

Gables Residential Home Limited

The Gables Residential Home Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Gables Residential Home Limited provides personal and nursing care for up to 20 people. At the time of the inspection, 14 people were living at the home.

People's experience of using this service and what we found

People were protected from the risk of abuse and harm. Risks to people's health and safety were identified and safely managed. The cleanliness and hygiene of the premises was maintained to a good standard. There was the right amount of suitably skilled and experienced staff to meet people's needs and keep them safe. Medicines were managed well, safely administered and recorded accurately. There were systems in place for reporting accidents and incidents and learning from them.

On the arrival to the home we found that staff were not wearing face masks. The registered manager told us they thought that face masks were no longer needed. They explained the rationale as to why they had not been wearing masks. They showed us the risk assessments they had in place.

The registered manager understood their role and responsibilities and promoted a culture of learning and improvement. Feedback was consistently positive about the way the home was run. The registered manager, supervisor and operations manager were described as friendly, caring and supportive. Regular audits and checks were used effectively to measure and improve the quality and safety of the service. The views of people and others were encouraged, listened to and used to improve the service people received. There was good partnership working across the staff team and with other professionals leading to people receiving good outcomes.

Rating at last inspection

The last rating for this service was good (published 19 June 2019). At this inspection we found the home remained good.

Why we inspected

This inspection was carried out as the home had not been inspected since the 22 May 2019. We undertook this focused inspection to check the service was Safe and Well-Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Gables Residential Home Limited on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Gables Residential Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Gables Residential Home Limited is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the findings from the last inspection of 22 May 2019 to help plan the inspection and inform our judgements.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who lived at the home and two relatives.

We spoke with the registered manager, operations manager and three staff.

We reviewed a range of records. This included people's care records, medication records, two staff files in relation to their recruitment, maintenance records and a variety of records relating to the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. On arrival to the home we found the staff were not wearing masks. The registered manager told us they had contacted the Department of Health for advice about mask wearing. A risk assessment was in place for the home and for each person
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- The registered manager encouraged visitors to the home. We observed relatives and friends visiting people during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People confirmed they felt safe. One person told us, "I do feel safe here as the staff check me regularly." Another person told us, "Before moving here I had no confidence and I did not feel safe at home. Now I feel safe just being in the presence of the staff. It reassures me."
- Staff undertook training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns to the registered manager or appropriate authorities and were confident that action would be taken to protect people. One staff member told us, "I know any concerns would be taken seriously here."
- The registered manager showed us evidence that they had investigated any safeguarding concerns. The

had also raised concerns about the poor care people had received from other health and social care providers. This included poor discharges from hospital.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Assessing risk, safety monitoring and management

- People's care records continued to provide staff with information about risks to people and the action staff should take to reduce these.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken. The local fire brigade had visited recently to carry out checks of the home. They had made some minor recommendations.
- People had up to date Personal Emergency Evacuation Plans (PEEPs) in place, these described the support people would require in the event of a fire or similar emergency. Checks of fire equipment such as alarms, fire doors, lighting and fire extinguishers were completed regularly.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Health and safety checks were carried out by external contractors. This was in relation to gas, electrics, fire and water.

Staffing and recruitment

- There were sufficient staff on duty to provide the care and support people needed. The registered manager told us that staffing levels were determined in accordance with people's support needs.
- At the time of the inspection the home had six beds which were not occupied. The home continued to be staffed to full occupancy levels and the number had not been reduced.
- The registered manager had recently recruited two care staff and were managing well with staff retention. Staff helped to cover annual leave and sickness amongst themselves.
- The registered manager and supervisor also helped to cover any shortfalls. Agency staff were rarely used but had helped out in recent weeks due to staff sickness.
- We received good feedback from people about staffing levels. Comments included, "Yes the levels seem appropriate. We get to do lots with the staff. They work hard" and "I would say they have enough staff. We had agency staff a few weeks ago but they were nice."
- Staff spoke positively about staffing levels at the home. They acknowledged that the manager was recruiting more permanent care staff. Comments included, "The residents needs are quite low. We manage well with staffing levels. We all help cover the rota when staff are on leave etc" and "We have good levels of staff. We only have 14 residents, but the manager has kept us at the same levels."
- Recruitment procedures were safe. For example, pre-employment references were obtained and

Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were organised, and people were receiving their medicines as prescribed. The registered manager was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff members had been trained in the safe administration of medicines and were assessed as competent before supporting people with their medicines.
- Where people were prescribed 'as and when required medicines,' clear guidance was in place to ensure staff had information about when the medicines should be given.
- Appropriate management systems were in place to ensure medicines were managed safely. There were checks of medicines and audits to identify any concerns and address any shortfalls.

Learning lessons when things go wrong

- Systems were in place to monitor incidents and accidents in the home. These were analysed on a monthly basis for patterns and trends and action recorded where needed. This helped to reduce risks to people and further recurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff. Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation.
- The registered manager was clear in regard to the vision for the home. They valued the staff team what worked at the home and spoke passionately about providing a high standard of care to people.
- The registered manager was proud of the staff and all that they had achieved at the home over the past two years working through the pandemic. The operations manager had supported them to implement positive changes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to provide oversight of the quality of the home. The registered manager and operation managers completed a range of weekly and monthly audits. This included people's care records, infection control, medicines management, accident and incidents and the health and safety of the building.
- The operations manager supported the home and maintained good oversight. We were told the providers were also very much involved and visited the home. They also kept in regular contact by phone and email.
- Governance reports helped the registered manager to monitor the quality of care provided to people. It was evident through our conversations with the management team that providing a high level of care was important to them.
- The registered manager and operations manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought continuous feedback from people, their families and staff. This was through staff meetings, relative meetings and 'resident' forum meetings.
- As well as meetings the staff kept in regular contact with people's relatives by phone and email. One staff member told us they helped a person to communicate with their family weekly by video call.
- The home had a mobile phone chat group for relatives and friends. The staff kept the chat group updated with photographs of activities undertaken. Updates were also shared about the home. The day before the

inspection people had been involved in making a Christmas cake. The photographs were shared with the group of the people participating.

- Social media was used as a platform to engage with relatives and the general public about the home. Information about events and upcoming activities was shared.
- Relatives and friends were encouraged to be involved in the home and to support with activities. On the day of the inspection some relatives were helping to decorate the home ready for Christmas. They were also helping to prepare for the Christmas market which was also taking place the same day.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and important updates. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care. Working in partnership with others

- The registered manager encouraged candour through openness and transparency. The management team and the staff were clear about their roles and understanding of regulatory requirements.
- There was a culture of continuous learning and improvement. The registered manager kept up to date with developments in practice through working with local health and social care professionals. They had recently attended The Care Quality Commission webinars to keep them updated on the future ways of inspecting.
- The home worked in partnership with health and social care professionals to ensure people received support to meet their needs. This included the local GP surgery who were supportive of the home, district nurses, dementia wellbeing team, social workers and physiotherapists.
- Strong community links had been established by the registered manager. For example, they were part of the local area committee group. They also attended the local women's institute group where they spoke about the home and health and social care in general.
- The registered manager and some of the staff team had been nominated for local and regional care awards.