

Gable Court NH Ltd

Gable Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gable Court Care Home is a residential care home providing the regulated activities accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury to up to 50 people. The service provides support to older people, some of whom have nursing care needs and/or are living with dementia. At the time of our inspection there were 49 people using the service. This is a purpose build care home, spread over three floors. The upper 2 floors provide nursing and personal care while the ground floor provides support with personal care.

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

Systems were in place to protect people from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. Steps had been taken to help ensure the physical environment was safe. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

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.

Quality assurance and monitoring systems were in place to help drive improvements at the service. People and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations, and worked with other agencies to develop best practice and share knowledge.

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

Rating at last inspection and update

The last rating for this service was good (published 23 November 2021).

Why we inspected

We received concerns in relation to infection control practices, staffing levels, moving and handling and wound care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see

the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gable Court Care 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gable Court Care 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 was carried out by an inspector, a CQC regulatory co-ordinator, a specialist advisor with a specialism in nursing care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Gable Court Care 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. Gable Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A manager had been appointed, and they told us they were about to commence the process of applying for registration with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 spoke with 10 people who used the service, 1 relative and 1 friend of a person who were visiting on the day of inspection. We spoke with 15 staff: the manager, regional manager, quality compliance manager, maintenance person, administrator, a nurse, 2 senior health care assistants, 4 health care assistants, 2 domestics and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff interacted with people. We reviewed a range of records. This included 7 people's care records and multiple medicine records. We looked at 6 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, including a number of 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had a safeguarding adults procedure which made clear their responsibility to report allegations of abuse to the local authority and Care Quality Commission.
- Staff had undertaken training on safeguarding adults and understood their responsibility to report any allegations of abuse. A staff member told us, "If I suspect somebody is being abused I would report it to my manager immediately."
- The service held money on behalf of some people, which was kept in a locked safe, and only limited numbers of staff had access to this. However, this money was not routinely checked. The provider had identified that this was a shortfall and was introducing processes to check people's money to help reduce the risk of financial abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. Assessments included risks associated with mobility, falls, skin integrity and nutrition. We found for 1 person with diabetes the risk assessment was not comprehensive. We discussed this with the nurse on duty who reviewed and revised the risk assessment on the day of inspection.
- People told us they felt safe using the service. A person said, "I have been here 2 years, and yes I like it here very much. I do feel safe." Another person said, "I feel safe because there are people around me."
- Steps were taken to help ensure the physical environment was safe. Qualified persons had carried out checks on the gas, electrics, water and fire alarms at the service in line with legislation. The provider also carried out its own checks, for example, testing fire alarms and emergency lighting.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty

Staffing and recruitment

- Staffing levels were determined by the use of a dependency tool, used to assess how much staff support each person required. Most staff told us there were enough staff on duty and that they had time to carry out their duties. People and relatives had mixed views about the staffing levels. A person told us, "I feel they are short staffed here a lot", but another person said, "I don't really use my pull cord but the odd time I have staff do come quickly."
- We observed staff to be unhurried on the day of inspection and they were able to respond to people promptly when they required support.
- Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included employment references, proof of identification and criminal records checks.

Using medicines safely

- Medicines were managed in a safe way. Medicines were stored securely in locked medicines cabinets within locked treatment rooms. Arrangements were in place for the safe administration of controlled drugs and those that were administered covertly.
- Medicine administration records were maintained which staff signed after giving each medicine, which meant there was an audit trail in place. We checked some of these and found they were completed accurately and did not contain any unexplained gaps.
- People told us they were supported with their medicines. A person said, "Yes, my medication is given on time and most of the time they do watch me take it."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People told us the service was kept clean. A person said, "My room is always clean and tidy, and they wash floor every day and empty the bins etc".

Visiting in care homes

- There were no restrictions on visitors to the service and visiting arrangements were in line with government guidance at the time of the inspection.

Learning lessons when things go wrong

- Steps were taken to learn lessons when things went wrong. The provider had an accident and incident policy in place to guide staff and accidents and incidents were recorded, along with details of follow up action.
- Accidents and incidents were analysed for trends and patterns to see what actions could be taken to reduce the risk of further similar occurrences. For example, if referrals needed to be made to other health

care professionals and reviewing risk assessments.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The provider had various quality assurance and monitoring systems in place for continuous learning and improving care. Audits were carried out, for example, in relation to medicines, infection control and health and safety. Care plans and risk assessments were subject to regular review.
- The provider employed a quality compliance manager. They carried out a monthly visit to the service to check on various aspects related to the running of the home, including checking on maintenance issues, speaking with people and reviewing records.

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

- The service had an open and positive culture to help achieve good outcomes for people. Staff told us there was a good working environment with good teamwork, and they spoke positively about the manager.
- A member of staff said, "[Manager] is always on top of things, they want to make sure things are done right. They have an open door policy for everyone to come and voice any concerns." A person told us, "I have seen the manager and they are very approachable to talk to." However, one relative commented that, "The communications here is much hit and miss with staff."

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

- Where things went wrong, the provider had been open and honest with people about this. Systems were in place to address when things went wrong, such as the complaints procedure and the way accidents and incidents were responded to. Safeguarding allegations had been reported to the local authority and the Care Quality Commission in line with the provider's legal responsibility to do so.

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

- Managers and staff were clear about their roles and regulatory requirements. There was a clear management structure in place at the service and staff knew who their line manager was. Staff were provided with a copy of their job description to help provide clarity about their role.
- The manager was aware of regulatory requirements. For example, they were aware of what issues and incidents they had to report to the Care Quality Commission. Other regulatory requirements were met, such as having employer's liability insurance cover in place and ensuring fire safety equipment was serviced appropriately.

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

- The provider engaged with people who used the service and others. Separate meetings were held for staff, people who used the service and relatives. These gave relevant person's the opportunity to raise issues of importance to them. Surveys were also carried out of staff and people who used the service to help drive improvements.
- People told us about the surveys and meetings. A person said, "We have a form to fill in about what we like etc., and also have residents meetings. I go to the meetings."
- Equality characteristics were considered. For example, risk assessments and care plans were person-centred, covering needs related to equality. Staff recruitment was carried out in line with good practice in relation to equality and diversity.
- The provider worked in partnership with others to share knowledge and develop best practice. For example, the worked with National Care Providers Association who provided guidance on issues such as the Care Quality Commission and staff recruitment.