

DKL Healthcare Limited

The Gables Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Gables Rest Home is a residential care home providing accommodation and personal care to up to 24 people. The service provides support to older people who may live with dementia, physical disability, sensory or mental health support needs. At the time of our inspection there were 21 people using the service.

The Gables Rest Home accommodates people in one adapted building.

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

People were supported by staff who understood what action to take if they had any concerns for their safety. Staff were provided with the guidance required so they could support people to manage their risks. There were enough staff to care for people. The registered manager undertook checks before new staff worked at the home, so they could be assured new staff were suitable to work with people.

People were supported to have the medicines they needed by staff who had been trained to do this. The registered manager planned to review how they checked medication management, so they could be assured staff consistently had the guidance they required to administer "when required" medicines, and to fully evidence on-going checks on staff competency.

Systems were in place to reduce the likelihood of the spread of infections. The registered manager had worked with people and their visitors to ensure people continued to receive visits safely. Accidents and incidents were regularly reviewed so any lesson would be learnt.

People's needs were assessed and informed through work with their relatives and other health and social care professionals. Relatives were complimentary about how staff used their skills and knowledge to support people. This included how staff monitored people's health needs and advocated for them so they would enjoy the best health outcomes possible. Where staff had any concerns for people's fluid or nutritional intake plans were developed to support them.

The home was undergoing a programme of refurbishment at the time of the inspection, but relatives gave us examples of creative ways staff used the premises to meet people's needs.

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 had built good relationships with the staff who cared for them. Relatives were complimentary about the caring approach taken by staff. Staff gave us examples showing how they promoted people's dignity, independence and involved them and their relatives in decisions about their care.

People's care plans and risk assessments provided staff with the guidance they needed to provide personalised care to people. People were supported to keep in touch with other who were important to them and to do interesting things which they enjoyed.

Systems were in place to manage and take learning from complaints and concerns received. Other health and social care providers were complimentary about the care provided to people at the end of their lives.

Relatives, staff and other health and social care professionals told us the culture at the home was open and focused on the needs of the people living at the home. This helped to ensure people had good outcomes. The registered manager and provider undertook checks on the quality and safety of the care provided and planned to develop these further.

Rating at last inspection

The last rating for the service under the previous provider was good, published on 28 March 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Gables Rest Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service 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 well-led.

Details are in our well-led findings below.

Good ●

The Gables Rest 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 team consisted of two inspectors.

Service and service type

The Gables Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Gables Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The second day of the inspecting was announced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time seeing how people were cared for by staff and spoke with three people and six relatives. We spoke with eight members of staff including the registered manager, the deputy manager, senior staff, care workers, a care/activities staff member, and a member of administrative staff. We also spoke with two health and social care professionals who regularly visited the home, to obtain their views on the care provided.

We reviewed a range of records. These included three people's care records and multiple medication records. We looked at records relating to the management of the service and the safety and quality of people's care. For example, audits and checks undertaken by the registered manager and provider. These included the safety of the premises and equipment, promotion of people's rights, complaints management, accidents and incidents and infection control. We reviewed a range of policies and procedures relating to infection control, people's safety and staff support.

We saw the compliments received by the service, and feedback provided by people and their relatives. In addition, we looked at records showing us how staff were recruited.

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 of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to recognise signs of any abuse.
- Staff knew what action to take to protect people, should they have any concerns for their safety.
- The provider had put policies and procedures in place to manage and review any safeguarding concerns, should these arise.

Assessing risk, safety monitoring and management

- People's relatives were encouraged to be involved in decisions to promote their family member's safety. For example, one relative had been involved in deciding where within in the home they would visit their family member. This helped to reduce their family member's anxiety and improve their physical safety as their mobility needs changed.
- Staff were provided with the guidance required so they could support people to manage their risks. This included how to care for people so the risks of them not having enough to eat and drink, experiencing falls or periods of anxiety were reduced.
- Staff took time to support people at people's preferred pace and to encourage people to do things they wanted to do in the safest way possible.

Staffing and recruitment

- There was enough staff to care for people. People did not have to wait long if they wanted assistance from staff. We saw staff had time to chat with people and check if they wanted any support.
- Staff gave us examples showing how staffing was increased at key times to ensure people continued to have the care they wanted.
- The registered manager undertook checks before new staff worked at the home. These included obtaining references and undertaking Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager planned to introduce further checks on potential staff applications, so they could easily identify and follow up any gaps in previous employment. This would provide further assurances to the registered manager that staff recruited were suitable to work with people.

Using medicines safely

- People were supported to have the medicines they needed by staff who had been trained to do this.
- The registered manager planned to review how they recorded the checks they made on staff's continuing competency to administer people's medicines.

- There was no evidence of harm to people, but systems to record medicine stock received required further development. In addition, guidance was not consistently available to support staff to administer some "as required" medication. The registered manager took immediate steps to address this following our feedback, to reduce risks to people further.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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 was making sure infection outbreaks can be effectively prevented or managed. The registered manager planned to further record spot checks undertaken on staff practice, including hand hygiene.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had worked with people and their visitors to ensure people continued to receive visits safely. This included considering if bedroom or pod visits would best meet people's individual needs.

Learning lessons when things go wrong

- People's relatives told us staff promptly contacted them in the event of anything going wrong with their care and consulted them about the most appropriate way to support their family members.
- The registered manager had put systems in place to review any untoward incidents.
- Staff gave us examples showing how learning was communicated to them effectively, to reduce risks to people further.

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 good. This meant 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

- The views of people, their relatives and health and social care professionals were considered when people's care needs were assessed.
- Staff told us information on people's assessed needs was regularly communicated to them. This helped to make sure staff understood how to support people when they moved into the home and as people's needs changed.
- People's assessments reflected current guidance and standards, such as in relation to infection control

Staff support: induction, training, skills and experience

- People's relatives told us staff were skilled at looking after their family members. One relative said their family member lived with complex health needs. The relative told us, "They take care of [person's name] very well. They have the skills to look after them."
- Staff were positive about the support they received to develop their skills further and gave us examples of specialist training they had undertaken to meet the needs of people living at The Gables Rest Home. These included catheter and oxygen equipment training, dementia and diabetes awareness training.
- A health and social work professional we spoke with said, "The manager goes to such length to make sure training is done. If they feel there is any deficiency in training they will ask about it."
- New staff were supported to provide good care to people through an induction programme. This helped staff to understand how to care for people safely.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's relatives told us staff supported their family members to have enough to eat and drink. One relative explained staff had promptly introduced extra support for their family member when it was identified they may not be having enough to eat and drink, so they would remain well.
- Staff gave us examples of how they encouraged people to have the food and hydration they needed. This included providing meals which reflected people's known preferences and supporting people to use adapted crockery.
- If staff had any concerns people may not have enough to eat and drink, they monitored this and sought advice from health professionals, so people would remain well.
- Relatives told us staff promptly sought guidance from people's GPs should any concerns for their family member's health arise.

- Staff supported people to see other health and social care professionals including speech and language therapists, mental health teams, district nurses and advance nurse practitioners, so people would enjoy the best health outcomes possible.
- A health and social care professional we spoke with told us staff made appropriate referrals to them and followed the advice they provided.
- Where people needed access to emergency health care staff promptly sought this and advocated for people so they would receive the care they needed. We saw staff took time to reassure people and to support their relatives when such events happened.

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

- The home was undergoing a programme of refurbishment at the time of the inspection. In response to peoples' need a newly refurbished quiet lounge had been created for people to enjoy using.
- People's rooms were personalised and reflected what was important to them.
- Relatives gave us an example of how staff used the building creatively to meet people's needs. One relative told us the way the visiting pod was used had been adapted during the course of the pandemic. This had enabled physical contact with their relative, as restrictions eased. Another relative told us staff had worked with their family member and them to ensure the layout of their room meet their sensory needs. This had helped the person to familiarise themselves quickly when they moved to the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's relatives gave us examples showing how they were consulted when decisions in their family member's best interests were made. This included decisions relating to vaccinations.
- Staff gave us examples showing how they supported people to make their own decisions where possible.
- Systems were in place to seek and manage DoLS authorised, so people's rights would be promoted.

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 had developed close bonds with the staff who supported them and were relaxed and comfortable when chatting with staff. We saw people smiling at staff and complimenting staff on the care they provided to people.
- Relatives were very positive about the caring approach taken by staff. One relative told us, "[Person's name] is being treated well, by kind and loving staff, and they love [staff] as well" Another relative said the whole staff team had shown kindness to their family member and told us, "The seniors [staff] are very friendly and the manager is very caring".
- Staff told us they valued the opportunities they were given to get to know people living at the home, and the relationships they had built with people. One staff member said, "The best thing about working here is the residents, I love the residents. They are so individual and friendly."
- Staff gave us examples of how they supported people so they would feel comfortable and included in life at the home. This included taking into account if people needed extra support because of their underlying health needs or anxiety.

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

- People made many of their own decisions about their care, such as what time they wanted to get up, what they wanted to eat and what support people wanted with their personal care.
- Relatives highlighted staff listened to their family member's choices, such as what interesting things they may wish to do and if they wished to have hairdressing appointments. One relative explained their family member liked to spend time quietly in the lounge and told us their family member's decisions were respected by staff.
- Staff members explained how important it was to ensure people with sensory needs were fully supported to make their own choices through sensitive support. This included showing people options and watching people's body language so they could be sure they had understood people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People were cared for by staff who understood their rights to privacy and dignity. Staff took action to promote this by knocking people's doors to seek permission to enter people's rooms and by ensuring people's curtains were closed before providing personal care.
- Relatives gave us examples showing how their family member's independence was promoted. This included ensuring people with sensory needs were encouraged to safely explore the home so their independence would be maintained.
- The registered manager planned to review how staff were provided with visual guidance on some

elements of people's needs, to ensure people's privacy continued to be promoted effectively.

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.

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

- People's care plans and risk assessments reflected their care needs, preferences and individual histories. This helped to ensure staff were given the information they needed to care for people in the ways people preferred.
- Relatives told us their views were taken into account when their family member's care was planned. One relative said this helped to ensure their family member was less anxious.
- Another relative told us because staff had actively involved them in considering their family member's care needs and listened to their advice, staff had promptly identified their family member may be becoming ill. The relative told us, "I was really impressed with that, although [person's name] had not been at the home long, they knew them so well and anticipated they may be heading for a chest infection, alerted the GP. We just felt it was incredible they headed off a major chest infection."
- Staff were positive about the guidance they received to provide good care to people through their care plans and risk assessments. This included "About me" summaries so staff could quickly respond to the needs of people moving to The Gable Rest Home.
- People's care plans and risk assessment were reviewed as their needs changed. One staff member explained they were also provided with details of any changes to people's care planning arrangements during regular meetings at the start and end of each shift.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered when their care was planned.
- Staff gave us examples showing how they had previously supported people to communicate their choices and preferences. This included writing options down for people to choose from, or showing people items to choose from, depending on their communication preferences.

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 were supported to enjoy a variety of interesting things to do, such as manicures and pamper sessions, craft projects, including making Easter bonnets, and themed events.

- One relative told us, "[Person's name] enjoys the activities, but staff don't force them to take part. [Person's name] loves it when the music plays and they do the keep fit. Staff know they used to be a dancer and understand what is important to them".
- The provider, registered manger and staff understood the importance of supporting people to keep in touch with others who were important to them. A visitor pod had been introduced early during the COVID-19 pandemic to facilitate this, when visits within the home were not permitted under the guidance then in place.

Improving care quality in response to complaints or concerns

- None of the relatives we spoke with had raised any complaints. They told us this was because the care provided was good and any concerns or suggestions they made were listened to.
- Systems were in place to manage and take learning from any complaints received.

End of life care and support

- People's needs at the end of their life were considered in conjunction with the views of their families and other health and social care professionals. This helped to ensure people's preferences were met at this key stage in their lives.
- Staff were supported to deliver good end of life care by external specialists.
- A health and social care professional we spoke with gave us examples of the impact of the people received from staff at the end of their lives. This included people outliving their life expectancy, because the care taken to support people was robust and compassionately delivered.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There had been a change of provider and registered manager since The Gables Rest Home was registered with The Care Quality Commission. Relatives and staff told us the new management arrangements were working well.
- Relatives said the focus of the staff was on the needs of their family members. One relative told us about the impact this had on their family member, and said, "They [staff] could not do any better, [person's name] always looks clean, tidy, their hair looks lovely, they have their nails done and always looks like [person's name]."
- Staff told us the home was a good place to work because of the support they received and the open approach of the management team. One staff member told us the focus of the way the home was managed meant, "Residents are happy, and that's what matters to us."
- A health professional who regularly visited the home told us about the culture of the home and said, "They [staff] never hide anything, they are open to suggestions and the [registered] manager cares so much for all their residents."
- The registered manager said they were supported to provide good care by the provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and senior staff checked the care provided to people to ensure people received safe care. For example, in relation to infection control, care planning and personal care arrangements.
- As a result of the feedback provided during the inspection, the registered manager was further developing their checks. For example, checks in relation to guidance for staff when administering "as required" medicines and staff competency to administer medicines. In addition, the registered manager planned to enhance the recording of their premises spot checks to evidence checks were undertaken on window restrictors and the integrity of flooring.
- Staff were supported to understand what was expected of them through regular meetings to communicate changes in people's needs and one-to-one meetings with their managers. Staff were also supported through counselling and advice lines.
- The registered manager understood what important events needed to be notified to The Care Quality Commission, however, we found some notifications had not been sent to us relating to approvals for DoLS. The registered manager took immediate steps to address this and change their procedures to prevent this

happening again.

- The registered manager knew they were required to be open and honest in the event of something going wrong with people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to share their views on the care provided and a suggestions box was in place to support this. Staff gave us examples showing how suggestions people made regarding meals choices and trips out had been actioned.
- Relatives said they were invited to let staff know what they felt about the care provided and found their views were acted on. One relative gave us an example of a suggestion they had made, so that people would have access to quiet areas within the home. The relative told us the registered manager had taken action to provide this for people to enjoy.
- We saw many compliments and "thank you" cards had been received from people and relatives because of the quality of the care provided by staff.
- A health professional said systems were working very well for communicating information regarding people's changing health needs. The health professional gave us examples showing what a positive impact this had on people's well-being and physical health.
- Staff's views on how people's care could be further developed had been obtained through surveys and discussion with senior staff. Staff told us these included suggestions to further develop people's care plans, as people's needs changed.

Continuous learning and improving care

- The provider and the registered manager reviewed the care provided and significant events. Their findings were used to drive improvements in people's care.