

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

The Gables Rest Home Ltd

Conwy Old Road
Penmaenmawr
LL34 6YB

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Contact telephone number:	01492 622438
Registered provider:	The Gables Rest Home Ltd
Registered manager:	Sara Louise Taylor
Number of places:	19
Category:	Care Home - Older Adults
Dates of this inspection episode from:	12 May 2011 to: 28 June 2011
Dates of other relevant contact since last report:	28/03/11
Date of previous report publication:	28/09/10
Inspected by:	Nigel Wyn Williams

Introduction

The Gables is a detached property standing in its own grounds close to the centre of Penmaenmawr. The home is within reach of all local amenities.

The home is owned by Gables Rest Home Ltd. The Responsible Individual, Bernadette Cloonan has been involved in the running of The Gables for over 20 years.

The Manager is Sara Taylor who was registered in March 2011. Mrs Taylor has recently completed her NVQ Level 4 training. Mrs Taylor is supported in her role by Mrs Cloonan who is in contact with the home on a daily basis. Mrs Taylor is also supported by Philip Evans, the home's previous Registered Manager who is now the Area Manager for the Company and is also in regular contact with the home.

The provider and Manager are registered to provide care for up to 19 older persons who have been diagnosed with dementia. This number includes two service users below the age of 65 and up to three people without a diagnosis of dementia.

Plans have been approved to extend The Gables, to provide three additional en suite bedrooms and communal areas. This work is to be completed within the next twelve months.

Summary of inspection findings

What does the service do well

The Gables provides a relaxed, comfortable and homely environment for the service users.

Service users are encouraged to maintain their independence within individual capabilities.

All the care staff have either gained or are working towards National Vocational Qualifications (NVQ).

Care staff have undertaken specific training relating to the needs of service users with a diagnosis of dementia facilitated by a Trained Dementia Care Tutor employed by the provider.

What has improved since the last inspection?

The Statement of Purpose/Service User Guide has been reviewed and amended since the last inspection. An updated copy of the document was made available to the inspector during the inspection visit.

The availability of activities has been enhanced with service users now able to go out on trips in the home's minibus

The Registered Manager has developed a care plan tick chart as a monitoring tool.

The Registered Manager has completed her NVQ Level 4 training.

Staffing levels in the home have been increased in order to provide an enhanced service to people with a diagnosis of dementia.

The Registered Manager reported that there is improved communication with stakeholders.

A Comments Box has been made available in the main entrance hallway.

The exterior of the home has been re painted.

Some of the bedrooms have been refurbished as they became vacant.

Pictorial signage has been provided throughout the home in order to assist those service users with dementia.

Pictures of the service users have been provided on bedroom doors to aid with orientation.

A new three piece suite has been provided in the lounge.

The hall stairs and landing areas have been redecorated and better lighting installed.

What needs to be done to improve the service?

a.) priorities

No regulatory requirements were identified during this inspection.

b.) other areas for improvement

The provider and manager have identified the following areas for improvement over the next twelve months :-

The home's web site is to be updated.

The Statement of Purpose/Service User Guide is to be translated into Welsh.

The Registered Manager intends to further develop the Person Centred Planning approach to provision of care.

The Registered Manager intends to set up regular Key Worker meetings.

The Registered Manager intends to provide 'Memory Boxes' outside service users, bedrooms in order to assist with orientation.

The provider intends to complete the building of the new extension in order to reduce the number of double rooms and provide additional bathing and lounge space for the service users.

The inspector, during the inspection process, identified the following as areas for improvement :-

The Registered Manager is reminded of the need to formally record staff supervision sessions.

Inspection methods

The Responsible Individual and Registered Manager were asked to complete Annual Data Collection (ADC) and Self Assessment of Service (SAS) documents allowing them the opportunity to give an objective view reflecting the quality of the service provided, areas of achievement and those for development. These documents form the basis for the focus of the inspection. In addition to this information, the inspector considered requirements and recommendations made following the last inspection and other sources of information held on file relating to the home. Following consideration of all this information, the Inspector developed an inspection plan that outlined the methods and focus of the inspection. The focus has been on the service users' perspective of the provision, core policies / procedures, staff recruitment, training and supervision and the quality assurance measures.

A combination of inspection methodology was used that included:-

Consideration of the information provided with the Self Assessment of Service document.

Case tracking of four service users, from their initial assessment through the admission process to the present delivery of care.

Questionnaires to relatives/representatives of service users – of the ten questionnaires sent out, three completed questionnaires were returned to the inspecting officer.

Questionnaires to a cross-section of staff – of the ten questionnaires sent out, four completed questionnaires were returned to the inspecting officer.

Questionnaires to visiting professionals – of the five questionnaires sent out, only one completed questionnaire was returned to the inspecting officer.

Wider discussions with service users and staff during an unannounced visit to the home.

Direct testing of the documentation held at the home.

Observation of the interactions between staff and service users.

A sample of the bedrooms together with the communal areas, kitchen and laundry were viewed.

The relatives/representatives of service users who completed and returned the questionnaires, commented positively on the care and attention provided at The Gables.

The visiting professional who completed and returned the questionnaire commented positively on the professionalism of the staff and on the quality of the service offered at The Gables.

Detailed discussions were held with Sara Taylor, the Registered Manager and with Philip Evans, the Company's Area Manager. A brief discussion was held over the telephone with Mrs Cloonan, the Responsible Individual.

In accordance with the proportionate approach to the inspection, it is not possible nor is it expected to inspect all aspects of the service in depth. It remains the responsibility of the Registered Person to ensure that the home operates in accordance with the relevant laws and regulations.

Choice of home

Inspector`s findings:

The home’s Statement of Purpose and Service User’s Guide, which provide information about the home and facilities available, are issued to prospective service users and/or families. This document has been recently reviewed and amended. A copy of this amended document was made available to the inspecting officer during the course of the inspection visit. It is the manager’s intention to have the document translated into Welsh during the next twelve months.

The Responsible Individual, Area Manager or Registered Manager assess prospective service users prior to their admission into The Gables. On inspection of the four selected care files, it was evident that these assessments correlate with the assessments performed by the funding authorities and take into account the service users’ social interests as well as their care needs. It was also confirmed during discussions that the prospective service users and/or their relatives, where possible, are invited to visit the home prior to admission in order to view the facilities and to meet the staff and existing service users.

A trial period of stay is offered.

Relatives/representatives in responses to the pre inspection questionnaires stated that they visited the home prior to admission and that they received sufficient information about the services provided prior to moving in.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Planning for individual needs and preferences

Inspector`s findings:

A sample of four individual service users' files were viewed as part of the case tracking process.

From the files inspected it is evident that each service user has a plan of care generated from a comprehensive assessment. The plans provide complete details of the action that needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user are met.

The manager is also developing a more 'person centred' approach to the care planning and provision of care and as part of this process will be focusing on service users' life histories. This is commended.

Risk assessments are also undertaken.

There was evidence that the care plans and risk assessments are reviewed and updated on a monthly basis, or more frequently if the need arises, to reflect changing needs and current objectives for health and personal care. There was evidence that the plans are drawn up with the participation of the service user or their chosen representative where appropriate.

All information of a personal nature relating to service users is securely stored.

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Good practice recommendations:

Quality of life

Inspector`s findings:

Service users' relatives/representatives, who completed and returned the written questionnaires, confirmed that the service users are treated with respect by the staff and that requests for assistance are responded to immediately.

Relatives and friends of service users are encouraged to visit them at the home at any reasonable time.

A visitor book is placed in a conspicuous place in the front entrance hallway for all visitors to sign in accordance with health and safety regulations.

Activities continue to be arranged within and outside of the home, both on an individual and group basis.

An activities co-ordinator is employed who spends time with service users each afternoon. Service users' relatives/representatives who completed the questionnaires were pleased with the amount of time that staff spend with service users.

The service users have access to a mini bus owned by the Company which is used to take them on outings to local places of interest.

A sensory room is to be provided within the planned extension to the home.

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Quality of care and treatment

Inspector`s findings:

Service users' relatives/representatives who completed and returned the questionnaires commented positively on the quality of care offered at The Gables.

The manner of preferred address is determined at the point of admission, recorded in the care plan and respected by staff. Service users were seen to be well cared for in their appearance.

Inspection of the care documentation confirmed that the health and condition of service users is monitored and reviewed on a monthly basis in order to identify any deterioration or possible risk of deterioration.

Service users have access to local GP practices.

A nutritional assessment is undertaken for all service users on admission and reviewed on a regular basis. Special diets are catered for and the dietician is consulted where necessary.

Service users' relatives/representatives, who completed and returned the questionnaires, were complimentary of meals provided.

Medication management was not discussed in detail during this inspection. However, it is known that written policies and procedures are in place.

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New requirements from this inspection:

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Good practice recommendations:

Staffing

Inspector`s findings:

A total of twenty six members of staff were employed at the time of the inspection.

Staff turnover has been relatively high since the date of the last inspection with twelve staff having left and fourteen new staff members employed. This was discussed with the manager who stated that the vast majority of staff had left due to personal issues.

A sample of four staff files were inspected during the unannounced visit to the home.

From the files inspected it was established that the provider operates a sound recruitment policy in order to ensure the protection of the service users accommodated. This includes obtaining Criminal Record Bureau (CRB) checks; two satisfactory references and medical information. All staff appointments are subject to a satisfactory probationary period. A programme of induction based on the Care Council for Wales's framework is provided for all new staff.

Staff members who completed and returned questionnaires reported that they felt valued by the management and had enough support to do their jobs competently. They also confirmed that they receive regular supervision and annual appraisals and that they have an individual plan of agreed training. However, on inspection of the staff files it was noted that not all supervision sessions were being recorded.

The manager in the Self Assessment of Service document states that all of the care staff have either gained or are working towards National Vocational Qualifications (NVQ).

Care staff have also undertaken specific training relating to the needs of service users with a diagnosis of dementia, facilitated by a Trained Dementia Care Tutor employed by the provider.

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New requirements from this inspection:

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Good practice recommendations:

The manager is reminded of the need to formally record staff supervision sessions.

Conduct and management of the home

Inspector`s findings:

The home is owned by Gables Rest Home Ltd. The Responsible Individual, Bernadette Cloonan has been involved in the running of The Gables for over 20 years.

The Manager is Sara Taylor who was registered in March 2011. Mrs Taylor has recently completed her NVQ Level 4 training. Mrs Taylor is supported in her role by Mrs Cloonan who is in contact with the home on a daily basis. Mrs Taylor is also supported by Philip Evans, the home’s previous Registered Manager who is now the Area Manager for the Company and is also in regular contact with the home.

Mrs Cloonan undertakes regular audits of the service in accordance with Regulation 27 of the Care Homes Wales (Regulations) 2002, and produces a report on her findings. The most recent report was shared with the inspecting officer during the inspection visit.

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Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

The home has a written complaints procedure which is included within the Statement Of Purpose/Service User Guide. The procedure includes details of how a complaint will be dealt with and an assurance they will be responded to within a maximum of 14 days. Information is also included as to how a complaint may be raised with CSSIW at any time should the complainant wish to do so. The management of the home are proactive with regard to complaints and welcome service users and visitors to approach them at any time with concerns.

Policies and procedures are in place for responding to suspicion or evidence of abuse or neglect.

CSSIW have been involved in three complaint investigations relating to the service provided at The Gables since the date of the last inspection. No requirements were imposed as a result of these investigations and the provider has actioned all the good practice recommendations made.

One Protection of Vulnerable Adults referral was made since the date of the last inspection of the home. The referral was found to be without basis.

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Good practice recommendations:

The physical environment

Inspector`s findings:

The Gables is a two storey building within walking distance of the village of Penmaenmawr.

There is a small parking area to the front of the building and an enclosed garden area that can be accessed from the first floor of the building.

The exterior of the building was seen to be in a good state of repair on the day of the inspection, visit having been recently re-decorated.

The garden area was also seen to be well tended.

The manager intends to enhance the garden area through the provision of additional plants and shrubs.

The bedroom accommodation is set out on two floors with one en suite twin bedroom and single room on the ground floor and all other bedrooms on the first floor. There are sufficient numbers of toilets and bathrooms on both floors. Some bedrooms have an en suite toilet and all have a hand wash basin.

A sample of the service users' rooms were seen during the unannounced visit. The rooms were furnished and decorated to an acceptable standard. The service users were seen to have individualised their rooms to varying degrees.

Staff commented, in the pre inspection questionnaires, that the bathroom on the first floor landing is too small and on inspection this was found to be the case.

The communal areas were furnished and decorated to an acceptable standard with evidence of on-going refurbishment throughout the home.

There is no passenger lift available but some of the current service users accommodated are able to manage the stairs with supervision, as was observed during the inspection.

The provider has had plans approved to build a new extension to the home in order to reduce the number of double rooms and provide additional bathing and lounge space for the service users. This work is due to be completed within the next twelve months. This is seen as an essential part of the development of the service and is expected to greatly enhance the quality of life for service users.

Requirements made since the last inspection report which have been met:

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Good practice recommendations:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.

The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

