



Inspection Report on

The Gables Care Home

**The Gables Care Home
Conway Old Road
Penmaenmawr
LL34 6YB**

Date Inspection Completed

1 March 2022

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About The Gables Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Inspired Homes Network Ltd.
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	16 March 2021
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from a respectful and caring staff team. Care staff are available in sufficient numbers to meet people's individual needs. People's care and support documentation is detailed and gives staff adequate instruction on how to support individuals. The service works well with additional services to ensure people have access to health and allied health professionals. Comprehensive infection control measures are in place. The overall upkeep of the home requires improvement. People living at The Gables and care staff are supported by a supportive and dedicated manager. A new Responsible Individual (RI) has been appointed to oversee the management of the service.

Well-being

People are encouraged to have control over their day to day life. Arrangements are in place to enable people to see their family and friends, within a safe environment, which promotes people's emotional well-being. Choices are available to people in relation to the daily routines, such as when to get up in the mornings and when to retire for the evenings. People decide how and where they wish to spend their day, and whether or not they want to take part in any group activities. We found these preferences are valued and respected by staff and management.

People are supported with their physical, mental health and emotional well-being. Activities within the home are under review by the manager to ensure people can do things that matter to them. Care staff are able to discuss in detail people's individual needs, risks and preferences. Care staff and the management team are enthusiastic about providing quality care to the people they support. Communication channels within the service are clear, and changes are communicated quickly and effectively. Policies and procedures are accessible, although they do require up-dating. Systems are in place to ensure the service has suitable arrangements in place to assess, monitor and improve the quality and safety of the service.

Overall, people are safe and protected by the practices in the service. Systems and processes are in place to promote independence while keeping people safe. The service works in partnership with professionals and agencies to assess and manage any risks to individuals. Staff recruitment checks are completed but this is an area for improvement to ensure all staff files have all the legally required information. Care staff have access to safeguarding training.

The service is working towards providing an 'Active Offer' of the Welsh language. Some Welsh speaking staff are available for people who want to communicate through the Welsh language. Signage around the service is bilingual.

Improvement is required to ensure systems and processes are in place to promote a well-maintained environment. There have been limited improvements to the environment since the last inspection. Further investment is required to improve the facilities and standards of the environment to promote positive outcomes and enhance people's well-being.

Care and Support

People we spoke with are happy with the care and support being provided, and feel it meets their needs. Personal plans and other care documentation capture important information about the individual, their care and support needs and the outcomes they would like to achieve. Information includes people's personal preferences in areas such as what time they got up in a morning and retire in the evening. We spoke with one individual who was up early in the morning, they confirmed this was according to their wishes. This was clearly documented in their personal plan. People's preferences are valued and respected by staff and management. There are positive interactions between care staff and people who confirm they are treated with dignity and respect.

As with many care providers, Covid-19 restrictions have impacted many activities which support people's outcomes and well-being. Activities have now re-started and are currently being reviewed by the manager to ensure people can do things which matter to them.

The service provider ensures medical advice and professional help is sought when required, in a timely manner. Management and care staff support people to appointments to promote their health and well-being. Records show a good level of input from other professionals, their expertise is valued and advice acted on. Health professionals contributing to this inspection confirmed that they have a positive relationship with the service and communication is good.

Overall, people are as safe as they can be and their well-being is protected. Any decisions to restrict a person's freedom are made in line with the Deprivation of Liberty Safeguards. Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being. Care staff receive training on safeguarding and protecting vulnerable people. A safeguarding policy is available to guide staff, but this requires updating to be in line with the 'All Wales Safeguarding' measures. This is an area for improvement. We expect the service provider to take action to rectify this and we will follow this up at the next inspection.

The service promotes hygienic practices and manages the risk of infection. Checks and records are undertaken before visitors are able to enter the building, in order to reduce the risk of transmission of Covid-19. Care staff told us they are aware of the infection control procedures and good infection prevention and control practices are being followed by staff and management.

Environment

The environment requires improvement. The home is clean and warm. People have personalised bedrooms to varying degrees with their own memorabilia, ornaments and pictures creating a homely atmosphere. People told us they are happy with their bedrooms. Some areas of the home are in need of redecoration as they look tired and are showing signs of wear and tear. The manager has already acknowledged the improvements needed. This is further supported by the RI's three monthly report. The improvements and upgrades to the environment have been hampered somewhat by the Covid-19 pandemic. This is an area for improvement. We expect the service provider to continue to take action to implement these improvements and we will follow them up at the next inspection.

Overall, the service provider identifies and mitigates risks in relation to health and safety and fire safety. The maintenance files show utilities and equipment have up-to-date checks and servicing. The service has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Fire safety documentation is in place including personal emergency evacuation plans (PEEP), fire safety checks and drills. However, the fire risk assessment and policy require up-dating to ensure the risks are being controlled effectively. This is an area for improvement. We expect the service provider to take action to rectify this and we will follow this up at the next inspection.

Leadership and Management

The service is provided in accordance with their Statement of Purpose (SOP). The SOP accurately describes the current service arrangements it has in place regarding people's care and accommodation. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles. However, they do require up-dating to ensure they are up-to-date and in line with current and national guidance. This is an area for improvement. We expect the provider to take action to rectify this and we will follow this up at the next inspection.

The service provides appropriate numbers of staff who are trained and feel well supported in their role. The service manager has a visible presence in the home. Appropriate numbers of staff are on duty to enable people to receive the care and support they need at the right time. Care staff receive training to enable them to fulfil the requirements of their roles. It is acknowledged that practical training has been impacted by the Covid-19 pandemic. The manager told us that training is an area that is being developed, especially around personal development. Care staff contributing to this inspection feel able to discuss any concerns they may have with the manager or deputy. Care staff receive supervision in their role to help reflect on their practice and to make sure their professional competence is maintained. However, there is no record of annual appraisals. This is acknowledged by the manager who is in the process of addressing this shortfall. This is an area for improvement. We expect the service provider to take action to rectify this and we will follow this up at the next inspection.

Safe staff recruitment is an area for improvement to ensure people are supported by care staff who are suitably fit to work with vulnerable adults. Not all staff files have all the legally required information, so the service cannot always be sure staff are suitable, and fit to work with vulnerable people. We expect the provider to take action to rectify this and we will follow this up at the next inspection.

The service appears to have finances available to ensure people's safe care. People have a choice of meals and the pantry is full of fresh and frozen produce. A plan of refurbishment is underway to improve the overall environment. Staffing levels are maintained to ensure people have support to achieve their outcomes.

There are arrangements in place for the oversight of the service through ongoing quality assurance processes. A quality of care review is available to assess, monitor and improve the quality and safety of the service. The newly appointed RI is accessible and visits the service as required.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
27	The service provider must ensure there is an up-to-date safeguarding policy and procedure in place.	New
44	There are signs of general wear and tear in different areas of the home. The service provider must ensure	New

	the redecoration and upgrades required to the environment are carried out.	
35	The service provider must ensure all checks in relation to staff suitability to work with vulnerable people are completed prior to their employment at the service and are kept on file.	New
36	All staff must have an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.	New
79	The RI must put suitable arrangements in place to ensure policies and procedures are kept up to date and are in line with national guidance.	New
57	The RI must put suitable arrangements in place to ensure the fire risk assessment and policy is updated.	New
73	The RI must visit the service at least every three months.	Achieved
36	All staff must complete core training appropriate to the work to be performed by them and receives specialist training as appropriate.	Achieved
15	The service provider must ensure personal plans provide clear and constructive information for staff about the individual and their care and support needs. Any risks to the individual's well-being must be documented and include how the risk will be managed.	Achieved

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