

Five Focal Point Limited

Five Gables Care Home

Inspection report

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Date of inspection visit:
15 July 2019
16 July 2019

Date of publication:
01 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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:

Five Gables Care Home is a care home that was providing personal care to 16 people at the time of the inspection. The service can support up to 16 older people and people living with dementia.

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

People received care from staff who were caring and appropriately trained. Risks to people's safety and wellbeing were assessed and minimised, but improvement was required to ensure all equipment was working effectively. We discussed with the provider about reviewing the deployment of staff to ensure people's needs were consistently responded to in a timely manner, particularly at busy times of the day. We have also made a recommendation about record-keeping in respect of recruitment practices.

Staff were aware how to identify and report any signs of abuse and there were systems in place to ensure people received their medicines in line with their prescription. People had access to healthcare services and professionals and were supported with their nutritional needs.

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

Staff were kind, knew people well and treated them with respect. Activities were available and care plans were in place to guide staff about how to meet people's needs.

Systems were in place to check the quality and safety of the service, including regular audits. We received positive feedback about the management of the service and staff told us they enjoyed their work. Relatives were involved where they wished to be. People, staff and relatives felt that any concerns they raised would be listened to and dealt with.

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

Rating at last inspection:

At the last inspection the service was rated Good overall (published 23 February 2017).

Why we inspected:

This was a scheduled inspection based on the service's previous rating.

Follow up:

We will continue to monitor information we receive about the service until we 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 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 

Five Gables 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. This inspection was planned to check 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.

Inspection team:

The inspection was conducted by two inspectors on the first day of inspection and one inspector on day two.

Service and service type:

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

The service had two managers 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. One of the registered managers was also the nominated individual for the provider organisation, so in our report we have referred to this person as the nominated individual.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We looked at information we held about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan the inspection.

During the inspection:

We spoke with seven people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, the nominated individual, cook and two care workers.

We looked at records related to people's care and the management of the service. We viewed three people's care records, medication records, three staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection:

We continued to review evidence from the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question is now rated Requires Improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed and mitigated risks to people's safety and wellbeing, but some improvement was required to ensure all equipment was working properly.
- The motion sensor equipment for one person at risk of falls was not working effectively. This meant that staff were not always alerted when the person was moving around, putting them at risk. The person had a fall on the first day of our inspection, which was not witnessed by staff. Whilst checks of the sensor equipment had been conducted, the checks had failed to identify the issue. The provider took immediate action to source alternative equipment following our feedback.
- The provider conducted a comprehensive assessment to consider if bed rails where appropriate to enhance people's safety. However, once bed rails were in place, staff did not routinely record checks of the bed rails to ensure they were fitted correctly and being used safely. The provider agreed to commence this straightaway.
- Responsive action was usually taken when incidents occurred, to prevent the risk of recurrence.
- Staff completed accident and incident records, and these were reviewed by the management team to identify any further action required.

Staffing and recruitment

- People and relatives told us staff were busy but they could get assistance if they needed it. Staff told us there were usually enough staff to respond to people's needs. However, we observed periods of the day where people were unattended in the communal areas with limited social engagement; staff were busy assisting people elsewhere. One person had to wait to receive the personal care they needed.
- The registered manager told us they provided additional support when needed and agreed to continue to monitor the deployment of staff, particularly at busy times.
- Recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable. However, we found some gaps in records. For one staff member, records to show they had not worked unsupervised whilst waiting for their DBS (Disclosure and Barring Service) were not fully complete.

We recommend the provider takes action to improve record keeping in relation to recruitment, to evidence that checks are robust.

Using medicines safely

- The provider had a safe system to manage medicines.
- Staff who supported people with their medicines were trained and had their competency checked.

- Regular medicines audits were conducted, to check on practice and ensure that people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to report any concerns.
- People told us they felt safe. One person told us, "Yes I feel safe, if I didn't I would talk to the manager and they would sort it out for me."
- The provider had a safeguarding policy and the management team were aware to refer any concerns to the local authority safeguarding team for assessment and possible investigation.

Preventing and controlling infection

- The home was generally clean and the provider had taken action in response to a recent infection control and prevention audit. There were some minor infection control issues which the provider agreed to address.
- Staff used personal protective equipment (PPE) when required, such as disposable gloves and aprons.
- The provider had improvements planned in relation to laundry facilities.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had submitted DoLS applications where required. Best interest decisions were made as and when required in line with MCA and the law.
- Staff sought people's consent when offering care.
- The provider retained evidence where people had a Lasting Power of Attorney or legal representative. This helped to ensure that only those with appropriate authorisation made decisions on behalf of people.

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

- People were supported to eat and drink enough.
- Information about people's nutrition and hydration needs was recorded in their care plan. Staff recorded people's food and drink intake where required. The registered manager agreed to oversee that staff were more consistent in totalling the amount of fluids people had taken each day, to enable more effective monitoring and improve the standard of record keeping.
- People were satisfied with the food and confirmed they received a choice. One person told us, "I love the food, if I don't want what is on the menu they find me something else."
- The mealtime experience was generally calm and pleasant but could have been better organised. People had to wait for staff before they could be assisted to leave the dining room or receive the personal support they required.

Staff support: induction, training, skills and experience

- Staff were supported in their role; they received an induction, comprehensive training and supervision. This included experiential training. Some staff had also received additional training to become 'champions' in certain areas of practice. Staff competency was routinely assessed.

- Staff were satisfied with the training they received and told us they could request additional training if there was anything they felt would be beneficial.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had access to health and social care professionals, including the GP.
- Staff sought specialist advice where required, such as from dieticians.
- Information about people's health needs was recorded in their care plans.
- Systems were in place to assess people's needs and preferences.
- The provider used a range of recognised assessment tools to monitor people's health and wellbeing.

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

- The property was homely and people told us they were comfortable.
- The registered manager told us very few people at the time of our inspection needed additional prompts or signage to assist them in finding their way around the home. Where this was required, measures were in place. For instance, one person had a picture of their relative on their bedroom door to help them identify their room.

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- People and relatives provided generally positive feedback about staff. Comments from people included, "The staff are very considerate" and "Staff are nice." Although one person stated, "The staff are alright, but they are busy." Relatives told us, "Staff are caring" and, "They are all nice."
- Staff demonstrated good knowledge of people and their preferences.
- Staff had taken part in a 'dignity challenge' and used this to identify individual experiences they knew people would enjoy.
- People were supported to follow their faith; there was information in people's care files about any needs in relation to protected characteristics of the Equality Act. There was a monthly faith service and fellowship meeting at the home, for those who wished to attend.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and people could spend time in their own rooms.
- Staff generally maintained people's dignity, but we noted a small number of occasions where one staff member was indiscreet when talking about people's personal care needs in front of others. The registered manager and nominated individual agreed to remind staff about best practice and to monitor this.
- Staff provided examples to demonstrate how they supported people to feel comfortable when delivering support with personal care tasks.
- Staff supported people to maintain their independence and skills where possible. For instance, by letting them do as much as possible for themselves when dressing, mobilising and eating.

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

- Staff offered people choices and involved them in discussions.
- There was a record of people's agreement to their care plan, and where relevant, there was information to show when relatives had been involved in discussions about their relative's care plan.
- There was a joint consultative committee to support the involvement of people in decisions about the service.
- People could access independent support with decision making and expressing their views; the registered manager was aware how to support people to access local advocacy services.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff tailored their support to people's individual needs. One person told us, "Staff know my likes and dislikes, too true they do."
- The provider developed care plans with information for staff about people's needs and preferences. These were regularly reviewed and updated when people's needs changed.
- Staff recorded information about the care they provided on a day to day basis, so that the registered manager and nominated individual could check that care was provided in line with people's needs.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care file.
- Information was available in different formats such as large print. Posters developed included pictures so people knew what was on offer.

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's social needs were considered but there was opportunity to develop more individualised activities in line with people's preferences.
- Activities were not available on the first day of our inspection; we were told this was because a fire inspection was taking place that day. Alternative staff had not been arranged to cover the craft group which would normally have been running.
- Some people sat for periods with limited social interaction from staff. One person did not feel staff or other people spoke to them much. However, we observed staff chatting with people when the opportunity arose.
- The registered manager and relatives gave examples of activities which took place on a regular basis, such as a weekly friendship group in the community and weekly chair exercises at the home. There were also events such as music nights and reminiscence afternoons. One person told us they particularly enjoyed the visits from local school children.

End of life care and support

- People received compassionate end of life care.
- The provider worked alongside other health professionals to ensure people's needs were met and any required medicines were available.
- There was information in people's care plans about any advanced wishes in relation to care at the end stage of their life.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was available to people and relatives.
- People and relatives confirmed they would feel comfortable talking to staff about any concerns. They were confident the management team would listen and respond to any issues or complaints. One person told us, "There is a formal procedure on display, I have never had to but would complain to the manager."
- There was a system for recording any complaints received, including how these had been investigated and resolved. The provider also retained information about compliments received.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 nominated individual were aware of regulatory requirements and had submitted information about incidents to CQC as required.
- People's personal information was stored securely.
- There were regular handover meetings to exchange key information between staff and ensure they were aware of their responsibilities.
- The management team understood requirements in relation to the duty of candour and explained how they kept relatives informed of any issues.

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

- People, relatives and staff spoke positively about the management team and described them as approachable.
- Staff told us there was good team work and a person-centred approach. One staff member said, "I love it here. It's like a family. [Registered manager] is lovely and so is [Nominated Individual]. You can go to them about anything."
- There was a quality assurance system and regular audits were conducted to check on the quality and safety of the service. We discussed reviewing relevant audits with the registered manager to ensure they were more effective in picking up the issues identified in the 'safe' section of this report. They told us they would incorporate more in-depth checks into relevant audits to oversee the minor issues with equipment, recruitment records and the deployment of staff that we identified at this inspection.

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

- The provider was in the process of re-establishing their joint consultative committee, which was chaired by a relative. The committee engaged relatives, staff and people in the running of the service and enabled people to give their views on a variety of topics, such as food and activities.
- Staff had opportunity to provide feedback in supervision and team meetings.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to improving the service. They had made changes in response to feedback.

For instance, from an independent infection control and prevention audit.

- The management team were responsive to our inspection feedback and were open and transparent.
- The provider had established links within the community, to enhance the opportunities available to people. This included local schools, social groups and community facilities. They also had links with two care homes in other countries.
- The nominated individual was a proactive member of a number of local care sector forums; they ran local managers meetings and attended NHS and local authority provider meetings and events. This enabled them to keep up to date with best practice, get involved with new projects and access additional training.