

Amicus Care Limited

# The Gables Care Home

## Inspection report

37 Manchester Road  
Buxton  
Derbyshire  
SK17 6TD

Tel: 0129870567

Date of inspection visit:  
16 August 2018

Date of publication:  
14 November 2018

### 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

We inspected The Gables Care Home on 16 August 2018. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This was the first inspection since the service was re-registered following a change of provider in 2017.

The Gables is registered to provide support for up to 23 people. On the day of our inspection there were 17 people using the service, including one person who was in hospital.

The service was last inspected on 9 and 16 January 2017. Concerns were identified regarding risk management, inadequate staffing levels and ineffective quality monitoring systems. People did not receive personalised care that was responsive to their needs and the service was rated 'Requires Improvement' overall. At this inspection, we found necessary improvements, in these areas, had been made.

There was a registered manager in post, who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care and support from staff that were appropriately trained and competent to meet their individual needs. Staff received one-to-one supervision meetings with their line manager.

People's needs were assessed prior to them moving into the service and improvements were being made in this area. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

People were placed at potential risk as staff recruitment procedures were not consistently followed and appropriate pre-employment checks had not always been made.

There were policies and procedures in place to guide staff on how to keep people safe from harm and staff showed a good understanding of their responsibilities.

People were supported with patience, consideration and kindness and their privacy and dignity was respected. People were protected from potential discrimination as staff were aware of and responded effectively to their identified needs, choices and preferences. People's individual communication needs were assessed and they were supported to communicate effectively with staff.

Systems were in place to ensure medicines were managed safely in accordance with current regulations and guidance. People received medicines when they needed them and as prescribed.

The registered manager worked in partnership with health and social care professionals to ensure people received appropriate healthcare and treatment in a timely manner. People could access health, social and medical care, as required.

People and their relatives confirmed that staff sought permission before offering care. Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider met the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Systems were in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views regarding their care and staff were responsive to their comments.

## 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.

Staffing levels were sufficient to help ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Concerns and risks were identified and acted upon.

### Is the service effective?

Good ●

The service was effective.

People's needs were not consistently assessed prior to them moving into the service.

People were supported to access health services, as required, and they received care from staff who were appropriately trained.

The provider was working in accordance with the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate and treated people with dignity and respect.

People's diverse needs were respected and they were encouraged and supported to lead as independent a life as possible.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people and their relatives felt able and confident to raise any issues or concerns.

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

The service was well led.

Staff felt valued and supported by the registered manager, they were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

Quality monitoring systems in place. Analysis of incidents and accidents helped drive improvement.

**Good** 

# The Gables Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 August 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services.

Before the inspection, we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted relevant commissioners of adult social care services and Healthwatch to request their views of the service provided.

We spoke with four people who used the service and four relatives. We also spoke with three care workers, the acting assistant manager, a director and the registered manager/director. We also received feedback from one healthcare professional. Throughout the day we observed care practices, the administration of medicines and general interactions between people who used the service and the staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

## Is the service safe?

### Our findings

During our previous inspection, in January 2017, we found there were insufficient staff to consistently respond to people's needs in a timely manner. Risk assessments did not always identify risks to people's well-being and referrals to appropriate agencies were inconsistent. At this inspection we saw necessary improvements had been made and systems had been put in place to address the identified shortfalls.

People said they felt comfortable and safe at The Gables Care Home and relatives we spoke with thought the service was a safe environment for their family members. One person told us, "Oh yes, I'm nice and safe here, everyone is safe here and nobody falls." They went on to explain that the new owners had invested in an electric standing aid which they described as, "A very safe way of helping me move from the wheelchair." They said two staff always operated the new standing aid and they felt, "It's much better and safer than the 'Rotunda' that they (staff) used before." Another person said, "I feel safe enough here and there are always staff around, 24 hours a day."

During our inspection we observed there were sufficient staff deployed and nobody had to wait for assistance. Call bells were answered in a timely manner and we saw staff spend time with people they supported and people appeared comfortable and relaxed. One member of staff told us, "Hand on heart, people here are safe." The registered manager told us that since the last inspection they had implemented a new dependency tool which ensured staffing levels reflected people's assessed needs. They also confirmed at night there were now two waking night staff, as opposed to one waking and one sleeping-in person, as there had been previously. This was supported by staffing rotas we looked at and demonstrated there were sufficient staff deployed to meet people's care and support needs and help ensure their safety.

The provider had effective arrangements in place for the safe management of medicines. Since the previous inspection a new, bespoke medicine room had been created. This had various safety features, including an alert lighting system and non-touch sensor taps, to help ensure people's medicines were stored, administered and disposed of safely. People and their relatives we spoke with were satisfied medicines were well managed and administered in a safe and timely manner. Medicines were administered to people by staff who had received the appropriate training. We saw all medicine records were filled in correctly, there were no gaps and all contained a photograph of the individual. There were comprehensive protocols and detailed instructions in place for 'as required' medicines and we saw there were signature sheets appropriately signed, to show such medication was given as prescribed. We saw any allergies were recorded and there were also signature sheets in place for those administering medicines. Some medication needed to be stored in a fridge. Fridge temperatures were checked daily and were within normal range. This demonstrated the provider ensured the safe management of medicines.

People were protected from avoidable harm. We saw potential risks, such as falls, had been identified and assessed to ensure they were appropriately managed. We looked at care plans and saw personal and environmental risk assessments were in place and up to date. People told us they had been directly involved in the assessment and review process and this was recorded in individual care plans. The registered manager told us they monitored incidents and accidents to identify any themes or patterns; to help ensure

lessons were learned and to reduce the likelihood of reoccurrence. Individual personal emergency evacuation plans (PEEPs) including risk assessments, were in place on each floor. We also saw, above each bedroom door, a coloured disc, which indicated the person's assessed level of dependence, using the traffic light system. This demonstrated the provider's commitment to ensure the safety and welfare of people who used the service.

Systems in place helped to ensure people were protected from abuse. Staff had received safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and could describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practices and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The provider had requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services. However, in staff files we looked at, we saw the provider had not consistently undertaken all necessary checks, including employment references, before the individual had started work. In one file there was no application form and only one employment reference. In a second file we saw only one person had been identified, in the application form, to provide an employment reference. The registered manager explained they were informed that this person had left their employment and the reference was subsequently provided by their line manager. This inconsistent approach to recruitment meant people using the service were at potential risk of unsafe care and being supported by staff who were unsuitable. We discussed this shortfall with the registered manager who assured us the issue would be addressed as a priority.

Staff had been trained in infection prevention and control, as well as in food hygiene. Updated policies and procedures, in relation to infection control, were in place and we observed staff practised good hand hygiene, for example before they assisted people with their meal or medicines. This demonstrated the provider had taken steps to ensure people were protected through the effective prevention and control of infection.

## Is the service effective?

### Our findings

During our previous inspection, we found the system for storing food was ineffective and did not always meet standards to ensure people received food which was safe to eat and drink. At this inspection we saw necessary improvements had been made.

People told us they enjoyed the food provided and said they received enough to eat and drink and alternatives were always available. We observed lunch being served and saw people could sit where they wished. The food was well presented and staff provided discreet support to people, as required. One person told us, "The food varies, sometimes it's better than others; I suppose it depends on what you like." Another person we spoke with said they preferred to eat their meals in their room. They told us, "[Staff] come up and give me two choices. This morning I had porridge, yoghurt and a banana for breakfast." Another person said they liked the food, "It's good, there's always a choice of two, so you get a bit of variety." He went on to say, "You can ask for a drink whenever you like and there's always plenty." We saw staff used the Malnutrition Universal Screening Tool (MUST) which is a recognised risk assessment tool to monitor nutrition and hydration needs. In care plans we looked at we saw these individual needs were reviewed monthly. This demonstrated people were supported to have sufficient to eat and drink.

People we spoke with felt staff knew them very well, were aware of their individual needs and understood the most effective ways to help and support them. The registered manager told us, before people moved to the service, a comprehensive assessment was carried out to identify their individual care and support needs.

The pre-admission assessment template we looked at was both basic and simplistic and comprised mainly of tick boxes for recording much of the information. Three assessments we looked at were only partially completed and contained very little detail regarding the care and support needs of the individual. For example, one pre-admission assessment had nothing recorded in respect of the person's name, their medical history, religion or social interests. The section entitled: 'Can the client's needs be met?' was also left blank, as was the name of the person who carried out the assessment and the date. This meant people's care and support needs were not always identified or effectively assessed.

We discussed these shortfalls with the registered manager who immediately addressed the issue. As well as speaking with the member of staff responsible for the assessments, they confirmed the importance of fully completing such assessments would be discussed with all relevant members of staff. They also assured us the template would be reviewed and amended to include more relevant detail. After the inspection, the registered manager sent us a copy of the revised and far more comprehensive assessment template.

Staff told us they felt valued and supported by the registered manager and confirmed they received effective training and regular supervision. They said supervision – confidential one to one meetings with their line manager - gave them the opportunity to discuss any concerns or issues they had. They could also identify any specific training they needed and gain feedback about their own performances. One member of staff told us, "The training here is very good and we're all up to date – which hasn't always been the case,"

Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. We saw the registered manager kept training updated to ensure best practice was followed. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

There were effective links with health and social care services and people had access to appropriate health professionals, as necessary. Relatives we spoke with told us their family member could see a doctor, whenever necessary and they were informed straight away if there were any health concerns. The registered manager told us, in addition to GPs and district nurses, an optician, chiroprapist and hairdresser visited the home. In individual care plans we looked at we saw well maintained records of appointments to and visits by health care professionals. This demonstrated people were supported to maintain good health and had appropriate access to health services, as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights under the MCA were protected as the Act had been applied to ensure decisions were made in people's best interests. People's care files contained information about whether they had the capacity to make their own decisions. Staff had training in the MCA and consequently had up to date knowledge of the MCA and how DoLS was used to ensure people rights were protected. No one was being deprived of their liberty without the necessary application to the local authority having been made. This demonstrated the service was working within the principles of the MCA and DoLS.

We saw the premises were clean and generally well maintained, although some communal areas, including carpets on the first floor were showing signs of wear and tear. We discussed this issue with the registered manager who confirmed refurbishment throughout the building was ongoing and replacing the worn out carpets was scheduled for later in the year. The design of the building provided spacious communal areas for people and adaptations including the newly installed medicine room helped ensure their care and support needs were met safely and effectively.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the caring environment and the kind and compassionate nature of all staff. One person told us, "I'm doing well and the staff are all pretty good and very helpful. I wasn't walking when I came in but I now get out for a walk three times a day and I am getting even better." Another person said, "I like it here, love it. I'm well looked after, well pampered. They're lovely girls, very kind and helpful and will do anything for you." This view was shared by relatives we spoke with; one relative told us, "The staff are always very welcoming, nice and caring, which is what you want. I can't fault them."

People were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care. Throughout the day we observed many examples of friendly, caring and good-natured interaction between staff and the people they supported. Staff spoke with people in a calm, considerate and respectful manner, providing explanation or reassurance as necessary.

The provider complied with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced to make sure people with a disability or sensory loss are given information in a way they can understand. We saw people were encouraged to communicate in ways which suited them. Although most people could communicate verbally, we saw some people, including those living with dementia, needed additional support to express themselves.

The registered manager and staff we spoke with emphasised the importance of effective communication. We saw personalised care plans included staff guidance to help ensure communication was effective and appropriate for each person. Plans contained details regarding people's communication needs and how individuals received and understood information. Throughout the day we observed staff work in accordance with this guidance. We saw individual care plans also included information about people's personal history, their interests, likes and dislikes. This helped ensure staff were aware of people's individual needs and personal preferences and meant they supported people in a structured and consistent manner, in the way they liked to be cared for.

We observed people were relaxed and comfortable with staff and we saw they were encouraged and supported to make decisions and choices about all aspects of their care. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

People told us that staff respected their privacy and dignity. Throughout the day we saw staff demonstrated a strong commitment to providing respectful, compassionate care. For example, staff told us they always knocked on bedroom and bathroom doors to check if they could enter. This was confirmed by people and their relatives we spoke with and demonstrated people were treated with respect and the care and support they received promoted their privacy and dignity.

## Is the service responsive?

### Our findings

During our previous inspection we found there was little stimulation for people and little opportunities for meaningful activities. Staff described people's various likes and preferences, however, they told us they had little opportunity to support people to follow their interests. We saw people had little interaction or stimulation and activities were infrequent and sporadic.

This had been a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) person centred care 2014. We asked the provider to send us an action plan stating when these issues would be addressed. At this inspection we found necessary improvements and been made and the service was no longer in breach.

People received personalised care from staff who were knowledgeable about their assessed care needs. One person told us, "[The staff] know just what we want and I have everything I need." Another person said the registered manager had arranged a visit by an Occupational Therapist to undertake an assessment of their mobility. As a result, they told us, "The local hospital is providing me with a new and more comfortable wheelchair."

Staff we spoke with demonstrated an awareness of people's interests and preferences, their personal life histories and what was important to them. A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and personal memorabilia.

Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure people's identified care and support needs were met in a structured and consistent manner that reflected their choices and preferences.

Risk assessments included any specific needs such as moving and handling, communication and mobility. Any specialised equipment required in relation to people's care and support, such as mobility aids and hoists was also recorded in their individual plan and included specific guidance for staff. This meant the service was responsive to people's individual needs.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs. They were aware of people's diverse needs, for example relating to disability, gender, ethnicity, and faith. We saw such needs were recorded in individual care plans and reviewed regularly, to help ensure people's current and changing needs could be met consistently.

People and their relatives spoke positively regarding the activities provided. The registered manager told us

there was currently no activities coordinator employed and activities were being delivered by members of staff, who were deployed specifically for that purpose. They told us a significant development since the last inspection had been the introduction of an individual sensory programme, which had clearly proved very popular with many of the people we spoke with.

The registered manager and director were clearly passionate about the programme and described how it developed and enabled individual expression of touch, smell, sound, taste, and sight. They encouraged staff to be less task orientated and to spend more quality time speaking and interacting with people. This was supported by people, relatives and staff we spoke with and through observations during our inspection. One person was having a hand massage when we arrived and told us, "This feels wonderful, I love it." This demonstrated the service was responsive to people's individual care and support needs.

The provider had systems in place for handling and managing complaints. People and their relatives we spoke with knew how to make a complaint and who to speak with if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. The registered manager told us any concerns or complaints would be taken seriously and dealt with quickly and efficiently. Records confirmed that complaints were investigated and responded to appropriately. This demonstrated the service was responsive and people's comments and complaints were monitored and, where necessary, acted upon.

## Is the service well-led?

### Our findings

During our previous inspection we found a lack of effective governance, including inconsistent auditing and quality monitoring systems. The culture was neither open or inclusive and people, their relatives and staff did not feel able or confident to share their views or make suggestions regarding improvements in the care and support people received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. At this inspection we found necessary improvements had been made and the service was no longer in breach.

It is a legal requirement for the service to have a registered manager in post and on the day of our inspection the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

People and their relatives spoke positively about the registered manager and felt the service was well-led. One person told us, "I've been to residents' meetings here and the owners are usually there. Having said that, if I have a problem, I don't wait for a meeting, I'd mention it straight away; [Registered manager and director] are both very approachable."

During our inspection we observed the registered manager was visible throughout the day. We saw they spent time with people, engaging in friendly conversation as they went around. People seemed pleased to see the registered manager and felt comfortable speaking with them. Relatives we spoke with felt well informed and said they thought communication was satisfactory. This demonstrated an open and transparent service and good, effective and visible leadership.

Staff were aware of their roles and responsibilities, they felt the leadership was effective and spoke positively about the registered manager, who they described as approachable and very supportive.

Staff also described the improved morale amongst colleagues and the more open and inclusive culture within the service. They said they would have no hesitation in reporting any concerns they might have to the registered manager and felt confident that any such issues would be listened to and acted upon appropriately.

One member of staff told us, "There's mutual respect here and I think the manager would always prefer us to be open and up front. I am confident they listen to us and will always act on any issues or concerns we raise." They went on to say, "It's really nice to be appreciated and [registered manager and director] do; so, we feel valued and have a feeling of accomplishment." Another member of staff said communication was very good and they told us, "We always have a full handover, at the beginning of the shift and everyone is discussed."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

The registered manager had notified the Care Quality Commission of any significant events at the service as they are legally required to do. They also notified other relevant agencies of incidents and events when required. The registered manager said they had good working relations with external agencies and confirmed they had taken part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the service.

We found systems were in place to formally assess, review and monitor the quality of care provided. These included satisfaction questionnaires to obtain the views of people who used the service and regular audits of the environment, health and safety, medicines management and care records. We saw analysis of monthly audits, including accidents and incidents was carried out to identify any trends and patterns and minimise the potential risk of reoccurrence. This demonstrated a commitment by the registered provider to help ensure learning from current performance, through robust monitoring systems, to help drive improvement in service provision.