

Ms Margaret Morris

The Gables Private Residential Home

Inspection report

161 Morley Road
Oakwood
Derby
Derbyshire
DE21 4QY

Tel: 01332280106

Date of inspection visit:
17 May 2023

Date of publication:
22 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Gables Private Residential Home is a residential care home providing personal care and accommodation to people aged 65 and over. The service can support up to 28 people. At the time of our inspection 24 people were using the service.

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

Areas for improvement identified at our last inspection had been addressed. Improvements in the governance and oversight of the home were seen. People were protected from the risk of harm as assessments were undertaken and followed and staff knew the procedure to follow.

People were supported safely by staff as records were up to date and completed. This meant staff had guidance to support people safely. The home was cleaned to a good standard and free from environmental risks.

People were supported by trained staff that were recruited safely and their practice monitored by the management team. People were supported to take their medicines as prescribed.

People were supported to follow their dietary requirements and preferences. Where people were at risk of malnutrition and dehydration this was monitored, and referrals made to the relevant healthcare professionals. People were supported to access health care services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives, and staff were encouraged to feedback into the running of the service. Audits were undertaken on a regular basis to monitor the quality of the service and make improvements where needed. The management team worked alongside partner agencies to enhance the support provided to people.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 May 2022).

At our last inspection we found breaches of the regulations in relation to safe care and treatment, need for consent and good governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting these regulations.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection. 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 has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Gables Private Residential Home

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 Private Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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 and sought feedback from the local authority and commissioners. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the support people received, to help us understand their experience of receiving care and spoke with 4 people who lived at the home and 3 people's visitors. We spoke with 9 members of staff including the manager, deputy manager, care coordinator, 4 care staff, the housekeeper and cook. We reviewed a range of records. This included care records and medicine records. We looked at 3 staff files in relation to recruitment and training.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including audits and feedback from staff, people using the service and relatives.

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 requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not established systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care And Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from risk. Information regarding assessed risks were up to date and accurate. Guidance was in place in care plans to support staff to keep people safe.
- People were supported to maintain good skin integrity, as guidance was in place to support staff. People's skin condition was monitored on an ongoing basis.
- Referrals to external health professionals were made when needed to manage risks associated with people's assessed risk. For example, one person was being supported by the district nurse due to a decline in their health. Guidance was in place for staff to follow to ensure this person was repositioned on a regular basis to protect their skin from breaking down. Staff were also seen providing regular drinks and encouraging this person to drink and maintain hydration.

Preventing and controlling infection including the cleanliness of premises

At our last inspection we found the provider had failed to ensure that the service was clean, and that staff were wearing PPE correctly. This was a breach of Regulation 12 (Safe Care And Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Following concerns identified at the last inspection, the registered manager and staff team had taken action to improve the infection control practices at the home.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

The service was supporting people to receive visits in line with current government guidance.

Staffing and recruitment

- At the last inspection some recruitment documents were missing from staff files. At this inspection the provider followed safe recruitment practices. Pre-employment checks had been made before staff worked with people. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Sufficient numbers of staff were available throughout the day to support people.
- People and their relative's confirmed staff were available to them when needed. One person told us, "The staff are always checking on me, making sure I'm alright." A relative told us, "There are always staff around. They work hard and are always smiling and friendly."

Using medicines safely

- Some medicines had been handwritten onto medicine administration records (MAR). This was because the person had started to use the service after the monthly printed MAR had been received. Although no errors were identified, the handwritten entries had not been signed or countersigned. This is a good practice measure to show who had recorded them and who had checked these records were correct.
- After the inspection the registered manager confirmed they had liaised with the pharmacist to improve practice and promote safety.
- People were supported to take their medicines safely. We saw people were given time to take their medicine and this was done in their preferred way.
- Processes were in place for the timely ordering, recording and supply of medicines.

Systems and processes to safeguard people from the risk from abuse

- People were supported by staff who understood how to safeguard them from abuse. Staff confirmed and we saw from records they had received training about how to protect people from abuse. Staff understood the signs to look for and who to report to both internally and externally if needed.
- People confirmed they felt safe at the service. One person said, "I am very happy here and feel much safer than I did when I was at home on my own. All of the staff are lovely." A relative told us, their loved one was safe and said, "It is like one big family here. I don't have to worry, I know [relative's name] is safe and looked after."

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. The provider had taken action to bring about the necessary changes to improve the service.
- Practices were in place to monitor the improvements made and ensure any future actions were identified and addressed promptly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider had failed to ensure decisions were made in people's best interest and Deprivation of Liberty Safeguards were in place for those who lacked capacity. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and understood the principles of the act.
- Staff understood the support people needed to make decisions about their care, and this was reflected in their care plans.
- People were supported to make their own decisions and helped to do so when needed.
- The registered manager had applied for DoLS where required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's needs was completed prior to them moving into the service. Relatives told us they were involved in this process.
- Nationally recognised tools were used to monitor people's health and wellbeing. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk. These were used consistently to ensure people's needs were met.

Staff support, training, skills and experience

- People received support from trained staff. Staff were provided with training to enable them to support people effectively. Staff confirmed and records showed they received the relevant training to meet people's needs.
- New staff completed an induction and worked with experienced staff to understand and gain knowledge about the job role. Staff confirmed they were provided with supervision to monitor their performance and enable them to professionally develop.
- People's relatives told us they felt staff were competent. One relative said, "They are very knowledgeable about the residents here. They seem to know how to look after them."

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people were provided with drinks and snacks throughout the day.
- People told us they enjoyed the meals provided and we saw they were consulted about their preferences and that alternative options were available.
- Most people did not require any support with eating and drinking; however, some were at risk of malnutrition and dehydration. We saw the staff monitored and encouraged these people to eat and drink as needed.

Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to enable the staff team to provide consistent care.
- Records were maintained to monitor people's health and well-being and enable the management team to follow up on any concerns.
- The staff team worked with visiting healthcare professionals and had the relevant information to help support people's health and wellbeing.

Adapting service, design, decoration to meet people's needs

- People's rooms were decorated with personal belongings to make them comfortable with familiar items around them. People told us they liked their rooms.
- Lounge and dining areas were bright and comfortable, and people were able to choose where they spent their time.
- An accessible garden was available for people to use. This included seating areas and areas of interest, including an aviary.
- There was no shower room at the home. For people who preferred a shower to a bath this was achieved by using a shower attachment whilst seated over the bath. None of the people using the service were able to shower independently. The registered manager discussed plans to add a shower room to ensure this would be available for anyone in the future that could shower independently.

Supporting people to live healthier lives, access healthcare services and support

- People confirmed they had access to health care professionals. One person told us, "The doctor comes in if you need to see them." Relatives confirmed they were consulted and informed if there were any changes in their loved one's health.
- People were supported to access health care professionals such as chiropodists, opticians, and dentists. Everyone was registered with a local GP and had access to support from their surgery as needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- The needs of people using the service were met, including those with needs related to protected characteristics.
- People's care was personalised. People and relatives confirmed staff were responsive and support was tailored to their individual requirements.
- People and, where appropriate their relatives were consulted and involved in their care. Care plans were regularly reviewed to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.
- People or their family members had provided information about their lives, such as their family and work history, hobbies, and interests. This provided staff with insight in to the person's life to enable them to get to know the person.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had information regarding their communication needs, such as any visual or hearing aids required and if a person was able to communicate verbally.
- Staff communicated with people in their preferred way.
- The registered manager was able to explain the alternative formats that could be provided for written communication, such as large print or easy read.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- We saw and people confirmed staff would sit and chat with them and they told us felt they were respected.
- A range of events and activities were available for people to participate in. People told us they enjoyed the activities provided.
- Some people had visits from their faith representatives. The registered manager confirmed they were looking to organise some faith services at the home; as these were in place prior to the pandemic and people enjoyed them.

- Relatives confirmed they were always welcomed when they visited and invited to take part in activities at the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, and we saw complaints were addressed appropriately. Audits were completed to enable any patterns or trends to be identified.
- People knew how to raise concerns and were confident they would be dealt with properly. One person said, "I am sure if I had any complaint the manager would sort it out. She is very good."

End of life care and support

- There was an end of life policy in place and staff had completed end of life training.
- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had the opportunity to complete end of life documents with staff support, and discuss their preferences as to how they would like to be cared for at the end of their life.

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 requires improvement. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems had been improved to ensure the quality of the service was continuously monitored. This enabled the registered manager to identify issues and make improvements.
- A system was in place to review staffing levels based on people's support needs and we saw this was followed.
- A system was in place to identify any themes or trends occurring within the service, for example for complaints and reviewing accidents and incidents.
- Regular staff meetings were held for all departments and minutes of these were seen. These meetings kept staff up to date with any changes. The minutes included any actions agreed and the timescales for their implementation.
- There was a registered manager in post.
- Staff confirmed they received regular supervision to support them in their professional development and monitor their practice.
- Systems were in place to share information with staff, such as staff meetings and a handover at each shift. A communication book was also in place for staff to record important events or appointments.

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

- The registered manager understood their duty of candour responsibility. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People and staff were fully engaged and involved in the service.
- The registered manager was available, and people, relatives and staff confirmed they were approachable
- People and relatives were regularly asked about the care delivered; satisfaction surveys were completed; responses were positive.
- Staff meetings were held, and satisfaction surveys were also completed by staff and responses were positive.

Working in partnership with others

- The management team liaised with healthcare professionals to coordinate better care for people.
- Where changes in care were made, we saw staff had good communication systems in place to share information about people's needs.
- The service worked in partnership with other health and social care organisations, which helped to improve people's wellbeing.