

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

Red Gables

59 Killerton Road, Bude, EX23 8EW

Tel: 01288355250

Date of Inspection: 12 February 2014

Date of Publication: March 2014

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

Respecting and involving people who use services

✓ Met this standard

Safety and suitability of premises

✓ Met this standard

Staffing

✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs L Difford
Registered Manager	Mrs. Suzanne Jayne Morrish
Overview of the service	Red Gables provides personal care to a maximum of 32 older people, some of whom may have a form of dementia.,
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Safety and suitability of premises	8
Staffing	9
<hr/>	
About CQC Inspections	10
<hr/>	
How we define our judgements	11
<hr/>	
Glossary of terms we use in this report	13
<hr/>	
Contact us	15

Summary of this inspection

Why we carried out this inspection

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

- Respecting and involving people who use services
- Safety and suitability of premises
- 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 12 February 2014, 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

Red Gables provided care and support to a maximum of 32 people. There were 23 people using the service at the time of our inspection. This was a follow up inspection to check if improvements had been made in the areas of non-compliance identified during the last inspection in September 2013. We found significant improvements had been made in respecting people's dignity and independence, the safety of the environment and levels of staff on duty.

We saw people's privacy and dignity were being maintained. We heard people who used the service being asked where they would like to sit and if they were warm enough. We heard people being given directions to the toilet facilities helping to maintain their independence.

The premises and environment were undergoing improvements such as the fitting of new windows and a new call bell system. The home was clean and tidy.

There was enough skilled and experienced staff on duty. People we spoke with told us they did not have to wait long if they needed assistance. Staff told us the staffing levels had improved and they enjoyed working at the home.

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

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.

Reasons for our judgement

We saw a consistent approach by staff in the way they involved people in decisions about their day and respected their dignity. There were people sitting in the lounge chatting with each other and with staff. We saw other people in their rooms spending time reading newspapers and doing puzzles. Since the last inspection a new call bell system had been fitted. This meant that, as every person who used the service had access to a call bell wherever they were in their room, staff were confident to let people spend time in their rooms if that was their choice.

We saw people speaking with staff, and approaching staff without hesitation. We saw staff had meaningful and appropriate conversations in the communal areas with people who used the service, and that they used language suited to the persons' understanding. We saw and heard staff ask permission and then explain what was going to happen when they provided care, such as when they were about to move somebody in a wheelchair.

We heard good evidence of person centred care and respect for the individual in terms of ensuring a person was able to have a bath in the evening as that was what they preferred.

When people who used the service were making their way to the dining room for lunch we saw staff were available to help but maintained a discreet distance to allow people to move freely and maintain their independence. People were not being rushed. We heard a staff member introducing a new resident to a person who currently lived at the home. The dining room was nicely laid for lunch with individual table settings.

We saw evidence that family/representative involvement in the development or review of care plans was beginning to happen. The registered manager told us, now staffing levels had improved, the senior care staff (care co-ordinators) had started to ask the person who used the service and/or their families to be involved in the review or development of their care plans. This included developing the descriptions of life histories and hobbies or interests of a person. It is important that information about life history is gained so staff can

understand a person's past and how it can impact on who they are today.

The registered manager told us people who used the service were consulted about proposed changes in the home, for example decorating of communal areas. We were told that when people's rooms were due to be decorated they, or their representatives, were asked about their preferred colour scheme and involved in the choice. We were given one example of a person who had recently chosen their own carpet for their room and flooring for their bathroom from swatches provided. The registered manager told us there had been a residents/relatives meeting in December 2013 when plans for the garden area had been discussed and peoples wishes taken into account. The minutes of the meeting were not available at the home on the day of the inspection.

The registered manager told us that now they had better staffing levels consideration was being given to signage and pictures to help people who had a form of dementia to find their way around the home and help to maintain their independence.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Red Gables was spread over two floors with access to the first floor via stairs or a passenger lift. The communal areas were all on the ground floor. They comprised a lounge, a dining room and a conservatory. A new call bell had been fitted since the last inspection. People who used the service could now use the call bell wherever they were sitting in their room.

Some rooms had en-suite facilities and each floor had communal assisted bathing facility and toilets.

The environment was homely. People's own rooms that we saw had been personalised with photographs and their own pieces of furniture.

The registered manager told us that all rooms were cleaned on a daily basis even if they were empty. Two domestic staff were on duty on the day of the inspection.

We saw there was an ongoing maintenance programme. On the day of the inspection we saw the maintenance man working on the refurbishment of one room and we saw a room that had been recently been refurbished. We saw that some new windows had been fitted and were told this was an ongoing process. We saw that some carpets had been replaced in people's rooms. The provider told us that eight had been replaced.

Following a fire officer visit after our last inspection we saw that work to ensure compliance with fire safety regulations was ongoing. The registered manager told us the fire officer would be carrying out a follow up visit to check improvements had been made and she felt sure the required work had been completed.

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

On the day of our inspection there were 23 people living at Red Gables. Staff told us staffing levels had improved recently and it made the home "better to work in". Another staff member said, "I really enjoy working here". The registered manager told us more staff had been employed and were currently on their induction programme.

On the day of the inspection, (morning), there was one care co-ordinator, four care workers, two cleaners, a cook and a kitchen assistant on duty. The registered manager was also on duty and said she could work on "the floor" if necessary. We saw there were two care workers on each floor. The care co-ordinator carried out the medicines round and then helped the care staff. We saw care workers asking her to come and look at a person who they thought was not well and we saw her carry out an admission of a person who had arrived for respite care.

The home was calm and organised and people were helped with their personal care at a time that suited them. We saw staff had time to chat with people as they were helping them to comfortable seating in the lounge for example.

The registered manager told us that although people were brought in to do activities such as fitness sessions, singers and a massage therapist there were currently no internal activities programme. She said that as soon as the new staff had completed their induction there would be enough staff to be able to devise and run an in house programme. We asked the registered manager to send us a copy of the programme once it had been developed.

The registered manager and staff we spoke to said there were training opportunities. Staff felt confident they would now have time to complete on line training or attend training sessions as the staffing levels had improved. The registered manager told us all but the new staff had attended a dementia awareness course. She said the quality and homecare manager would arrange the appropriate training for the new staff. We were told the quality manager kept the training matrix so was able to identify if any training was overdue and what needed to be booked.

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.

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.
