

# The Gables Care Home Service

Beech Hill House  
Lour Road  
Forfar  
DD8 2BA

**Type of inspection:**  
Unannounced

**Completed on:**  
4 July 2024

**Service provided by:**  
Angus Council

**Service provider number:**  
SP2003000043

**Service no:**  
CS2003000357

## About the service

The Gables first registered with the Care Commission in 2002 and transferred its registration to the Care Inspectorate in 2011. The Gables is a residential home for people with a learning disability.

## About the inspection

This was an unannounced inspection which took place on 2 July 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five people using the service and one of their families
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People were happy and relaxed in the home.
- Staff knew people well and treated them with kindness and compassion.
- Staff supervision needed to improve.
- People had full lives and enjoyed community based activities.
- Mandatory training for staff was not up to date.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a relaxed, friendly atmosphere. People experienced warmth, kindness and compassion with how they were supported. There were nice interactions with staff who knew people well and were sensitive to their needs. Appropriate music was playing in the lounge, with people singing and laughing. People told us, 'It's nice living here', 'It's brilliant' and 'The staff are all lovely'. This meant people were experiencing a supportive, homely environment, where they felt safe and happy.

Personal plans contained information on how best to care and support people, however, these were not up to date. We couldn't be confident that the information contained in these files had been reviewed recently to reflect people's current needs. Files were disorganised due to the volume of documentation. This made it confusing and time consuming when trying to find key information for each person. As a result, this could impact on people getting the right support. **(See area for improvement 1)**

One-page profiles were detailed and were completed with residents and their families. These gave a sense of the person and their preferences, likes and dislikes. This meant that staff could use this information to engage with people to support them to achieve their goals.

People's personal plans showed that they were able to access a range of services such as podiatry, speech and language therapy and occupational therapy. This ensured people were appropriately accessing other professionals' support to optimise their health.

There was an organised system in place for administration of medications, which was audited by management. A protocol was in place for administration of homely remedies, which was being used appropriately. As a result, people could be confident their medication was available and being administered safely.

Where people were prescribed creams, these were recorded on topical medication administration recording records (TMARRS). Records showed occasional gaps in recordings, however this had not impacted on people's wellbeing. We will follow this up at our next inspection.

People chose how they wanted to spend their time and were supported to access a variety of activities. For example, one person enjoyed painting on canvases, and some enjoyed taking a walk out in the local area. Staff were enabling people by supporting them with household tasks. Some people were setting tables for meals and others were supported to clean their rooms and tend to their washing, in the laundry. This helped people keep active and maintain their independence. This contributed to their overall wellbeing.

People were encouraged to have active social lives and integrate within the local community. We were told, 'I'm going to Tummel Valley for my holiday. I'm looking forward to that', 'I'm going to art moves. It's a play' and 'I was out for steak pie at the weekend'. There were a variety of groups that people were attending such as a music group at the local church, aqua aerobics, boccia and library groups. Staff understood the importance of supporting people to stay connected and have new experiences. As a result, people were part of the community and were leading full, active lives.

People were encouraged to enjoy meals together in both dining areas of the home. Residents had access to a small kitchen area where they could be supported to make snacks and light meals where they chose to do so. Residents enjoyed their meals and benefitted from a range of food choices. Where people did not like what was on offer, they were able to choose something else. We were told, 'I get to choose my meals' and 'I hate the minestrone soup, I can't stand it, but I get something else'. This meant people were having positive experiences and retained some independence around mealtimes.

The service was using a multifactorial falls risk assessment to minimise the risk of falls. A clear system was in place for monitoring all accidents with clear evidence of any actions taken and the outcomes. People could be confident that the service had good management oversight of reducing risks of falls and that measures were in place to protect them.

Six monthly reviews had taken place. The reviews that had taken place reflected people and their representatives views and any identified actions required. This ensured support received was based on people's current needs and circumstances. As a result, people felt valued and at the centre of their own care.

The home was visibly clean and tidy with cleaning protocols in place and no intrusive odours. Infection prevention control (IPC) equipment was available for staff throughout the home and used appropriately. Regular observations of staff practice regarding handwashing and correct use of personal protective equipment (PPE) were carried out to ensure compliance. People could be confident that they were being cared for in a clean and healthy environment.

### Areas for improvement

1. In order to ensure people's care and support plans reflects their current needs, the provider should ensure that plans are up to date and are reviewed monthly, as a minimum. Plans should only contain documentation that is current and relevant to people's current and ongoing care and support.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that:**

**'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).**

### How good is our leadership?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We acknowledged that since our last inspection, there had been a temporary change in management and a change of premises for the service. This meant that the service had been working hard with additional factors, whilst supporting residents and staff.

Staff meetings were held regularly which supported staff to have their say about how the service could be developed, and to address any concerns. Staff told us, 'I've not many complaints, but I'm listened to'. This meant staff felt confident to raise any concerns when needed.

Resident meetings had taken place and people were able to give their views and opinions across. As a result, people felt included and valued.

Documentation of accidents and incidents in the service was detailed. Management had a system in place whereby all accidents were followed up to ensure appropriate action had been taken to minimise risks to people. As a result, people could be confident that appropriate measures were in place to maintain their safety.

Senior staff completed observations of staff practice. This was mainly regarding Infection prevention and control (IPC) and personal protective equipment (PPE). These could be extended further to other aspects of care and support. This would confirm that staff are translating knowledge from training into practice to improve outcomes for people.

The service didn't have a formal process of quality assurance in place. Some audits had been completed, but it was unclear how the results of these had been communicated to people, or how these informed managers of progress and areas requiring further development. This meant there were missed opportunities for management to identify key areas that needed improvement. A more robust and consistent approach would ensure people continue to experience positive outcomes. We discussed this with the acting manager who was working hard to develop the existing audits. We will rewrite the previous area for improvement, in order for the service management team to stabilise and ensure that these processes are fully implemented, up to date and embedded in the service. We will follow this up at our next inspection. **(See area for improvement 1)**

The service had systems in place for monitoring staff registration with Scottish Social Services Council (SSSC). This meant people could be confident that measures were in place to ensure staff were appropriately registered with their professional bodies, to keep people safe.

A robust system was in place to monitor people's finances. People had their own money which was kept in locked receptacles in their rooms. Regular, financial audits were being completed and people accessed their money with support from staff. This promoted choice and gave people reassurance that their money was safe.

We recommended that a service improvement plan is developed to ensure improvements are highlighted. This should be regularly reviewed and updated following actions being identified within quality assurance processes and discussions with people who use the service and their relatives. This would mean management would have full oversight of improvements and be able to drive these forward. As a result, this would achieve better outcomes for people.

Management had oversight of all training and the service offered a variety of different topics to be completed online. However, not all core training was up to date. **(See area for improvement in key question 3)**

Although management had oversight of staff supervision and appraisal, this was not where it needed to be. Some staff told us that they had supervision but not recently. This meant there were missed opportunities for staff to discuss any issues or concerns with their line manager. As a result, this can lead to staff feeling undervalued and may lower staff morale. We will rewrite the previous area for improvement, in order for the service management team to stabilise and ensure that these processes are fully implemented, up to date and embedded in the service. We will follow this up at our next inspection. **(See area for improvement 1)**

## Areas for improvement

1. The provider should develop the existing quality assurance system and ensure that these are effective, accurate and identify areas for improvement for the service. These should include:

- ensuring that staff have regular access to supervision and appraisal as per the service's own policies and procedures.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that:**

**'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).**

## How good is our staff team?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home was fully staffed at the time of inspection. Where staff were required, such as when supporting people on outings, the senior team was able to flex staff appropriately, to ensure people had the right level of support. We were told, 'There's new staff coming'. People could be confident that staff understood the needs and wishes of people in the home. This meant that they were supported by the right staff with the right skills.

People benefitted from a mainly consistent staff team who knew them well. We noted that a number of the staff we spoke to had worked at the service for a long time, so there was a stable staff team. Where there were vacancies, new staff had been recruited and management ensured regular bank staff were used to maintain consistency meantime. This meant that people were being supported by familiar faces which gave them reassurance and alleviated any anxieties.

We saw warm and kind interactions throughout the service. People told us, 'The staff will help me' and 'I like the staff here'. Staff told us that staff morale was good. It was noticeable that people felt comfortable around staff and considered them important.

Staff were working hard and demonstrated values that were in keeping with the Health and Social Care Standards. People were supported at their own pace, and we saw staff engaging in conversations and laughing with people. This meant that there was a sociable atmosphere with people being treated with dignity and respect.

Management had oversight of all training and the service offered a variety of different topics such as sensory awareness, Makaton and dealing with aggression and violence. However, not all core training was up to date. We noted that staff were knowledgeable and skilled in supporting people in the home and knew people well. We were confident that the management would ensure an improvement in training compliance and therefore we have made an area for improvement. **(See area for improvement 1)**

## Areas for improvement

1. In order to ensure that staff are competent, skilled and knowledgeable, the provider should ensure that all staff have completed their mandatory core training.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:**

**'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).**

## How good is our setting?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service was clean and fresh in all areas and free from intrusive odours. This meant people could enjoy a calm, pleasant environment in which to spend time.

People benefited from spacious en-suite rooms and had chosen their own furniture and paint colours for the walls. People were encouraged to have personal items to give a homely feel and were keen to show us their rooms. One person told us, 'I have a blue room'. This meant that people could be confident that they could be supported to make their own personal space feel like home.

Maintenance was carried out by an external company. Management told us that all maintenance checks were up to date and certificates in place where required. A process for reporting faults and repairs was in place for staff in the home. This meant that people were living in a service which was well maintained and safe.

There was a choice of spaces for people to enjoy in the home. The manager told us that the keypad codes had been removed so that residents were able to use all areas of the home. We observed people freely accessing these spaces at the time of the inspection. This meant that people could choose where to spend their day and have privacy when they wanted.

The service had a pleasant garden area for people to enjoy. Bird feeders were on the windows for residents to view the birds closely. We were told, 'I like the red squirrels' and, 'You can see deer in the garden'. People were supported to spend time in the local community and attended regular outings, supported by staff. This meant people had a sense of purpose and inclusion.

An environmental improvement plan is in place as a condition of the service registration. The service has not updated us on any progress of work identified in the plan as requested. We discussed this with the manager and we have made an area for improvement. **(See area for improvement 1)**

## Areas for improvement

1. In order to meet the conditions of current registration, the provider should update the environmental improvement plan. This should include details of all planned works and associated timescales for completion. This should be sent to the Care Inspectorate and displayed alongside the registration certificate in the home.



This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans contained a range of information that described the care and support people required to help them keep well and enjoy life. However, these were out of date and were not reviewed regularly. Due to the volume of documentation in people's files, it was difficult to find the key information required in order to support the person. This meant it was time consuming and not always clear which documents were the most current. As a result, this could impact on people getting the right support. **(See area for improvement in key question 1)**

A range of assessments had been completed such as a multifactorial falls risk assessment and moving and handling assessment. These assessments helped to identify where further guidance was required from other health professionals. As a result, people's health and wellbeing was being maintained.

Life story documents such as 'All about me' and one page profiles were detailed and informed staff of people's preferences. This meant people were benefitting from person centred care and support.

Reviews had taken place six monthly, involving key individuals. Documentation evidenced that people and their family members were involved in regular reviews and were being contacted promptly when any changes or concerns had been identified. This meant that people were at the centre of their care.

Legal powers were documented in peoples care plans and a copy of legal documents evident, such as guardianship and power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place too. This meant that staff were aware who was responsible for residents who lacked capacity to ensure they were protected, and their rights upheld appropriately.

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The Provider should develop a robust quality assurance system that shows how they;

Maintain and develop existing quality assurance measures, and ensure that these are effective, accurate and identify areas for improvement for the service. These should include:

- monitoring and improvement of infection prevention and control measures in all areas of the service
- act on feedback from people who use the service, relatives and staff
- ensure that staff have regular access to supervision and appraisal as per service own policies and procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that; 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 25 May 2022.

Action taken since then

We did not evaluate this area for improvement during this inspection.

**This area for improvement was made on 25 May 2022.**

#### Action taken since then

A quality assurance system was in place, but still needed to be developed and embedded fully for it to be effective in driving improvements.

Medication audits were completed and a form for auditing care plans was developed, although this hadn't been implemented yet. Some oversight of care plans was evident as some files had notes in them with actions to be taken.

Cleaning audits were being carried out, but no actions were identified following these audits. Finance audits were in place and effective. Accident and incident monitoring and oversight was good.

Infection prevention and control (IPC), was being monitored in the home. Cleaning records were completed effectively and the standard of cleanliness was reflected in these records and evident on inspection. Personal, protective equipment (PPE) was readily available, and disposed of in line with guidance.

Staff observations of donning and doffing and hand hygiene were completed to ensure staff compliance.

Staff and residents were able to express their views at meetings and at reviews. Residents had been at the centre of decision making around their new home and how their individual rooms and communal areas were decorated and set up.

Relatives were involved in reviews and staff had developed good relationships with key people in their residents' lives.

Staff supervision was not where it needed to be and was overdue for all staff, as were appraisals. Some staff said they had had supervision but not for some time.

The service had been without a manager for some time, and a temporary manager had been acting up in her absence, with some support remotely. The service had also changed premises, and this has been a huge event in staff, residents and families' lives and involved significant planning and teamwork to ensure residents were supported through this time. Residents also needed time and support to settle into their new home.

There was a planned date for the manager to return, and we were confident that the management team understood the work required to meet this area for improvement, moving forward.

We will therefore rewrite this area for improvement, under key question 2, in order for the service management team to stabilise, and ensure that these processes are fully implemented, up to date and embedded in the service. We will follow this up at our next inspection.

**This area for improvement has not been met.**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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