

Severn Care Limited

Gatwick House

Inspection report

Gatwick House
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20 July 2018

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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

The inspection took place on the 18,19 and 20 July 2018 and was unannounced.

Gatwick 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. Gatwick House accommodates 14 people in one shared house and a number of individual units known as bungalows, each of which have separate adapted facilities. At the time of our inspection visit there were twelve people using the service.

At our previous inspection in September 2017 the service was rated 'Requires Improvement'. We found three breaches of regulation and took enforcement action. To support the provider to make the necessary improvements we imposed two conditions on their registration. The provider was required to undertake regular audits to monitor quality and risks in relation to the management of the service and staff, and support of people. They had to send a monthly report to CQC detailing the audit dates, the outcomes of these and any actions taken or to be taken as a result. The provider had complied with the conditions on their registration.

Following the last inspection, we also met with the provider to confirm what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. At this inspection we found the service had made and sustained the required improvements to meet the requirements of the regulations and was rated 'Good' overall.

At the time of our inspection Gatwick House had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We heard positive comments from people's representatives about the care and support they received at Gatwick House such as, "I feel that they support each individual well and are very proactive in their approach to each person", "We would like to, on record, thank the staff at Gatwick House for their hard work and patience with (the person), the staff do a great job!" and "(The person) has never had as good a placement as this".

We found improvements to the investigation of incidents, guidance on how to support people at risk of

choking and the recording and auditing of the support people were given to take their medicines. We found the environment of the care home was clean and had been well maintained. Improvements had been put in place to ensure thorough checks were made when recruiting staff.

We also found improved training and supervision for staff to enable them to effectively support people at Gatwick House. People were assisted 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.

People were treated with kindness; their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were enabled to be actively involved in the planning and review of their care and support.

Detailed records enabled staff to have the right information to support people. People were supported to take part in a range of activities. Concerns and complaints were investigated and improvements made to the service.

Quality monitoring systems had improved with the introduction of regular monthly reports to provide the management with oversight of the results of audits and other important aspects of the service provided. In addition, a system was in place to ensure required notifications about events effecting people and the service were sent to CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The safety of the service had improved and the service was safe.

There were improvements to the investigation of incidents, guidance on how to support people at risk of choking and the recording and auditing of the support people were given to take their medicines.

All staff had received training to enable them to identify potential abuse.

Improvements had been put in place to ensure thorough checks were made when recruiting staff.

Is the service effective?

Good ●

The effectiveness of the service had improved and the service was effective.

There were improvements to staff training, supervision and appraisal.

People's meal preferences were known and they were supported to eat a varied diet in response to their needs.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

People's ability to make decisions and consent to care was protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were supported with kindness and respect.

The service ensured people and their representatives were enabled to be at the centre of regular reviews of their care and support.

People's privacy, dignity and independence was understood and respected.

Is the service responsive?

The responsiveness of the service had improved and the service was responsive.

There were improvements to records relating to people's support.

Increased staff training had improved how incidents were responded to.

People were enabled to engage in suitable activities of their choice.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good ●

Is the service well-led?

The leadership of the service had improved and the service was well-led.

Effective systems or processes were now in place to assess, monitor and improve the quality and safety in the service.

A system was in place to ensure required notifications were sent to CQC.

Good ●

Gatwick House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18, 19 and 20 July 2018 and was unannounced. Our inspection was carried out by one inspector. We spoke with one person who used the service, a person's relative, seven members of staff, the registered manager, the care coordinator and the nominated individual. We also received comments from five health and social care professionals and two relatives of people using the service. We also observed people interacting with staff to help us understand the experience of people who could not talk with us. In addition, we reviewed records for four people using the service and looked over the premises of the care home. We examined records relating to staff recruitment, training and the management of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

At our inspections in September 2017 we found the service was not safe. We found risks to people's health and safety had not been assessed appropriately and the provider was not doing all that was reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

At this inspection we found improvements had been made and the service met the requirements of this regulation.

Two people who had been assessed as at risk of choking had guidelines in place of how to manage these risks. These guidelines were prominently displayed in people's health action plan folders and included information on how to reduce the risk of choking, eating and drinking guidelines and first aid procedures for staff to follow in the event a person choked. The guidelines had been introduced following consultation with speech and language therapists (SLT) in 2017. Any choking incidents were monitored, one incident had taken place in March 2018. A report of the incident showed the immediate action taken as well as a referral to SLT which was followed by a prompt visit with additional advice given which was incorporated into the person's guidelines.

A working night staff support folder had been introduced to provide staff with important information for supporting people safely at night. This included a summary of night support needs and an overview of any risks such as risk of falls or seizures. Night support guidelines had been produced through consultation with the community learning disabilities team where required. Information was also included on the level and type of checks needed at night, individual emergency evacuation procedures and important contact details. All night staffing was waking with no sleep-in shifts.

At our inspections in September 2017 we also found the provider did not operate an effective accident and incident reporting and investigation system to ensure all safety incidents would be investigated. In addition, systems to ensure people's medicine stock could be monitored effectively were not in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

At this inspection we found improvements had been made and the service met the requirements of this regulation.

A folder contained body charts for people using the service. Charts were used to indicate any bruises or marks observed on people. The registered manager described how these would be used in conjunction with any incident where people had fallen. People would be observed closely after a fall and any bruises or marks recorded. One person had developed a limp with no obvious cause. Close monitoring of the person followed but no bruising or swelling was noticed. An appointment was made for the person to see the GP with no reason for the limp ascertained. Eventually it was found the person's limp had resulted from psychological reasons and eventually ceased. For another person bruises had been found through monitoring following seizures.

Regular audits were being carried out. The results of audits, an overview of any accidents and incidents and other aspects of the management of the service were collected into a monthly report to provide an overview of issues for the management of Gatwick House. In addition, these reports were sent to us as part of the provider fulfilling the conditions on their registration. Reports included choking, monitoring of night safety arrangements, staff training, notifications to CQC and bruise charts. The registered manager described how incidents and the responses to them were analysed on a monthly basis. For example, one person's support needs had been evaluated on an ongoing basis in response to incidents when taking part in role-play. This had resulted in more detailed guidelines for staff to follow when supporting the person with this.

At this inspection we found improvements to the recording and auditing of people taking their medicines. We found people's medicine boxes were dated on opening. Detailed guidelines were in place for people receiving their medicine on an 'as required' basis. Where hand written directions were in use for giving people their medicine, these had been checked for accuracy by a second member of staff. Medicine audits were in place. A weekly audit checked on each person's medicine recording and amounts of medicines. A monthly audit looked in more detail at areas such as storage, administration and record keeping and medicine disposal. In addition, a further 'spot check' audit was carried out regularly by a member of night staff. Where issues were found remedial action was recorded. The registered manager demonstrated how an audit had been effective in picking up an issue on a person's medicine administration record. An annual audit by the pharmacist supplying people's medicine had also been completed in April 2018. People's medicines were stored securely and monitoring ensured they were stored at the correct temperature.

At our inspection in September 2017 we also found training records showed some staff had not been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. At this inspection we found training in recognising and reporting abuse had been provided to all staff. Staff knew how to report abuse and were confident any issues reported would be thoroughly investigated. Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely including financial risk assessments.

At our inspection in September 2017 we also found some areas of the premises were in need of decoration and were not always clean. At this inspection we found the environment of the care home was clean. We saw issues found at our previous inspection had been attended to. Any further maintenance issues had been identified and recorded for action and regular audits were carried out on the environment of the care home including daily audits on people's individual accommodation. People were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and management of identified risks.

Checks were in place on the suitability of applicants including a reference from their previous employer and a Disclosure and Barring service (DBS) check. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However; we found some information important for staff recruitment had not always been recorded. We discussed this with the registered manager who immediately put improvements into place. These included ensuring that reasons for leaving previous employment were recorded and checks would be made in relation to previous relevant staff employment. They gave us a copy of their updated staff recruitment procedure during our inspection visit.

The registered manager explained how the staffing was arranged to meet the needs of people using the

service. Staffing was organised into two teams for day shifts and a team for night shifts. Most people required one to one support at all times or at certain times during the day and sufficient staff numbers were provided to meet these needs. Agency staff were used at times although this had decreased with the build-up of 'bank staff' to cover staff absences.

Infection control audits were completed as part of regular health and safety audits. Staff had received training in infection control and food hygiene. The latest inspection of food hygiene by the local authority for the care home in October 2017 had resulted in four out of five stars awarded. The registered manager described how he hoped to improve the score in the future following a new kitchen being fitted in the main house.

Is the service effective?

Our findings

At our inspections in September 2017 we found staff were not supported through regular supervision and appraisal to develop their day to day practice. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We issued the provider with a warning notice in relation to Regulation 18. This notice was to be complied with by 4 November 2017. At this inspection we found improvements had been made, the warning notice had been complied with and the service met the requirements of this regulation.

Staff confirmed they received enough training and told us they received enough support. Staff told us they were "always supported" and support was "brilliant". Staff had received training in subjects such as first aid, health and safety and fire safety. Training specific to the needs of people using the service had also been completed such as, epilepsy and communicating effectively. Apart from new staff, the majority of staff had completed training in positive behavioural support and management. Training was taking place during our inspection visit. Staff new to the role of caring for people were completing the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. A member of staff was responsible for following up on staff knowledge after training had been completed through questions put to staff which required a written answer. The registered manager told us the aim was four supervision sessions a year with an annual appraisal. A check on staff supervisions formed part of a monthly audit with completed supervisions plotted for reference on a spreadsheet. Staff confirmed they had been receiving supervision sessions and appraisals and records supported this.

People's needs were assessed to ensure they could be met before they moved into Gatwick House. On-going assessments were in operation using recognised assessment tools relating to areas such as managing people's behaviour.

People's healthcare needs were met. People had health action plans and hospital assessments. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. People's health actions plans were detailed for example one person's plan included information about how to respond if they were stung by an insect due to their allergy. People attended their GP, dentist and chiropodist and other health care appointments as needed. People had annual health checks and influenza vaccinations.

People had a four-week menu adjusted for their individual needs that changed twice a year to reflect the change of seasons. When we visited, the summer menu was in use. Meals were prepared in the kitchens of people's individual bungalows and in the kitchen of the main house for people living there. People individual dietary needs were known and provided for. Some people had food intolerances and appropriate meals were provided. One person described the meals as "good" and told us their favourite dishes.

Where needed the environment of the care home had been adapted to people's needs. One person had a shed where they could play a drum kit. This was situated so it did not cause noise disturbance to other

people. There was also a sensory garden, the registered manager reported how some people enjoyed the water features in the garden. People's individual accommodation had been decorated to reflect their tastes and interests.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 people lack the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Assessments had been made of people's capacity to consent to decisions about aspects of their care and support. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications for authorisation to deprive twelve people of their liberty had been made. Nine applications had been approved, we checked and there were no conditions associated with these with these approvals.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care and support. We observed interactions delivered in a manner which was kind, compassionate, sensitive and respectful. A relative told us they had "No concerns about (the person's) care. A health care professional commented, "I have been visiting Gatwick House for some years now and have always found them very professional and caring towards the residents. I have never had any concerns or seen any poor care practices".

People's communication needs were recognised. Care plans identified people's individual communication needs and identified how these needs were met in line with the Accessible Information Standard (AIS). AIS sets out a specific, consistent approach to identify, record, flag, share and meet the information and communication support needs of people with a disability, impairment or sensory loss. One person had specific communication needs using a type of non-verbal communication. A support plan was in place for staff to refer to for effective communication with this person.

People and their representatives were enabled to play a central role in decisions about the care and support they received. Gatwick House used a system of "person-centred reviews" to ensure people received the support they needed. The Provider Information Return (PIR) described "Six monthly person-centred reviews of each service user and always inviting the family to attend". Information about advocacy services was available and on display at the service. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Health Advocates (IMHAs). At the time of our inspection visit there were no people using the services of an advocate.

People's privacy and dignity was upheld by the actions of staff. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support such as ensuring doors were closed and covering people appropriately when supporting people with personal care. This approach was reflected in people's support plans with statements for staff to follow such as "Staff need to protect my dignity at all times" and "I like to be clean and smart". For some people privacy issues had been identified with their individual accommodation. In response, fences had been erected outside their accommodation to maintain their privacy and dignity. Another person was supported to make bread suitable for their dietary requirements with a bread machine in their individual accommodation.

People were able to develop their independence and this was highlighted in their support plans. For example, one person liked to mow the grass and kept a lawn mower for this at the care home. A risk assessment supported the person's independence with this. A person's relatives told us, "it's a lovely unique place that gives (the person) the independence that he needs, whilst being kept safe". Another person's support plan for personal care gave staff guidelines on the level of support they would require for shaving.

People were also supported to maintain contact with family. One person's support plan acknowledged the importance of their visits to family members and recording evidenced this was taking place. We heard comments from people's relatives such as, "We visit (the person) every two weeks and phone in between to see how things are, we are always welcomed and feel comfortable when visiting (the person), we are kept up

to date with (the person's) behaviours and seizures and general wellbeing" and "I have a good relationship with the manager and I am well up-dated on any issues".

Is the service responsive?

Our findings

At our inspection in September 2017 we found some people's daily notes lacked detail on what care was being provided or needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. At this inspection we found improvements had been made and the service met the requirements of this regulation.

We reviewed people's notes and support plans and found they contained clear detailed and personalised information about their needs and how staff would support them. This included how to support people when they became anxious used with descriptions of a person's behaviours in response to how anxious they were feeling and any possible triggers for these. A member of staff told us they had enough information to support people's individual needs.

People's support plans were reviewed six monthly or in response to changes in their support needs. A social care professional commented, "I have always found that the management and staff team are consistent showing a lot of knowledge and understanding of the people that they care for". A health care professional told us, "The staff were knowledgeable about the service user referred to me, able to provide information necessary for my work and were implementing my recommendations at the time of discharge". A relative of a person told us how action taken in response to the person's changing needs. A move for the person to live on their own in a bungalow away from the main house had been beneficial.

At our inspection of September 2017, we also found if there was an incident staff used radios to communicate with each other. As all staff had not been trained in positive behaviour support and positive behaviour management there could be a delay in people receiving support whilst waiting for a trained staff member to respond. The provider had recognised the importance of this training and had started a programme to ensure all staff received the training. At the time of our inspection all staff apart from new staff had received or were receiving the training. Plans were in place for new staff to complete this training. Staff commented on improved responses to incidents with more staff trained in managing behaviour. A person's relative commented "Incidents are well-managed" They told us staff had the ability including the right skills to intervene in any incidents with the person.

People were supported to take part in activities and interests both in the home and in the wider community. Activity timetables were available for people and staff to refer to, these were in a suitable format using pictures, symbols and plain English. Activities included, walks, horse riding, swimming, a boat trip and social events. Support plans gave specific actions for staff to follow to support people to participate in activities. A music activity was popular with some people with one person taking their own electric organ to the sessions. People were involved in growing vegetables in the garden in raised beds. One person told us the activities they enjoyed such as a musical activity and shopping. Social care professionals commented, "I have also found that all the people I have supported have had quite active timetables of activities both on and off site" and "The service users seem happy and their staff always seem engaged with them, encouraging participation in all activities".

There were arrangements to listen to and respond to any concerns or complaints. Records of investigations had been kept and appropriate responses given to complainants. Examination of the complaints folder showed complaints received had been recorded, investigated and an appropriate response given with any areas for action noted. For example, a complaint about an odour in a kitchen of a person's accommodation had led to more regular checks on the overflow on the refrigerator. Service user discussion forms in a suitable format were used as a way of identifying people's views about the service. These were completed by staff during a discussion with a person using an appropriate communication method and aimed to check their views and their care and support and the service provided to them.

Is the service well-led?

Our findings

At our inspection in September 2017 we found the service was not well led. The registered manager and provider had governance systems in place to monitor and improve the quality of the service provided. However, these systems had not identified the concerns we found around recording of information, identifying staff training needs, staff supervision and appraisals and assessing risks. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The provider complied with the conditions on their registration. At this inspection we found improvements had been made and the service met the requirements of this regulation.

A system of regular audits was in place. The results of audits, plus an overview of the management of accidents and incidents and other areas of the management of the service were collected into a monthly report to provide an overview of issues for the management of Gatwick House. In addition, these reports were sent to us as part of the provider fulfilling the conditions on their registration. Reports included choking, monitoring of night safety arrangements, staff training, notifications to CQC and bruise charts. The registered manager described how the overview of incidents when completed on an individual basis had been effective in analysing and providing more personalised responses to incidents.

At our inspection in September 2017 we also found staff overseeing the service in the registered manager's absence had not ensured the Care Quality Commission was notified when specific incidents occurred. These included safeguarding concerns. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been three incidents since July 2017 which should have been reported to us. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notifications of other incidents.

At this inspection we found improvements had been made and the service met the requirements of this regulation. Notifications had been submitted to us and the provider had put arrangements in place to ensure notifications were being made in the absence of the registered manager. An overview of all incidents and whether they required a notification was carried out as part of regular monthly incident and accident monitoring.

At our inspections in September 2017 there were conflicting views on the leadership of the home from staff and relatives and we received feedback from three relatives that communication could be improved. Staff told us management or senior staff were approachable if they had any concerns. Staff also felt there had been an improvement in their morale. Checks on day and night staff were being carried out by the registered manager and other senior staff consisting of visits at night and weekends to discuss any issues staff may have. One member of staff said, "communication is good. Another told us, "The management team are one of the best I've worked under". Communication with people's relatives was on a regular basis with some telephoning the care home on a weekly basis.

Gatwick House had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The values of the service were included in the Mission statement. These included, "we have one clear vision: To deliver the very best person-centred holistic care for adults with a wide range of learning difficulties". The values of the service were reinforced through their use during interviews for staff recruitment. Throughout our inspection we found examples of staff supporting people in accordance with the provider's values and objectives.

The registered manager described a proposed development was to introduce active support for people. This would enable people to be active at times between organised activities. Staff would find ways for people to be engaged in a variety of activities and opportunities of their choice. Another planned development was plan holidays for people supported by staff which had not taken place for a few years. Challenges were recruiting a skilled workforce and ongoing work to support staff. The nominated individual described his role in providing leadership in the service. He also described the investments in training and the challenge of recruiting staff locally.