

Cumbria County Council

The Gables

Inspection report

Cleator Moor Road
Whitehaven
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Gables is a residential care home providing personal care to 43 people at the time of the inspection. The service supports younger adults, older people, people with physical disabilities and people living with dementia. The service can support up to 60 people.

The Gables accommodates people in one adapted building with five separate units, each of which has separate adapted facilities. The service has a central hub with a café, hairdressing salon and shop.

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

People were at risk due to a lack of consistent record keeping and oversight by the registered manager and provider. The provider's quality assurance checks had not been sufficiently robust to identify issues we found on inspection. This included with assessments and care plans not always being in place. The provider gave assurances lessons would be learnt following the inspection. The registered manager showed us examples of the improvements they had started to make to records.

Despite the shortfalls we found with health and safety and risk record keeping, people and their relatives told us they felt safe at the service. Staff knew how to respond to any safeguarding concerns and acted immediately in response to any emergencies. Medicines were managed and administered when needed. Appropriate measures were in place to support infection prevention and control to keep people safe.

Care staff provided effective care; they were knowledgeable about people's care needs and had the skills to support them. The provider did not always complete assessments or care plans to guide staff in delivering people's care and ensure they received consistent care. We made a recommendation that the provider risk assesses the external environment at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives consistently praised the caring approach by care staff, which made people feel at home at the service and part of The Gables family. Care staff made time to support people's emotional wellbeing. People's privacy and dignity were respected.

Care staff provided person-centred care, they knew people's needs and preferences. People were able to join in with a wide range of activities, developed according to their needs and abilities. Relationships between people, their family and friends were supported via in-person visits, video calls and telephone calls. People had not felt the need to raise any complaints as they were able to discuss their care and any improvements needed to their care arrangements with care staff. We made a recommendation about end of life care planning.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 01/05/2019 and this is the first full inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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

Enforcement

We have identified breaches in relation to person-centred care and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors on day one and one inspector on day two. An Expert by Experience spoke with relatives remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

This inspection was unannounced on the first day. We told the registered manager we would be visiting on the second day.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people that use the service and 12 of their relatives. We spoke with 19 staff including the registered manager, supervisors, care workers, domestics and chef. We gathered feedback from one health and social care professional that regularly visits the service. We reviewed a range of records. This included 15 people's care records, multiple medicine records, two staff recruitment files and three staff supervision and appraisal records. We looked at records relating to the management of the service, including staff rotas, quality assurance checks and accident and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a sample of the provider's policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Health and safety checks were carried out but were not always recorded or recorded in detail. For example, fire door checks were not documented.
- Personal emergency evacuation plans were not in the provider's 'grab folder' to ensure these were easily accessible or shared with the emergency services if needed. An overview of people's needs was kept in this file but did not contain sufficient detail.
- Staff were able to describe how they would manage risks to people. Information on risks to people and risk management was not always recorded to guide in how to respond consistently. For example, detailed care records were not in place for a person who was at risk of attempting to leave the service.

We found no evidence people had been harmed. However, the provider had failed to maintain sufficient records to show how they had assessed, monitored and mitigated risks relating to the health and safety of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives felt they were safe living at the service. One relative told us, "I am sure [person] is safe, if I thought otherwise I would speak to the staff."
- Staff knew how to respond in the event of a fire to keep people safe.
- A representative from the provider gave assurances following the inspection that personal emergency evacuation plans would be included in the 'grab folder'.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or neglect. Staff were able to recognise and respond to any safeguarding concerns
- The provider had a safeguarding policy in place. Staff understood local arrangements in place for raising any safeguarding concerns with the provider and local authority.

Staffing and recruitment

- People were supported by staff who had been safely recruited. Appropriate recruitment checks were completed to help make sure suitable staff were employed.
- Staffing levels were safe. Staff were attentive to people requesting assistance.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored correctly and disposed of safely.
- Staff completed training and had their competency assessed to make sure they understood how to safely administer medicines.
- Protocols were in place to support the safe use of 'as and when required' medicines.

Preventing and controlling infection

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- People received appropriate care and support if they were involved in an accident or incident. Staff were quick to respond to emergencies.
- When accidents and incidents occurred, action was taken to understand how they happened and prevent them re-occurring. Work was needed to develop a system to analyse these to identify any patterns or themes.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant effective care, treatment and support for people was not consistently planned for.

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

- Staff were knowledgeable about people's care and support needs and people achieved good outcomes at the service. However, care records did not always support this practice.
- Assessments had not always been completed by the provider when people were admitted to the service. Assessments are needed to identify people's care needs, ensure the service could meet them and identify the aims of people's placement at the service.
- Care plans were not always in place to guide staff in how to meet people's care needs and ensure people received a consistent approach with their support. For example, one person had been at the service for a week with no assessment or care plan in place.

We found no evidence that people had been harmed. However, the provider failed to consistently carry out assessments of person's needs and preferences and design their care to ensure their needs were met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On day two of the inspection the registered manager told us they were reviewing people's assessments and care plans to ensure these were in place and up to date. We saw examples of this, which showed improvements were being made.
- The provider used information provided by health and social care professionals to inform people's care.

Staff support: induction, training, skills and experience

- Staff completed a range of training to give them the knowledge and skills to provide effective care. People and their relatives had confidence staff were competent. One relative said, "I think they are all great and very good at what they do."
- The provider's training matrix was not up to date at the time of inspection to give assurances about any gaps in training and how these were being monitored and addressed. The provider addressed this following our inspection.
- Supervisions and appraisals were used to monitor staff performance and support their development.

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

- The service was purpose built and offered an accessible, spacious and homely environment. There were numerous communal and quiet areas for people to use and enjoy.
- People could personalise their bedrooms, including with photos and arts and crafts creations.
- The service had a large enclosed garden for people to access. Parts of this were steep and uneven. People

in the garden could not always be safely observed by care staff.

We recommend that the provider reviews the risks associated with the external environment.

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

- People had access to sufficient food and drink throughout the day. One person said, "I have plenty of food."
- People's dietary requirements were understood by care staff and kitchen staff.
- Staff monitored people's weight and used food and fluid charts when necessary to check if people were eating and drinking enough.

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

- People experienced positive outcomes regarding their health and wellbeing.
- People were supported to access healthcare services in a responsive and timely way.
- Staff worked effectively with a range of health and social care partners and people's relatives or representatives to ensure people received effective care.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff sought people's consent before providing care.
- Issues relating to people's mental capacity to make informed decisions were explored with people by care staff.
- DoLS were applied for by the provider when these were in people's best interest to keep them safe. The provider's system for tracking DoLS applications was not currently up to date to support the monitoring of this. The registered manager acknowledged this needed addressing and advised the tracker would be updated.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's wellbeing was well supported by care staff. Relatives consistently gave positive feedback on this. One relative said, "[Person] always looks well cared for and [person] is cheerful, so I think that means the care is good."
- People had the opportunity to express how they were feeling and explore this with care staff. One person told us, "If I feel I need to speak with staff they will make time for it."
- Staff made time to get to know people in detail and were familiar with their likes and dislikes. They used this knowledge to inform how people's support was provided.
- People and their relatives gave consistently positive feedback on care staff and their approach. Comments from relatives included, "They are top notch, wonderful" and "They are lovely, treat [person] like family."
- There was a positive, inclusive atmosphere at the service. A care worker described activities organised for a person that was visually impaired, they said, "[Person's] family had never imagined the different activities they do with us."

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

- People were encouraged by care staff to make choices about their care throughout the day. One relative said, "[Person] is able to choose what to wear, what to eat and drink and things like that."
- People's views of their care were listened to and acted on. This included when people had their own personal goals of returning to live in their own home with support.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and kind in the way they spoke and interacted with people.
- People's privacy and dignity were maintained. One relative said, "They are very respectful and careful about privacy."
- People were supported to maintain and re-gain their independence. One relative described improvements they had seen in their family member's mobility since living at the service. They said, "I think it is brilliant. When [person] was admitted they couldn't walk and now [person] does with equipment."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Care plans were not always in place or detailed to reflect what people's wishes would be at the end of their life.
- The provider had well established links to community health services to provide people with end of life care should this be needed.

We recommend that the provider reviews and implements best practice guidance on end of life care planning.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people by name and understood their individual needs and preferences. One person said, "I can choose when I'd liked to go to bed and get up."
- Where care plans were in place, they contained detailed information about people's preferred routines. One person's care plan explained how they liked to be presented, wearing jewellery and perfume. We saw these preferences had been followed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and care plans put in place. These provided guidance for staff on how to meet people's communication needs and share information in an accessible way.

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

- People had access to a wide range of activities at the service, including arts and crafts, bingo and singing. A care worker said, "We ask people how they are finding the activities and if there is anything else they would like to do. I then adapt what we're doing."
- Care staff personalised activities according to each person's needs. A relative told us, "When the weather is nice they help [person] to do the gardening, which [person] loves."
- Care staff looked for opportunities to enable people to be part of their local community. This included supporting people to safely access the nearby town and arranging for local community and religious groups

to visit the service.

- People were supported to maintain their relationships and avoid social isolation through safe in-person visits, video calls and telephone calls.

Improving care quality in response to complaints or concerns

- People and relatives felt able to raise any concerns with staff should they need to. This enabled any minor issues to be addressed in a responsive way. One person said, "I could complaint to staff but I don't need to."
- The provider had not received any complaints in the past year. A complaints procedure was in place and was available for people and their relatives to refer to.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of 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

- The registered manager's quality assurance systems were not always effective in showing checks completed. They did not always identify areas for improvement or detail what action had been taken to address any shortfalls. For example, wheelchair and bedrail checks did not show where these were located in the service or what had been checked with these items.
- The provider's systems had not always identified issues we found on inspection, including with health and safety records, accident and incident monitoring, assessments, care plans, the training matrix, the DoLS tracker and end of life care plans.
- The provider completed quality assurance checks. It was not always clear what timescale actions needed to be completed within or how progress was being monitored.
- The registered manager had not always applied wider learning following areas identified as needing improvement in the provider audits. For example, ensuring care plans and risk assessments were complete and up to date.

We found no evidence that people had been harmed. However, the provider failed to have adequate systems in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they knew who the registered manager was and found them approachable and helpful. Comments included, "The service seems well managed to me, I have met the manager and she has been helpful."

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

- There was a person-centred culture within the service. Staff recognised what was important to people and supported them to meet those needs. One relative told us, "Staff treat everyone as an individual."
- People felt welcome and at home at the service. One relative told us, "They are like a second family, I can really rely on them."
- There was a strong sense of teamwork. Staff felt supported by their colleagues and worked together effectively to provide people with high standards of care. One care worker said, "The teamwork at The Gables is great, I can talk to other staff and be open with them and feel supported."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and honest with people if things went wrong.
- The registered manager was transparent in reporting any issues or concerns. Notifications were sent to CQC about events providers are legally required to inform CQC of.

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

- People and relatives were engaged in the running of the service and any updates. They had regular contact with the service.
- The provider encouraged people, relatives and staff to provide feedback and make suggestions through a range of formats, including surveys and other online forums.
- Staff had regular unit meetings to keep up to date with any changes in people's needs and promote best practice.

Working in partnership with others

- The service had established links and relationships to all relevant external agencies, including health and social care professionals.
- The service was well respected by health and social care professionals. One healthcare professional told us, "I love coming here, it's always clean. People get good personal care and staff are always ready to help if people need examining or treating."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure assessments and care plans were always in place to ensure people's preferences and needs were met.</p> <p>9(3)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure systems were in place to support governance of the service. They had failed to assess monitor and improve the quality and safety of the service sufficiently and assess, monitor and mitigate risks relating to the health and safety of service users. The provider had not maintained accurate, complete and up to date records in respect of each service user.</p> <p>17(1),(2)(a)(b)(c)(f)</p>