

Karamaa Limited

# The Gables

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Gables is a residential care home providing personal care for up to 24 older people, some of whom may live with Dementia. The service was supporting 23 people at the time of the inspection.

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

People were safe from abuse. Care plans and risk assessments were in place for all people. Staff were recruited safely. The infection control practices were good.

There was a long gap between meal services. Staff did not receive regular supervision however did feel supported by the management team. The registered manager was overseeing a programme of redecoration for the home. People's needs were assessed prior to moving into the home.

Systems were in place to regularly audit people's care plans. People, their relatives and staff felt listened to by the management team. People were involved in the running of the home and able to share their views. People had appropriate access to healthcare professionals.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 22 March 2021)

### Why we inspected

The inspection was prompted in part due to concerns received about the safety of people using the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# The Gables

## 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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Gables 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. The Gables is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 spoke to and sought feedback from the local authority. 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 spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with six care staff, the registered manager, deputy manager and the director. We also spoke with two professionals from the local authority.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection we received information from members of the public concerned for the safety of people living in the home. During this inspection we found no evidence people were at risk of abuse.
- People felt safe in the home. One person told us "Yes, I feel safe here."
- Staff we spoke with were aware of the different forms of abuse and how to identify signs of abuse. Staff were trained to recognise the signs of abuse and records confirmed this.
- The registered manager was aware of their responsibility to keep people safe.

Assessing risk, safety monitoring and management: Using medicines safely

- Care plans and risk assessments were in place for all people. Staff used the information to guide the care they were providing. Staff we spoke with were aware of people's needs.
- The registered manager ensured risk assessments were thorough and considered all known risks to people. Where risks were identified, control measures were in place to mitigate future risk.
- Risk assessments were regularly reviewed and updated to reflect people's changing needs.
- The registered manager ensured medicines were managed safely. Staff had been trained to safely administer medicines and records confirmed this.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks had been completed including requesting references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager was responsible for ensuring all new staff completed an induction training programme. The induction programme included shadowing opportunities and training specific to people's needs. Staff we spoke with told us they had completed induction training and told us it prepared them well for the role.
- During our observations, we were assured there were enough staff on duty to meet people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The registered manager had ensured people maintained contact with their relatives. A system had been implemented to allow people to safely have visits from people important to them.

#### Learning lessons when things go wrong

- The provider had a clear system in place to manage incidents affecting people's safety. Systems were in place for the registered manager to investigate, monitor and share any lessons learnt.
- Staff we spoke with understood their responsibilities to report any concerns following the providers policy.

# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Some staff told us they had not received regular, formal supervision from their line manager. However, informal supervisions happened often. Staff told us they felt supported by the registered manager and the deputy manager.
- Despite this, staff we spoke with felt supported by the registered manager and deputy manager. One member of staff told us, "The management are very supportive."
- The registered manager ensured staff completed regular training specific to people's needs. Staff completed a wide range of training including but not limited to dementia care, person centred care and mental capacity. This meant people were cared for by staff who knew how to meet their needs.

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

- We observed the breakfast mealtime service. We saw this meal was given late in the morning. Some people were asking staff for food. We spoke to the registered manager about the timings of the meal service. We were told that people were offered food and drink when they woke up in the morning, we saw evidence of this. The registered manager agreed to work with people and the kitchen staff to improve timings of meal services.
- Staff were aware of people's specific dietary requirements. People's meals were prepared in line with these needs. We observed staff supporting people with meals in a way that was appropriate to them.

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

- People lived in their own private rooms. There was a lack of photos or memorable items specific to the person outside of their room. This increased the likelihood of people becoming confused when locating their own rooms. Despite this, people were able to orientate themselves within the home. We spoke to the registered manager who agreed to address the issue.
- Some areas of the home needed renovation. The registered manager was aware of this and was overseeing a programme of redecoration for the home at the time of our inspection.

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

- The registered manager ensured people's needs were assessed prior to moving into the home. Assessments included information about people's health needs, personal history and preferences among others.
- Care plans were reflective of people's assessed needs. This meant people received care personal and specific to them.
- Staff we spoke with knew people well. Staff were able to describe people's needs and preferences and

their role in meeting them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from external healthcare providers when needed. Care records evidenced staff worked closely with other professionals to ensure people received the right support for their needs.
- One visiting professional told us, "[Person] has improved lately and it's all down to the home. The staff want to work with me and are quick to respond. This is one of the homes I enjoy coming to."
- Staff we spoke with knew what to do if they had concerns about a person's health.

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

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of their responsibilities regarding DoLS. The registered manager had a robust system in place to monitor the DoLS process.
- The registered manager had ensured people's capacity was regularly assessed. Where the provider believed a person to be lacking capacity, appropriate steps had been taken to support the person.
- We observed staff seeking consent from people when providing care.

# 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 the rating has changed to 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

- At our last inspection we found care plan audits were not always effective in identifying where care records had not been updated. During this inspection, we found improvements were made.
- The provider had systems and processes in place to regularly audit people's care plans. We looked at these audits and saw they were effective in identifying where improvements were needed. We saw the registered manager ensured these improvements were made in good time.
- The registered manager and deputy manager carried out competency checks on staff to ensure they were delivering good quality care for people.
- The registered manager carried out reviews of all individual accidents and incidents. This meant there was an opportunity to identify trends or themes and implement changes to reduce the risks to people.

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

- People and their relatives told us they felt listened to and the registered manager was approachable. One person told us, "I like it here, the staff are very good; You can talk to them." Another person's relative told us, "The staff are great, they know what they're doing."
- Staff told us they enjoyed their work and felt supported by the registered manager. One member of staff told us, "[The registered manager and deputy manager] are always there if you need them. They're very good."
- The registered manager and deputy manager held regular staff meetings. This meant care staff were able to share their views on the service. Staff we spoke with told us they felt listened to.
- The management team understood their responsibilities around the duty of candour. There were policies and procedures in place to guide staff. The registered manager told us they understood their responsibility to be open and honest with people when things go wrong.

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

- The registered manager ensured people and their families were involved in the running of the home. We saw residents' meetings were chaired by the registered manager. During these meetings people were able to share their views on the service and suggest improvements. We saw actions were taken by the registered

manager and improvements made.

Working in partnership with others

- The registered manager and staff ensured people had access to appropriate professionals involved in their care.
- We saw key information regarding people's care and treatment had been appropriately shared with other services. This meant people's care needs were met and cared for holistically.