

Mandeville Care Services Limited

The Gables Nursing Home

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

The Gables Nursing Home is a residential and nursing home that was providing personal and nursing care to 16 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People told us they were happy with the service. We received comments such as, "I feel much happier they (staff) are very very kind, "They always make sure we are sorted out", and "I was all over the place when I was at home, now I am here I certainly feel safe."

People were always protected against avoidable harm, abuse, neglect and discrimination.

People's risks were assessed and strategies put in place to reduce the risks.

People experienced positive outcomes regarding their health and wellbeing.

Staff received good supervision and training, which provided them with the knowledge and skills to enable them to provide good care.

Care was person-centred and focused on ensuring people with dementia lived independent lives. The care was designed to ensure people's maximum independence was encouraged and maintained.

There was a workplace culture that was open and honest. Staff told us they felt supported by the manager and they could speak with them at any time.

Rating at last inspection:

At our last inspection the service was rated Good and the report was published on (15 June 2016).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 caring?

Good ●

The service was caring

Details are in our Caring 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 Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

The Gables is a Nursing Home and provides residential and nursing care for up to 22 people.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

Our inspection was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We reviewed notifications and any other information we had received since our last inspection. A notification is information about important events which the service is required to tell us by law.

We spoke with the registered manager, the deputy manager, the owner of the service, four members of staff, and the activity coordinator. In addition, we spoke with four people who lived at the service and a visiting relative. We reviewed five care plans, and observational charts and each person's medicine chart. We also reviewed records relating to the quality assurance and other records relating to the way the service was run. We requested information from a professional who was familiar with the service.

We observed practice throughout the service and used a Short Observational Framework for Inspecting (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with said they were safe living at The Gables. We received comments such as, "I think the staff are all very nice, I am happy living here" and "Safe oh yes very safe they certainly look after you, I feel much happier now I am here."
- Staff we spoke with told us they had received training in safeguarding adults. They demonstrated the procedure to follow if they were concerned about people's welfare.
- We saw the providers whistle blowing policy and discussed this with staff we spoke with. Staff told us they knew what to do in the event of issues about the way people were supported or any problems with staff who worked at the service.
- The registered manager made referrals to the local authority safeguarding team when required.
- The service notified us, as required by law, when there were safeguarding incidents.

Assessing risk, safety monitoring and management:

- We saw risk assessments for people had been undertaken and recorded in people's care plans.
- Staff we spoke with understood the individualised support people required to reduce the risk of avoidable harm whilst still respecting people's independence.
- We saw that staff understood and respected people's preferences and which specific approaches enabled people to feel empowered.
- Staff demonstrated to us they were aware of how to safely respond to any emergencies.
- Premises and equipment were properly maintained. We saw that people had an evacuation plan in place in the event of an emergency such as a fire.
- We saw that fire risk assessments, Legionella risk assessments and equipment checks were monitored and updated.

Staffing and recruitment:

- The provider had systems in place to assess the suitability and character of staff before they commenced employment. We looked at recruitment files and found relevant documentation was in place which included Disclosure and Barring Service (DBS) checks.
- People told us and we saw that adequate numbers of staff were available to enable people to receive care and support that was not rushed. We saw staff were able to spend time with people in a meaningful way.
- Staff told us there were always enough staff to provide quality care for people. In the event of staff shortage, the provider used agency staff, however the registered manager said this was "very rare."

Using medicines safely:

- Medicines were managed appropriately by the service. We saw protocols were in place for administering 'as required' medicines. Some people had been prescribed controlled medicines. Some prescription medicines

are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. We saw correct storage and documentation was in place for these medicines.

- Medicine incidents were investigated by the registered manager and records were made detailing the error and lessons learnt.

Preventing and controlling infection:

- The premises were cleaned to high standards we saw a member of staff carrying out cleaning duties on both days of our inspection. There were hand washing facilities throughout the premises. Alcohol based gel was also available in wall mounted dispensers.
- Staff had completed infection control training and used personal protective equipment (PPE) when required such as disposable gloves and aprons.

Learning lessons when things go wrong:

- The registered manager completed "lessons learnt" records when things went wrong. We saw a falls incident audit was completed monthly by the registered manager to identify trends. Lessons learnt from the audit was recorded and acted upon using an action plan.
- Regular room inspections were undertaken to minimise any hazards which may have led to slips, trips or falls.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they had been involved in developing their care plan. We saw care plans were comprehensive, detailed and identified expected outcomes. Staff reviewed care plans with people and/or their relatives on a regular basis or when needs changed.
- We saw that areas of risk such as mobility, communication difficulties, eating and drinking, and skin care had been assessed and plans made to ensure people were safe and their freedom was not restricted.
- Where people had been identified as at risk of malnutrition the Malnutrition Universal Screening Tool (MUST) was used to assess and monitor people's weight and nutritional intake. In addition, a food chart was used in conjunction with the MUST tool to ensure people were receiving adequate calorie intake.
- If staff became aware of a decline in people's weight, action was taken. For example, offering additional calories or referring the person to the relevant healthcare professional such as a dietician.

Staff support: induction, training, skills and experience:

- Staff completed induction training and the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health care workers with the knowledge and skills they need to provide safe and compassionate care. Staff told us the training was good. One new member of staff told us, "I was shadowing a senior member of staff before I felt confident to work unsupervised. Evidence was seen of induction training completed, this included shadowing for two weeks and regular hands on observations during this period.
- We saw the registered manager was in the process of supporting a registered nurse with their revalidation.
- Records we viewed confirmed staff up to date with their training.
- Staff received regular supervisions to monitor their performance in their role. One member of staff told us how the supervisions allowed them to "express everything" and that they did not have to wait for a supervision meeting to raise any issues or concerns.
- Records we viewed confirmed supervision meetings were undertaken regularly.

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

- People told us the food was good. One person told us, "I am a vegetarian they give me a vegetarian option." We saw lunch time was calm and unhurried. Staff supported people when required. Some people chose to have their meal in their room.

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

- We saw the service involved a range of professionals when required to support people with their needs.

Referrals were made when required we saw Speech and Language Therapists (SALT) were involved in supporting some people who had difficulty with swallowing. The local GP visited on a regular basis or when people required an urgent visit.

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

- The layout of the premises was suitable to meet people's needs. The premises were an older style building that had been extended to accommodate further bedrooms. There was a lift and stair lift available to the first floor where there were further bedrooms and bathrooms. The home was clean and free from offensive odour. The grounds were well maintained and accessible to people.

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

- A range of professionals were involved in assessing, planning and evaluating people's care and treatment. We saw people were supported to attend appointments when required. This included podiatry, dentists and audiology appointments.
- Where people required support from other healthcare professionals this was promptly arranged and staff followed guidance provided by the professionals. For example, SALT guidance in relation to consistency of food.

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

- 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 Act 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Mental capacity assessments were completed when there was concerns relating to a person's capacity to make important decisions for themselves.
- Where people could not make their own decisions, a best interest decision procedure was used.
- We saw appropriate documentation completed to support this. Staff gave us examples of ensuring people were involved in decisions about their care.
- Records demonstrated staff knew what they needed to do to make sure decisions were taken in people's best interests if there were issues about capacity.
- We saw applications had been made appropriately and had been renewed when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People were treated with kindness and compassion. One person told us how happy they were living at The Gables, "Very very nice all the staff are lovely." We saw comments left by a relative, "The words thank you does not seem enough for everything you have done for [our relative]. Don't ever lose the friendly and caring manner. You have made The Gables a happy place to live."
- Staff we spoke with knew people's preferences. For example, the way they preferred to spend their day, how they liked to be addressed and the type of socialising they preferred. Staff used this knowledge to ensure people's preferences were upheld.
- The service promoted care practices in a non-discriminatory way where all people were valued as individuals regardless of disability, race, gender, or religious beliefs. We saw one person whose culture was respected and promoted. We saw that specific foods and religious services were arranged.

Supporting people to express their views and be involved in making decisions about their care:

- Staff told us and records confirmed people were supported to make decisions about their care.
- We saw regular reviews were held with people and their families to discuss any additions or changes to people's support needs.
- Relatives told us they were always updated on any changes to their relative's support needs. One person told us, "When my relatives visit they always have a chat with the staff." We saw comments from a family, "Whenever we were not there, members of staff endeavoured to spend time, however brief, sitting with [our relative] even during the night alongside their other duties."

Respecting and promoting people's privacy, dignity and independence:

- We observed good relationships between people and staff.
- Staff were able to explain how they maintained people's dignity whilst delivering personal care.
- We saw that staff knocked on people's doors and waited for a response before entering.
- Staff we spoke with showed genuine concern for people and ensured they were not discriminated against in any way.
- People were given choice and control in their daily routine and were able to spend their day as they wished.
- The service promoted equality, diversity and human rights and recognised that each person had their own uniqueness and had individual needs.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's individual needs were assessed before they came to live at The Gables. The assessment reflected people's mental, physical, emotional and social needs. This included their individual preferences to enable people to have as much choice and control as possible.
- The service met the Accessible Information Standard (AIS). The service had ensured information was available for people with communication needs because of a disability, impairment or sensory loss. We saw that people had access to information in a format which made understanding easier where needed. Notices were displayed throughout the premises relating to events taking place and other information about the service.
- Records we saw demonstrated that the service identified and recorded communication impairments, and information was provided to people in a way they could understand. This included use of pictures and symbols as alternative ways of communication.
- Care plans recorded the communication aids people required such as glasses and hearing aids.
- The service enabled people to take part in activities. The activity coordinator organised a programme of activities and events which took into account people's background interests and current abilities. We saw people engaged in activities on both days of our inspection. The service encouraged people to make choices about what they would like to do in their leisure time. We saw people could attend local leisure resources and forthcoming events. One person told us how they enjoyed trips out in the mini bus. We saw that church services were booked and the local youth group also visited the service. One comment we saw from a relative was, "The staff under the excellent management of [registered manager] always treated our [relative] with dignity and consideration despite his physical disability and deepening dementia. He was able to participate and enjoy the diverse afternoon activities with other residents."

Improving care quality in response to complaints or concerns:

- The service had a formal complaints procedure, and those using the service were supported to access this should they so wish. People told us they knew how to make a complaint. A copy of the complaints procedure was available within the service. The registered manager told us the service welcomed constructive comments or complaints from those using the service or their representative. We saw a complaints procedure displayed in the entrance of the service.
- Where a person was unable to express their views the service ensured an independent advisor or representative was sought. At the time of our inspection there were no complaints.

End of life care and support:

- The service supported people during the end of their life. This included support from the palliative care team. Staff we spoke with demonstrated they understood people's needs and were aware of good practice

guidance during the end of people's lives and respected people's wishes and beliefs. We saw the service had supported a person well at the end of their life prior to our inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibilities:

- Staff and relatives told us the registered manager and senior staff were visible and approachable. Staff told us the registered manager was very 'hands on' and would always help if required. One member of staff told us, "The thing I love about this home is that it is a small family unit." Staff we spoke with could relate to the service's core values and objectives. These were privacy, dignity, rights, choice, independence, fulfilment, security, respect and equality. They told us they could always approach the registered manager with any concerns or issues and they said they (registered manager) would always make time to listen to them.

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

- Staff told us the registered manager involved them in the service in a positive way, communicating clearly and frequently. We saw that regular meetings took place to ensure any changes to people's care and support were highlighted to all staff. Staff told us the meetings were vital in exchanging information and discussing care issues.
- Quality and governance checks were used to drive improvements. Audits were completed with actions and outcomes. Regular internal audits were part of the services quality assurance programme. Audits included care plans, medication, health and safety, infection control and housekeeping.
- Notifications were made to CQC within the required timescales.
- Any safeguarding concerns were reported to the local safeguarding team; accidents or incidents were reported using internal systems.

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

- The service involved people in all aspects of the day to day running of the service where possible. This included, menu planning, décor and activities. Cultural and religious needs of people living at the home were met. We saw one person who required specific food due to their culture and religious background were catered for. In addition, the staff sought advice and support from relevant religious or cultural centres and authorities as necessary. Regular meetings were held with people either in groups or on an individual basis. The meetings and discussions ensured people could share their views and opinions. In addition, the service fully involved people in the selection of new staff. Once shortlisted, applicants were invited to visit the service to meet the people living there. Feedback obtained from people following the meetings, was taken into account when selecting the new member of staff.

Continuous learning and improving care:

- The registered manager attended management meetings to share good practice and engage with other managers.
- Where appropriate the service acted on people's comments and feedback on the way the service was run and the care provided. Where this was not possible with some people, due to a cognitive impairment, attempts were made to gain feedback through the person's relative. This was a valuable tool to work towards on-going quality improvements.

Working in partnership with others

- The service developed links with local community groups. These included local schools and colleges, university students, palliative services and the local GP.
- The service had strong links with local churches who provided worship within the service on a regular basis. We saw positive comments from the local college following student placements. "Thank you so much for taking our students on placements with yourselves this year. As you know student placements are a very important part of their health and social care course in helping them prepare for a career in the care sector. Without your help and support our students would not have the opportunity. Letters of appreciation from past students included, "I really had a fantastic time and learnt so much along the way." The registered manager told us one of the past students went on to study medicine and became a doctor.