

Mr & Mrs H Emambocus

Gladstone House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Gladstone House is a residential care home providing accommodation and personal care for up to 12 younger adults with a mental health condition. At the time of the inspection there were 12 people using the service.

The service has three floors, two of which provide living accommodation for people. There is a communal lounge and dining area, with a smaller quiet room with access to outside space.

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

People told us they felt safe living at this service and had built trusting relationships with staff. Recruitment procedures ensured staff were suitable to work in a care setting. Staff had time to meet people's needs and engage them in meaningful conversations. People's medicines were managed safely. The providers quality assurance systems did not always highlight areas requiring improvement in relation to infection control and window safety. We made a recommendation about the governance and quality assurance systems in place.

Staff received training to support them in their role. The provider had scheduled refresher training to ensure staff knowledge and skills were maintained. Staff received informal day to day chats with the management team; supervisions and appraisals were scheduled to support them carry out their role effectively.

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

People accessed the community independently and were supported by a team of staff to engage in activities or explore interests they had chosen. People were encouraged to participate in the running of the home to further develop their life skills.

Care plans were person-centred and reflective of people's current needs. Staff knew people well and could tell us about their support needs. People told us staff were, "Supportive, friendly and kind."

The service demonstrated good outcomes for people. Staff told us people were at the heart of everything they considered. People, staff and relatives had opportunities to raise concerns, make suggestions to improve the service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gladstone House on our website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published April 2017).

Why we inspected

This was a planned inspection based on the previous rating. 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 safe.

Details are in our safe findings below.

Good ●

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 ●

Gladstone House

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 Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Gladstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 a manager registered with CQC. 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.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

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 works with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people who used the service about their experience of the care provided. We spoke

with three members of staff including the registered manager, and two care workers. In addition, we spoke with two visiting health professionals.

We reviewed a range of records. This included two people's care plans and risk assessments, and multiple medication records. We walked around the premises to review infection control and health and safety. In addition, we looked at records relating to the management of the service such as audits and maintenance records.

After the inspection

We received confirmation from the provider that maintenance work had been completed to ensure safety standards were met for any single pane glass windows.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about the different types of abuse and how to protect and report any concerns. One member of staff advised, "I have completed the safeguarding training run by the Local Authority."
- People felt comfortable approaching staff and felt safe in their home environment. One person said, "I feel safe living here, staff make me feel welcome."

Staffing and recruitment

- The provider had recruitment procedures in place to ensure suitable people were employed.
- People told us that staff were always helpful and available to support them.
- Staff had time to engage people living at the service in meaningful conversations. One member of staff advised, "We have some new staff starting so that's good."

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

- Staff were aware of any risks and could describe how they managed these to ensure people's safety. No restrictive interventions were being used at the time of this inspection as staff knew people well and managed risks effectively. Guidance was in place should restrictive interventions be needed as a last resort; the proportionality had been considered in relation to the level of potential risk or harm.
- Accidents and incidents were fully recorded and responded to appropriately. Staff told us that lessons learnt were shared with them to improve practices.
- We identified two upstairs windows that required further safety measures and an area of the building where there was no paint on bare wood. During the inspection the provider completed various maintenance works to improve window safety and infection control.
- Evacuation plans detailed the support people needed to exit the premises in the event of an emergency, such as a fire. Equipment had been serviced and well maintained.

Using medicines safely

- Medicines were managed, stored and disposed of in line with best practice. Staff had received appropriate training.
- Staff told us that people's medicines were regularly reviewed and reduced when this was necessary. Some people received medicines that required close monitoring. Staff were aware of the side effects of these medicines and ensured they were administered as prescribed at all times.

Preventing and controlling infection

- The provider ensured maintenance works were carried out during the inspection which improved

infection prevention and control measures.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were reflective of people's current needs and showed good outcomes had been achieved with people. For example, one person had received emotional support from staff which improved their well-being. This had built their confidence to access services outside the home and regularly engage in activities or events outside the service.
- Best practice guidance was shared with staff to ensure they supported people effectively. Staff could describe how they met people's needs whilst considering their likes and preferences. Experienced staff guided newer members within the team to support people as they had chosen.
- Staff told us they communicated well with one another and worked as a team to ensure important information was shared and recorded. This ensured consistent support for people when staff changed shifts.

Staff support: induction, training, skills and experience

- Records showed staff completed an induction and received ongoing refresher training. Training was specific to the service to support staff in their role. The provider had scheduled training which included practical moving and handling. This was in case someone had a fall and staff needed to support them. During the inspection we met a member of staff from the hospice team, they were providing additional training to support staff to explore people's advanced decisions for end of life care.
- Staff had received regular supervisions and appraisals were scheduled. One member of staff advised, "I receive four or five supervisions a year and just recently had one. My manager asks if I have any concerns or checks whether I would like any additional training. I completed stoma training with the nurse."
- Staff were skilled at interacting with people and knew them very well. People felt comfortable approaching staff and good relationships existed between people and staff.

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

- People were supported to maintain a balanced and nutritious diet. Food was homemade, and people were encouraged to participate and learn new skills.
- Staff were aware to raise any concerns about people's nutritional needs or weight loss. Records showed appropriate referrals had been made to health professionals to support people's well-being when needed.
- People were able to make their own drinks in the kitchen whenever they chose to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend appointments for their healthcare when needed. Staff had documented information and the provider was looking at ways to improve this process to ensure records were clearly

recorded in one place to encourage timely follow up appointments. Some people received injections administered by a health professional, staff monitored these to ensure they were given at regular intervals to support people's mental health needs.

- The provider had introduced a new document to use when transitioning between services such as hospitals. This ensured healthcare professionals received vital information needed to provide care and support to people.

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

- People had opportunity to decorate their own rooms in their chosen colour schemes. Some people had brought their own furniture items into the service to help them settle in.
- People had different communal rooms they could access, including an outdoor area with seating.

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 when this is in their best interests and legally authorised under the MCA.

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 .met.

- People were involved in decisions about their care. Staff asked people for their consent to ensure they had control and control in all areas of their support.
- Staff knew how to assess people's mental capacity and when best interest decisions may be needed.
- Staff recognised restrictions on people's liberty and knew what action should be taken. At the time of our inspection no restrictions were in place.

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; respecting equality and diversity

- People spoke positively about the service. Comments included; "I like living here, the staff have helped me" and, "I wouldn't want to live anywhere else. They [staff] are like my family."
- Staff approached people in a caring manner. Staff asked people how they were or if they needed anything, people responded well.
- Staff made sure people's rights were upheld and choices respected. One member of staff advised, "[Name of person] was recently admitted into hospital, they had advanced end of life decisions made whilst they were confused in hospital. When they came home we discussed whether they still wanted these in place and they didn't. We had to get in touch with the GP to change these."
- One member of staff advised, "I enjoy just being with the residents, giving and spending time with them. When you do little things for people that they can't do for themselves, it makes them happy. I've always been a caring kind of person and enjoy looking after people. They just become a part of your life."

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

- The provider supported people to express their views about the service. Satisfaction surveys had captured people's positive feedback. Comments included; "I'm happy, I help with washing pots and setting tables" and, "They [staff] fulfil my needs and I am very happy living here."
- People were involved in planning their own support needs. People, their relatives and representatives were invited to attend meetings to support with decision making. Where people did not have family to support them, the provider made enquiries to access independent representatives to support them to ensure they could express their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity whilst respecting their privacy. Staff told us, "I knock on people's doors before entering" and, "It's about treating people with respect and talking to them on the same level."
- Staff described how they supported people to become more independent. People were encouraged to partake in different activities that developed their skills, such as cleaning their rooms and completing their own laundry.
- People's personal records were stored securely, and computers password protected. This ensured only people authorised to do so could view people's information.

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 delivered person-centred care to people which met all aspects of their needs.
- People were involved in reviews of their care and people that were important to them were invited to be present.
- Care plans were current and detailed people's likes, dislikes and preferences. The provider was in the process of working with the local authority to include further personalised information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider made information available to people in a way they could understand. Alternative formats or additional support was available from staff when needed. Staff told us no one required information in alternative formats at the time of our inspection.

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 were encouraged and supported to attend activities and events. During the inspection people sought reassurance from staff and were supported to access community events with support or independently. A recent survey result showed that people's aspirations were explored. One person commented, "I'd like to go on holiday next year somewhere." This had been actioned and the person had spent a couple of nights away in a location of their choice.
- People were supported to develop independent skills, such as baking and preparing meals. During inspection one person asked if they could set the tables for lunch, staff encouraged these practices which gave people a sense of belonging and supporting each other. .
- People's religious, cultural and spiritual needs had been considered. Some people had visitors from the church that read the bible to them and in the past people had accessed local church services.

Improving care quality in response to complaints or concerns

- Satisfaction survey results completed by people living at the service included comments that people were confident raising concerns with any of the staff. There had been no formal complaints since our last inspection.

- Procedures were in place to ensure complaints were investigated and resolved in a timely manner.

End of life care and support

- End of life care plans were being developed further to explore peoples wishes. The local hospice team were supporting staff to complete new documentation to ensure their wishes at end of life were respected.
- No end of life care was being provided at the time of this inspection.

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.

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

- The management team and staff demonstrated they shared clear visions and values about the service and their role. We observed staff putting people at the centre of the support and ensuring they remained as independent as they could be.
- People and staff were able to voice concerns and make suggestions to improve the service. People had made suggestions during meetings and on the latest satisfaction survey. For example, one person had commented, "I'd like pasta and braising steak on the menu." This had been actioned which people had enjoyed.
- People described the service as homely and welcoming. One member of staff told us, "We have laughs and get out. We have strong teamwork ethic, we all work well together and share our duties. It's a nice family unit."

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 communicated and recorded all incidents or concerns internally through their own procedures and when relevant, externally to the local authority. We discussed CQC registration requirements to ensure the registered manager was clear about their responsibilities as required by law.
- Records showed there was good communication with people, their families and representatives. The service worked alongside health professionals and other agencies to improve outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider actively sought feedback about the service from people, their representatives and health professionals. Records showed that any suggestions had been considered and actioned.
- Quality assurance systems were in place. These did not always identify where improvements needed to be made. We identified some issues that needed to be addressed regarding window safety and infection control. For example, two windows in an upstairs unused room required safety glass or safety chains fitting. In addition, some paint was missing down to the bare wood around one window in a persons room. The provider took measures to address both these issues during the inspection.

We recommend the provider review their auditing and governance processes to ensure these are effective in

highlighting areas that require improvements to be made.

Working in partnership with others

- The service had invited health professionals to support them to improve different areas of the service. They had worked in partnership with the local authority to identify and action improvements within the service since our last inspection.