files we looked at and the care plans did not have a title or heading which meant it was necessary to read part of the plan to find out what it was about. This could potentially lead to delays in people receiving appropriate care and treatment.

There were risk assessments in place for areas of potential risk such as pressure sores and falls and there were plans in place to show how these risks were being managed. For example, when people had been identified as being at risk of developing pressure sores there was information about helping them to change their position at regular intervals and when this was done it was recorded on "position" charts.

The records showed people had access to a range of NHS services. For example in one person's records we saw the tissue viability nurse had visited and given advice on

maintaining the person's skin integrity. The person's care plans relating to skin integrity had been updated following the visit and the advice they had given was included in the care plan.

There was evidence that people's mental capacity to make decisions had been considered.

There was evidence people's end of life wishes had been discussed and planned for. We saw when a decision had been made that a person would not be resuscitated in the event of a cardiac arrest this was recorded on the appropriate DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) forms and the records showed the decision had been discussed with the person or their representatives.

We saw the daily records made by staff were up to date and there was a separate record of the activities people had taken part in. The provider may find it useful to note the range of activities seemed to be somewhat limited and one person who used the service said "I can get bored sometimes, but then again doesn't everyone."

The staff we spoke with were able to tell us about people's needs and preferences and during the inspection we observed they were kind and respectful in their interactions with people who used the service.

This showed us the provider had taken action to make sure people's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of inadequate nutrition and dehydration.

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

Reasons for our judgement

One person who used the service said the food was "very good". However, we found people were not always given the right support to meet their nutritional needs.

Before we carried out this inspection we had received information which suggested people's choice of food at breakfast time was limited to jam sandwiches.

We arrived at the home at 08:35 and observed people having breakfast. We saw four people eating jam sandwiches and two people eating egg sandwiches, we also saw people being offered porridge. The staff we spoke with told us people were offered a choice of cereals, sandwiches and cooked breakfast. However, when we looked at the records we did not see anywhere that people had indicated a preference for jam sandwiches.

People's dietary preferences were recorded in their care plans and in a book which was kept in the kitchen. However, we found the information was not always the same in both places.

When we looked at people's care records we saw nutritional risk assessments were carried out and people's weight was monitored.

However, it was not always easy to get an accurate picture of a person's weight because of the way the records were maintained. For example, in one person's records their weight had been recorded on two separate charts, on one the last entry was dated 12 June 2013 and on the other it was 01 July 2013.

In another person's records we found two "weekly weight charts". One had entries dated 16 April 2013, 5 & 13 May 2013 and 12 June 2013. The other had entries dated 20 May 2013, 24 June 2013 and 01 July 2013. The records showed the person's weight on 16 April 2013 was 39.6 kg and on 01 July 2013 it was recorded as 30.6 kg, a loss nine kg. The person's nutritional risk assessment had last been reviewed on 14 June 2013 and stated the person "remains medium risk". The person's care plan relating to eating and drinking said they were reluctant to drink and needed encouragement, it also said staff

should speak to the person's GP about a referral to a dietician if there was any significant weight loss. We could not find any information in the person's records to show this had been done. We asked the deputy manager and they confirmed the person's GP had not been contacted about their weight loss. However, they said they had changed from using a "sit on" scales to a hoist scales when recording this person's weight and this might account in part for the difference. The deputy manager said they would make sure the person's GP was contacted immediately.

We saw that when people were identified as being at risk of malnutrition their dietary intake (food and drink) was recorded. However, when we looked at the records we found evidence that although this was being recorded it was not being monitored. For example, half of the fluid charts we looked at had not been added up at the end of the day to show how much people had been drinking. The charts for one person showed their fluid intake was not adequate. The fluid charts for seven days up to 01 July 2013 showed their fluid intake was consistently less than 1000mls (1 litre), it ranged from 250mls to 705mls. We discussed this with the deputy manager. They showed us evidence the person's GP had been consulted about their low fluid intake on 28 May 2013. However, there was no evidence to show any further action had been taken to address the fact that their fluid intake remained inadequate.

We found there was not enough information about what people had eaten to check their food intake was adequate. For example some entries said "had dinner" and did not provide any more detail.

This showed us the provider did not have suitable measures in place to make sure people were supported to be able to eat and drink sufficient amounts to meet their needs.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

One person who used the service told us "It is very clean and tidy".

The provider had an infection control policy in place however it did not state when it had been created or when it was due to be reviewed. The policy included information about hand hygiene, personal protective equipment, clinical waste and water hygiene.

Staff told us they had done infection control training, some said they had received their training by watching a DVD and others said they had attended a training session provided by the NHS infection control team. The training records showed the majority of staff had completed infection control training in the past year. However, the training records did not show which training staff had attended, (DVD or face to face) and they did not show when the training should be updated.

We observed staff using protective equipment such as gloves and aprons appropriately and there were hand washing and cleaning facilities throughout the home.

We looked around the home accompanied by the deputy manager. We found the home was clean and free of unpleasant odours. The laundry room was adequately equipped to meet the needs of the people who used the service and personal clothing was individually named.

There were separate staff employed for housekeeping, there were usually two staff on duty Monday to Friday and one at the weekend. There was also a part time laundry assistant who worked as an activities organiser and care assistant when they were not working in the laundry. There was a laundry service seven days a week.

This showed us the provider had suitable measures in place to provide a clean and hygienic environment for people and reduce the risk of cross infection.

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 the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At the last inspection in November 2012 we found people were not always protected from the risk associated with medicines because the provider did not have suitable arrangements in place to make sure medicines were managed safely.

The NHS Leeds Medicines Management Team had been monitoring the service since August 2012. They carried out unannounced inspections in August, October and December 2012 and in February and May 2013. Following the most recent inspection in May 2013 they told us improvements had been made but further improvements were needed in relation to the recording of "as required" and "refused" medication.

During this inspection we found that medication was only administered by nursing staff and they had attended training on 28 January 2013.

We looked at one person's medicines and found the stock balance was correct. However, the person's medicine allergies were recorded on the medication form in medication book but not on the Medication Administration Record (MAR). This could result in this information being overlooked and the person being prescribed a medicine they were allergic to. In the same person's records we saw they were prescribed a cream but this was not on the MAR. Therefore there was no record of when it was administered or by whom. The cream was kept in the person's room and not in the locked medication cabinet.

In another person's records we found their medication allergies which were recorded in the assessment section of their care plan were not on the medication chart or the medicines care plan. We checked three of their medicines and found discrepancies between the written record and the stock balance which the provider was unable to explain.

In another person's medication records we saw they were prescribed a medication to have

on an "as required" basis. However, there were no guidelines in place to tell staff when they should give this medication and therefore there was a risk the person would not receive their medicine when they needed it.

While observing care practices we saw one person refuse to take one of their morning medicines despite efforts by staff to persuade them to do so. However, when we checked the person's medication records we saw this medicine had been signed for as given. If people are refusing their medication their GP needs to be informed so that they can review their medicines, this cannot happen if the medication administration records are not accurate and this potentially puts people's health at risk.

The deputy manager told us no one using the service was prescribed medicines classified as controlled drugs at the time of the inspection. However, when we checked the controlled drugs cupboard we found medicines which had not been used since November 2012 and had not been destroyed. The person for whom these medicines were prescribed was no longer using the service. Keeping controlled drugs for excessive periods of time increases the risk of these medicines being abused. This risk was increased because there was no evidence that the controlled drugs had been checked since November 2012. This also called into question the effectiveness of the provider's arrangements for auditing medicines. The equipment for the correct disposal of controlled drugs was available.

The deputy manager told us a new medication policy was being developed and had been reviewed by the community pharmacist. We saw a copy of the policy dated 8 April 2013.

This showed us the provider did not have appropriate arrangements to manage medicines and therefore people were not protected against the risks associated with medicines.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

One person who used the service said the "Staff are very nice people" and another said "I feel safe here, definitely. I get on with all staff." We spoke with one person's relatives and they said the staff were "brilliant" and they were always made welcome. They said they had been visiting the home for several years and had seen the staff were always kind and attentive to the needs of the people who lived there.

There were enough qualified, skilled and experienced staff to meet people's needs.

There were 22 people who used the service when we carried out this inspection.

The day staff worked from 7.45am to 8pm and the night staff worked from 7.45pm to 8am. The nurse in charge told us the usual staffing numbers were one nurse and four care assistants throughout the day. At night there were two care assistants and one nurse on duty. We looked at the duty rotas for June and the planned duty rota for July and they confirmed this. There was a 15 minute handover period where the staff who were going off duty passed information to the staff starting their shift about the needs of people who used the service.

We saw the home employed approximately 40 staff and this included bank staff. The bank staff were used to provide cover for vacancies, holidays and absence.

The service employed separate staff for housekeeping, catering, maintenance and administration duties. This meant that nursing and care staff were available to meet the care, treatment and welfare needs of the people who used the service.

The staff we spoke with told us they had enough time to attend to people's needs. They said when staff were absent at short notice one of the off duty staff would usually work in their place. They told us they were given the training and support they needed to carry out their roles. They said they had training which was linked to the needs of people who used the service, for example, caring for people with dementia.

Throughout the day we observed staff carrying out their duties in a calm and orderly way and spending time with people who used the service.

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 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: The provider did not have suitable arrangements in place to make sure people were protected from the risks of inadequate nutrition and dehydration.

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 11 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.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 23 August 2013	
This action has been taken in relation to:	
Regulated activities	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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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