

The Gables Care Centre Limited

The Gables Nursing Home

Inspection report

65 Skipton Road
Silsden
Keighley
West Yorkshire
BD20 9LN

Tel: 01535655846

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Gables is a residential nursing home situated in Silsden. The home provides accommodation, personal care and nursing care for up to 45 older people and people living with dementia. At the time of this inspection there were 44 people living at the home.

People's experience of using this service:

People and their relatives universally praised the standard of the care at home. People said they felt safe and were supported by a consistent and experienced team. People said staff were kind and caring.

People's care needs were assessed, and they received good quality person-centred care from staff who understood their needs well.

Staff were knowledgeable and received training, supervision and support to carry out their roles effectively. Staff were committed to providing person centred care and fulfilling opportunities for people. We saw a strong emphasis on people being offered individualised support. There were a very wide range of positive one to one and group activities available to people who lived in the home.

Some improvements were needed to the safety of the service. We identified security issues on the first day of the inspection. The entrance door was not secure, and a medicines trolley was open. This was addressed by the second day of the inspection. We were re-assured this was an isolated incident and we had confidence in the registered managers response to this issue. We have made a recommendation about improving systems to monitor safety and security.

The service had been accredited with the Gold Standard Framework (GSF) for their approach to end of life care. This is a framework used to ensure the highest standard of care is provided for people who are near the end of their life. We saw the home had assessed the needs of people living at the home and worked very closely with people and their families to discuss their preferences and plan their care.

The home and the grounds were accessible and well maintained. Some areas had recently been refurbished.

Medicines were generally safely managed. There were very close links with health professionals and other agencies to ensure people's health needs were met and changes responded to promptly.

The registered manager provided people with leadership and promoted a supportive and inclusive team culture. The home was family run and there was universal praise from staff, relatives and people about the quality of the service. There was a warm and welcoming atmosphere throughout. One health professional said. "There is a family feel all the way down. Very good management. You can tell it is family run because there is such a vested interest in people and staff."

More information is in the full report.

Rating at last inspection:

At the last inspection on 21 September 2016 the service was rated good.

Why we inspected:

The inspection was part of our scheduled plan of visits.

Follow up:

We will continue to monitor the service to ensure people receive safe, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report, which is on the CQC website, www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

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:

The first day of the inspection was carried out by one inspector and an assistant inspector. The second day was carried out by one inspector.

Service and service type:

The service is a residential home providing accommodation, personal care and nursing for up to 45 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:

The inspection was unannounced on the first day and planned on the second day.

What we did:

We reviewed information we had received about the service since the last inspection.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this prior to our visit.

We asked for feedback from the local authority and commissioning teams in Bradford.

We spoke with the registered manager, general manager and deputy manager.

We spoke with the clinical lead nurse, two registered nurses, five care staff, activity coordinator and the cook.

We spoke with five service users and four relatives.

We spoke with two health care professionals.

We reviewed five people's care records and other records and audits relating to the management of the

service.

We asked the registered manager to send us further documents after the inspection. They were received and considered as part of the inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. There was an increased risk people could be harmed. Regulations were being met.

Assessing risk, safety monitoring and management; learning lesson when things go wrong

- Risk to people's health and safety were assessed and a range of detailed risk assessments were completed. Staff understood people's needs well and how to manage any risks they were exposed to.
- The premises were well maintained and suitable for its intended purpose. Detailed safety checks were in place and actions taken when issues noted.
- Accidents and incidents were recorded and there was a detailed monthly analysis undertaken to identify any themes or trends. Where incidents had occurred, this had been discussed with the team and acted upon.
- On our arrival on the first day of the inspection we found the entrance door of the home was open. We were able to enter without staff knowledge. Though this had the potential for risk we found no impact on people. We raised this with the registered manager who said immediate action would be taken. When we returned on the second day we were assured appropriate steps had been taken to prevent a recurrence. We recommend the Provider introduces systems to monitor security.

Using medicines safely

- Medicines systems were organised, and people were receiving their medication when they should. The provider operated an electronic medication administration system which recorded people's medicines clearly. Staff reported this had led to improvements in medicines management. Robust monthly audits were completed, and outcomes discussed with the nursing team.
- On the first day of the inspection we saw a medicines trolley was open in an accessible area. We raised this with the registered manager and was told immediate action would be taken. When we returned on the second day we were assured this had been addressed to avoid it happening again. We recommend the Provider introduces systems to monitor this.
- Instructions for the application of creams were not always consistently recorded. In some cases, there was not clear guidance for how and where the cream should be applied. We discussed this with the deputy manager and we felt assured this would be addressed.
- Designated staff received regular training, but this did not include annual medicine competency assessments in line with best practise guidelines. The deputy manager showed us there were systems in place to implement this.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and secure living in the home. One relative said, "Definitely safe. There is always someone to help, staff are always around and nearby."
- Staff received safeguarding training. They had a good understanding about how to raise concerns.
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of

people.

Staffing and recruitment

- Safe recruitment procedures were followed.
- Safe staffing levels were maintained, and we observed people received timely support. On the day of the inspection there were two registered nurses, a clinical lead and eight care staff on duty. Staff we spoke with confirmed staffing levels were maintained and regularly reviewed. The registered manager had recently increased staffing on an evening and recruited an additional catering assistant.
- Staff turnover was very low which meant people received consistent and experienced support. One health professional commented, "It's a really good nursing home. There's consistent staff and carers. There's no changeover of staff." A relative said, "There is no other place I would want [person] to be. There is continuity of care. People may get confused but they know the people who care for them."
- People said there were enough staff. One person said, "I want for nothing. They [staff] always come when I ring the bell."

Preventing and controlling infection

- Staff completed training in infection control. They confirmed they had access to aprons and gloves when supporting people with personal care or preparing food.
- The registered manager had engaged with a local hospital on a two-day infection control training course. From this a training update was rolled out to the staff team.
- The service had received a five-star food hygiene rating. This is the highest award that can be received and demonstrated food was stored and prepared appropriately.
- The home was clean and tidy.

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

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's needs were assessed before they moved into the home.
- The service had an electronic care record system. People's care plans described the support required. The plans were up to date, detailed and contained person centred information.
- Staff said care plans were clear and reviewed if people's needs changed. The staff we spoke with were able to describe the best way to support individuals and we observed staff following detailed guidance from care plans.

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They told us they received a range of face to face training. This provided them with the skills to provide effective care. Many of the staff team had worked at the home for a long period of time. This meant they had a high level of experience and expertise in supporting older people.
- In addition to standard training regular tutorials were held to discuss key issues relating to the home. This involved small groups of staff and focussed on sharing ideas and best practise.
- The management team demonstrated commitment to ongoing development opportunities. This included supporting staff to undertake qualifications, attend networking meetings and additional bespoke training sessions.
- We reviewed the training matrix for the service which showed mandatory training was up to date or planned.

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

- People spoke positively about the food. One person described the food as "brilliant." The mealtime experience was a relaxed and sociable experience. Staff assisted people in a patient and friendly manner. We observed one person who needed support to eat their meal. Staff sat near them and chatted quietly which offered reassurance and encouragement. The food looked tasty and there was choice and variation from day to day.
- People's nutritional needs were assessed and met by the service. People had choice on where and what to eat. One person's preference was to have smoked salmon daily for breakfast and this was provided.
- People's weights and details of food and fluids intake were closely monitored when this was part of their care plan.
- The menu was reviewed regularly with residents. A pictorial menu was available to support people with communication difficulties to make a choice.

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

- The building was adapted to meet people's needs. There were a range of tastefully decorated and spacious communal and smaller seating areas where people could spend time alone or with relatives. We saw there were plants, fresh flowers and photos around the home which provided a homely and comfortable environment. Dementia friendly signage helped people who lived at the home orientate themselves.
- People's bedrooms were spacious and personalised.
- The grounds were safe and well maintained and directly accessible from one of the lounges. The garden included seating, sensory areas and a small vegetable patch.
- Refurbishment was ongoing to ensure people were provided with high quality accommodation.

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

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

- People's care plans contained comprehensive information about their health needs. Staff understood people's changing health needs and the importance of raising concerns if changes were noted. We observed the daily "huddle" meeting where information about people's changing health needs was shared and care adjusted accordingly. There was a discussion about one person who was showing signs of confusion. Arrangements were made for her to see the GP promptly. One staff member said, "Changes can be very subtle, so we need to monitor very closely."
- The local G.P. visited the home routinely every week.
- A physiotherapist worked in the home for up to five sessions a week. They linked closely with staff to promote exercise and therapy. They described the positive impact this had on people at the home. For example, one person had arrived at the home with a prognosis he would be unlikely to be able to walk again. He had been supported to mobilise and their life had been greatly enhanced by their increased mobility and independence. They also provided regular chest physiotherapy which had reduced the number of infections and associated risks to people.
- Activities offered within the home promoted gentle physical activity. This included regular community outings, interactive music sessions and gardening.

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

- 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 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)
- The service was acting within the legal framework of the MCA. People's capacity to consent to their care and treatment was assessed. People had been involved in decisions relating to their care and we saw evidence they had consented to their care and support where they had the capacity to do so.
- Appropriate DoLS applications had been made in a timely manner by the service and conditions were being monitored.
- Information about people's capacity to make decisions had been clearly assessed and details recorded in their care plans. Where people lacked capacity, we saw best interest decisions had been made.
- We observed staff asking for consent from people before they provided support or care.
- The registered manager understood the principles of MCA and how to protect people's rights.

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

People were truly respected and valued as individuals; and empowered as partners in their care.

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

- Staff continually promoted a positive and inclusive culture. They spoke enthusiastically about their roles and were dedicated and caring. They knew people's history and preferences and were highly motivated to provide dignified and person centred care.
- The provider had identified a dignity champion. They had recently reviewed how continence products were stored discretely to protect people's dignity.
- Staff and people shared jokes and laughed together. It was clear staff had developed trusting relationships with people and they knew each other well. We saw staff treating people with kindness and compassion. One person said, "We have a bit of fun between us."
- We observed an interactive session with a visiting musician. We saw staff engaging and encouraging people in different ways including dancing, helping with instruments and singing along. The atmosphere in the room was very positive and we saw people smiling and participating.
- People had completed a survey about their views and their feedback was excellent.
- We received a range of unanimously positive feedback from people and relatives about the staff. They were described as going above and beyond. One person said, "It's a first-class place to be. Staff are excellent." Another relative said, "It could not be better, fantastic all of them."

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

- Staff had formed strong relationships with people who used the service and engaged with people to uphold their fundamental human rights. One staff member said, "It's about the little things to make sure people are treated with dignity and you respect their needs and choices."
- People said they felt listened to and staff acted on their wishes.
- Staff told us about one person who expressed the wish to go out for afternoon tea. When the day arrived, they were too unwell to go out. The staff organised an afternoon tea for the person and their family in their room. We saw a thank you card from family members which showed how much the person and their family had valued this.
- People and their relatives felt empowered to make care decisions daily and through reviews and surveys. A monthly newsletter was produced including photographs and information about previous and future events.
- Where people did not have relatives, advocates were involved.

Respecting and promoting people's privacy, dignity and independence

- We observed a strong, visible person centred culture. Staff were focussed on the experiences of individuals and fostering one to one interactions to enhance relationships.
- Staff were conscious of maintaining people's privacy and dignity when helping them to mobilise, knocking

on doors before entering and providing clothing protectors at mealtimes. We saw one staff member helping a person to stand. They knelt in front of the person and talked gently to them before encouraging them to stand. They then patiently reassured them and held their hand whilst they walked.

- People looked very well presented and cared for.
- Staff had recently reviewed the use of child-like feeder cups. People had been assessed individually to enable them to use more appropriate drinking utensils such as bottles. This showed good practise for enhancing people's dignity.
- We saw care plans promoted people's independence.
- The activities coordinators had developed a "shop trolley" to people the opportunity to buy items for themselves or others. This included snacks, cards and toiletries. This promoted people being able to make choices when purchasing every day items.
- There were a high number of visitors to the home and they were made to feel welcome. Staff provided a comfort box for relatives who may wish to stay with their relative at the end of their life. There was a vibrant and warm atmosphere in the home. Despite the number of visitors, the ambience within the home was calm and relaxed. Thank you cards and comments from relatives confirmed the staff were consistently caring and welcoming. One person wrote, "Thank you for your kindness and your care. [Person] could not have been anywhere better. You are all lovely and very caring."

Is the service responsive?

Our findings

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

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

End of life care and support

- The service had been accredited with the Gold Standard Framework (GSF) for their approach to end of life care. This is a framework used to ensure the highest standard of care is provided for people who are near the end of their life. We saw the home had assessed the needs of people living at the home and worked with people and their families to discuss their preferences and plan care on that basis.
- The service had a handbook describing their approach which was available to people and their families. The introduction stated, "We want the best quality of life for our residents and work towards this. We pledge to help all our residents to live well until they die."
- People's end of life wishes were clearly detailed in their care plans. One person had asked to have his life story written down and staff sat with them over several sessions to record this.
- The registered manager held regular senior meetings to ensure people who were at the end of their life were being offered appropriate support. This also included reflective practise to ensure the best support had been offered.
- We saw many thank you cards and letters from relatives about the support given to people at the end of their life. One card said, "When [person] started to deteriorate I was very appreciative of the quick way in which appropriate end of life care was put in place. We discussed this together coming up with a plan to ensure [person] was pain free."
- The registered manager was passionate about ensuring people received high quality support. They said, "People do not come here to die they come here to live." These values were reflected in comments made by staff. One staff member said. "We have time to spend with people. If someone one is really poorly there is always someone to sit with them"

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

- People's care needs were assessed, and a range of detailed care plans put in place. We saw people received personalised care from staff who knew them well.
- Recognised guidance was used to inform practise. This included screening tools for nutritional risk and skin integrity. Some people were identified as being at risk of pressure sores. We saw care plans were not always clear about the frequency people needed to be repositioned. This meant people were not always supported consistently. We saw there had been no impact on people. We discussed this with the registered manager on the first day of the inspection and care plans were updated.
- The service identified people's communication needs by assessing them. Care documentation explained what communication aids people required. Staff used a range of methods to support effective communication including symbols, information in large print and an iPad.
- Two activities staff were employed, and a range of creative activities were provided to people and included what they enjoyed doing. Recent activities included going out for afternoon tea and a hat making session coordinated by a local craft shop. We observed a group of children with people. They were blowing bubbles.

The atmosphere was vibrant and lively and all the people who were in the room were smiling and enjoying the company of the children and the activity.

- Staff spoke enthusiastically about ensuring meaningful opportunities were available to people who lived at the home. They told us a "pop up pub" and "The Gables Spa" were regularly organised and were popular with people.
- People were able to follow their faith. There were regular visits from two local ministers and one person who lived at the home was supported to hold prayer meetings with others who wanted to participate.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Concerns and complaints had been clearly recorded and appropriate action taken. The home had also introduced a system to record low level issues and feedback and acted upon this.
- People and relatives told us they knew how to complain and would feel comfortable talking to staff or the manager if they had any concerns.
- We saw the home had received a very high number of thank you cards and compliments.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager inspired and supported the staff. One staff member said, "[Manager] is really good, very helpful. {Manager} has such an array of knowledge you can tap into."
- The service was well run and organised. The home had a management team consisting of the registered manager, business manager and deputy manager. Their roles within the home were clearly defined.
- The service used an electronic care record system. This allowed the registered manager to have good oversight of people's care needs. Regular detailed monitoring and checking of the system was in place.
- The registered manager and the team demonstrated a strong commitment to palliative and end of life care. This included conducting a study demonstrating how the Gold Standards Framework linked with the Human Rights Act. This had been incorporated into end of life care planning.
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- We saw there were comprehensive audits of all aspects of the service. We were updated on recent improvements to the building and future refurbishment and development plans.
- We found a warm and inclusive atmosphere within the home with people and staff interacting very well with each other.

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

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a very good knowledge of the service.
- Staff praised the home and the way it was run. They felt appreciated and said all members of the management team were accessible and responsive.
- Staff praised the registered manager and said they were supportive and had an "open door" approach. One staff member said, "[Manager] is an inspiration and a good leader." Another staff member said, "You can always go talk to [manager] if you need anything and have a chat."

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

- People, staff and relative's views were sought about the running of the home. The feedback was positive, and we saw suggestions had been acted upon.
- The registered manager was passionate about fostering team work which made people feel valued and empowered. This included staff working in "champion" roles for dementia and dignity. One staff member

said, "It's very inclusive, everyone gets an input. There are no tiers and everyone's' opinions are valued."

- The registered manager had completed a detailed study of the accessible information standards which resulted in improved communication.
- The management team had a visible presence where people or relatives could approach freely. One person said, "I just go and knock on the office door." Another relative said, "They are always here the door is open" The registered manager was very "hands on" and we saw they had close and trusting relationships with staff, people and relatives
- "Friends of the Gables" met monthly. This was a group of relatives who had previously been involved with the home and wanted to continue to offer support. Some members acted as befrienders to people who lived at the home.
- The home had recently introduced a resource for visitors to use with their family members. This included a range of dementia friendly activities and a box of toys and games for younger visitors.

Continuous learning and improving care;

Working in partnership with others

- The registered manager understood their legal responsibilities and was committed to learning and improving care. They were proactive about keeping up to date with best practise.
- Staff were encouraged to attend external professional network meetings. After attending the recent end of life meeting they came back with ideas to improve palliative care practises. The registered manager was supporting staff to complete nursing associate foundation degrees. The aim of this was to ensure the ongoing consistency of nursing support.
- We saw evidence the registered manager networked closely with other homes and services. This included the local hospice, End of Life Group and Care Home Provider Meetings.
- The service worked very closely with relatives in fostering positive and warm relationships. We observed friendly and open interactions between staff, residents and visitors. One relative said, "They care about me as well."