

Hamelin Trust

Gowlands

Inspection report

Sutton Bridge Farm
Sutton Road
Rochford
Essex
SS4 1XS

Tel: 01702541761
Website: www.hamelintrust.org.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on 14 February 2018 and was unannounced.

Gowlands is a residential home that provides respite personal care and support for up to nine people with learning disabilities, sensory impairment, physical disability and associated complex needs. People use the service for short term periods to provide respite for them and their families/carers. At the time of our inspection six people were receiving respite care.

At our last inspection in December 2015 the service was rated 'Good' in all five domains. At this inspection we found the key question 'Is the service well-led?' rating had not been sustained and improvements were required. The service did not have a registered manager which is a requirement of their registration. 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 overall rating of the service remains Good.

Gowlands is a three storey building with lift access to the first and second floors. People using the service had their own bedroom with wash basin and/or shower facilities. Communal bathrooms and toilets were available on each floor. People had access to various communal lounges and a sensory room. The accommodation is located next to the provider's purpose built hydrotherapy pool.

The service was safe. Staff understood their responsibilities to protect people from the risk of abuse and avoidable harm. Risks to people's health and wellbeing had been identified and management plans were in place to mitigate these. Appropriate recruitment procedures were in place which ensured staff suitability for their role. There were enough staff to help keep people safe and meet their care and support needs. People received their medicines as prescribed.

The service was effective. People were supported by staff had received training to equip them with the skills and knowledge needed to provide effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to

eat and drink enough and to access health care services if required. People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA).

The service was caring. Staff were kind and sensitive to people's needs and were passionate about providing the best possible care and support for people. Staff promoted people's independence and well-being.

The service was responsive to people's individual needs. People, including their relatives were involved in the planning and review of their care and support needs prior to their stay at Gowlands. Care plans were regularly reviewed to ensure they continued to accurately reflect people's care and support needs. Activities were tailored around people's likes, choices and abilities. There was an effective complaints system in place.

The service was not consistently well-led. The service had been without a registered manager since December 2016. There were systems in place to assess and monitor the quality of the service however some improvements were required to ensure these were robust. Staff were empowered to deliver a positive person centred culture which focussed on ensuring people's experience at the service was of the utmost importance. Staff felt valued and were proud to work at the service. People, relatives and staff had the opportunity to say how they felt about the home and the service it provided.

Further information is in the detailed findings below.

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 service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service had no registered manager.

Improvements were required some aspects of the quality assurance monitoring systems to help ensure people receive high quality, safe care.

There were systems in place to seek the views of people, relatives and staff.

Staff felt supported by senior management.

Gowlands

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 checked 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.

The comprehensive inspection took place on the 14 February 2018 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed all the information we held about the service including statutory notifications we had received about the service and information from the local authority. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection, we spoke with three people, three relatives, three members of staff, the deputy director of operations and the director of operations. We looked at a range of documents and written records including two people's care plans, risk assessments and daily records of care and support. We also looked at records, which showed how the service was managed, reviewed staffing records, quality assurance information and minutes from staff meetings.



Our findings

People told us they felt safe when they stayed at Gowlands. One person told us, "I like my room and I can ring my parents whenever I want." People's relatives were also confident the service was safe for their family members, which gave them peace of mind. Comments included, "I know he gets the supervision level he is supposed to have." And, "[Name] is properly looked after, there are no injuries like with previous services."

There were systems in place to protect people from the risk of abuse and avoidable harm. Staff were trained in recognising the signs of abuse and demonstrated a good understanding of safeguarding and whistleblowing procedures and what action to take if they felt people were at risk. This included reporting to external organisations such as the Care Quality Commission (CQC). Staff repeatedly told us they would not hesitate reporting any concerns and were confident management would act on them.

Risks to people's health, safety and welfare had been appropriately assessed prior to their stay at the service. Where risks had been identified appropriate management plans were in place to mitigate these. The service regularly reviewed risks associated with people's care and support needs, which enabled people to have as much control and choice as possible when making decisions. This approach showed that the service was not risk adverse and risks to people were minimised, allowing them to feel safe and have as much freedom as possible.

Recruitment procedures were thorough. Relevant checks were completed before staff were allowed to start work at the service. This included seeking references, checking gaps in employment history and carrying out checks with the Disclosure and Barring Service (DBS). A DBS checks helps employers to make safe recruitment decisions. All new staff were required to complete a six month probationary period. There was a disciplinary procedure in place to respond to any poor practice by staff. Where agency staff were used the service had checked agency staff were appropriately trained and recruitment checks had been completed by the external agency.

There were sufficient staffing levels to meet people's care and support needs safely. Staffing levels were flexible based on occupancy levels and the level of people's care and support needs. Staff told us there was enough staff. During our visit, we observed staff supporting people in a timely way to meet people's individual needs.

There were systems in place for the management of medicines and people received their medicines as prescribed. Procedures were in place to ensure medicines were booked in and out during people's stay. A

relative told us, "We have to provide medication in the correct boxes. They talked to me about this and explained why this is important." Medicines were stored safely and were administered by staff that were appropriately trained. Where people required PRN (as and when required medication) protocols were in place, which provided guidance to staff. We reviewed a sample of people's medication administration records (MARs). These had been completed accurately with no gaps. However, we noted a handwritten MAR for one person had been completed by one member of staff. Best practice guidance advises two staff should check and sign handwritten MARs to mitigate the risk of errors. We discussed this with a senior member of staff who informed us they would ensure this would be done.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with Personal Protective Equipment (PPE), when carrying out personal care, such as gloves and aprons. Records showed infection control audits had been completed and the deputy director of operations told us they were in the process of ensuring these audits were completed on a monthly basis. We observed all areas of the home to be clean and there were suitable infection control systems in place including adequate supplies of PPE.

Systems were in place to record and monitor incidents and accidents and these were reviewed by the provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence. Although there had been no significant incidents since our last inspection, the deputy director of operations told us information regarding incidents and accidents would be shared and discussed with the staff team. This would enable an opportunity for reflection; lessons learnt and, where appropriate, measures put in place to ensure people's safety. Records showed that staff were trained in first aid and fire safety and how to respond to emergencies. Contingency plans were also in place to deal with emergencies. Staff were aware who to contact in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service should they need to be evacuated from the service in an emergency.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was ongoing. There were up to date safety certificates in place for the premises such as for the electrical, gas and water systems. Records showed that equipment such as hoists and slings had been serviced regularly.



Our findings

Staff received an induction when they started work at the service. One member of staff told us, "I had training for two weeks on my induction which was really useful." New staff with no prior experience of working in the care sector were required to complete the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care workers.

Staff received on-going training to enable them to fulfil their role and meet the needs of people. This included specialised training such as Percutaneous Endoscopic Gastrostomy (PEG) and epilepsy and rescue medication training. No formal observations of staff practice had been completed for example moving and handling and administration of medication. The deputy director of operations assured us immediate action would be taken to ensure regular observations of staff practice were undertaken. There had been no adverse impact on people through the absence of formal observations of staff practice.

Staff told us they felt supported and, in the absence of a manager, could approach the deputy director of operations or the director of operations for support and guidance. Both directors had taken shared responsibility for overseeing the service following the resignation of the service manager in November 2017. Records showed that staff supervisions had been irregular in 2017. The deputy director of operations acknowledged this and informed us a staff supervision planner had been developed to ensure staff received regular on-going supervision. They had ensured, and records confirmed that regular supervisions with staff had taken place from November 2017.

The Mental Capacity Act (MCA) 2005 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Standards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff received MCA training and were able to demonstrate a good working knowledge of the MCA. Staff helped people to make choices and understood the importance of gaining people's consent. People's capacity to make decisions had been assessed. This meant their ability to make some decisions, or the decisions that they may need help with

and the reasons as to why it was in the person's best interests had been recorded. Where people had been deprived of their liberty the service had made relevant applications to the 'Supervisory Body' for a DoLS authorisation.

People were supported to eat and drink enough and maintained a balanced healthy diet. People's meal preferences and specific dietary needs and allergies had been clearly documented. There were planned daily menus but due to the type of service, meal times and food choices were flexible to meet the needs of people. We heard one person informing the chef they did not like what was planned for the evening meal and a discussion was then had and the person choose an alternative. Pictorial menu choices were also available to support people to make informed choices. One person told us, "I can help myself to drinks or stuff from the kitchen except when the cook is busy."

People's care plans contained information and guidance on how to support them during their stay at the service. Prior to their stay, the service checked whether there had been any changes to their needs. A further review of people's needs was carried out during their stay to ensure care plans accurately reflected their care and support needs.

If a person became unwell during their stay, the deputy director of operations informed us family would be contacted and, if required, the person would be supported to access health care services. One relative told us, "We've used the service for years. They know [person] well and they let me know immediately if they are unwell." Guidance and recommendations from healthcare professionals were being followed. For example, we saw protocols in place for people living with epilepsy. A relative said, "They contacted me when [person] was having lots of seizures. They were following the protocol from the hospital, but they just wanted me to know and confirm what they were doing."

A range of aids and adaptations were in place to support people using the service. For example, bathrooms were adapted and track hoists were in place to enable people to access facilities. There was a sensory room at the service. A sensory room is a therapy space for people with limited communication ability and designed to develop an individual's sense through lighting, music and objects. The garden area was spacious and tidy and wheelchair accessible.



Our findings

The service had a strong visible person centred culture. People and their relatives were positive about the caring attitude of staff. One person told us, "I like coming here, it's fun and we can go out." Another said, "I like the staff they listen to me, I can relax here." A relative told us, "It's the best home [person] has been to; they genuinely care."

Staff provided a caring and supportive environment for people who came to stay at the service. We observed free flowing conversations and exchanges about people's well-being and about their day. Staff interacted with people in a kind and considerate way and took time to listen closely to what people were saying to them.

Care plans were person centred and contained detailed information about people's likes, dislikes and preferences with regard to all areas of their care including cultural and religious beliefs. Staff demonstrated a good knowledge of how people wished to be supported. For example, they described how one person preferred to spend their time in the 'quiet lounge'. This corresponded with their care plan and we saw the person during the course of the day sitting in the 'quiet lounge'. A relative told us, "They know [person's] likes and dislikes. I help update their care plan each year."

The service was committed to promoting and embedding equality and diversity by ensuring people are treated fairly and valuing differences. The policies and systems in the service supported this practice. Staff understood the importance of promoting people's unique identities. Comments from staff included, "We are not here to try and change people's behaviours; we just want people to celebrate being themselves and enjoy their stay." And, "We have a range of cultures: Rastafarian, Jehovah Witness, Muslims, so we need to be mindful of what that culture expects; for example the food people can and cannot eat."

People's dignity and privacy was respected. People told us they were able to choose how and where they spent their time. One person told us, "I can choose where I listen to my music." Another said, "I can stay in my room if I want to." Staff demonstrated how they upheld people's dignity and privacy, such as ensuring doors and curtains were closed during personal care. They also told us how they supported people with their personal appearance to promote their self-esteem and well-being.

People were supported to be as independent as possible. This was reinforced in people's care plans. For example, one person's care plan described how they were able to feed themselves independently, but required support and encouragement to use their spoon. This showed staff provided care in a way that

helped people to maintain their independence.

Staff told us, if required people would be supported to maintain links with their families during their stay at the service.



Our findings

People and their relatives told us that the service was very responsive to their needs. People's care plans were person centred and tailored to meet their individual needs such as their likes and dislikes, what was important to them and how they would like support to be delivered. Care plans also detailed personal care preferences, specialised care needs, and any cultural, sexuality and spiritual needs and wants. Care plans were reviewed prior to people staying at the service and on admission to check they reflected people's current care and support needs. This ensured any changes were appropriately recorded and staff were aware of individual's needs.

The service had systems in place to ensure effective communication for people using its services. Information was available in accessible formats such as large print, pictorial and Makaton. This meant that people were supported to convey their feelings with staff and enabled them to receive information in a way that helped them to understand it. On a notice board, we noted some Makaton 'signs of the week'. A member of staff told us this was refreshed regularly to support staff to learn basic Makaton words. Makaton is a language programme designed to provide a means of communication to people who cannot communicate efficiently by speaking.

People were provided with opportunities to try new things and to do things they enjoyed. Various activities were available and there was transport available so that people were able to maintain and use community links. This included supporting people to attend their usual scheduled activities during their stay, such as the day centre. Comments from people included, "I can do the things I like. I go to Southend and I use the hydro pool." And, "I can use the PlayStation, the Wii and a computer." A relative told us, "[Person] can still go to the day service from Gowlands which they like." Another said, "They interact with [person]. They like watching the cook and rolls out pastry with them."

There was a system in place for dealing with concerns and complaints. Information on how to raise a complaint was displayed at the service. There had been no formal complaints within the last 12 months prior to our inspection. The deputy director of operations explained there had been concerns raised relating to people's clothing going missing and this had been responded to appropriately. Two relatives told us that there were 'the odd times when small items of clothes went missing'. One relative said, "They always offer to replace items if something goes missing."

As Gowlands is a respite service it is not involved in providing end of life care to people, however the deputy director of operations told us they would support families during this time such as signposting to

appropriate health care professionals.



Our findings

At our previous inspection, we rated this key question as 'Good'. At this inspection, we found this rating had not been sustained and improvements were required.

The service requires a registered manager. At the time of our inspection, there had been no registered manager since the 29 December 2016. 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 deputy director of operations and director of operations had been sharing responsibility over the day to day running of the service since November 2017 when the previous home manager left. They informed us a new manager and deputy manager had been recruited and were due to commence employment on the 1 March 2018. Throughout our inspection both directors were open and transparent and demonstrated their commitment and passion to ensure people received good quality care.

An external consultant visited the service on a monthly basis to carry out quality assurance checks. Records showed that following these visits action plans were developed to ensure shortfalls in the service were addressed. However, we found some internal audit and quality assurance systems such as medication audits, checks to ensure staff remained competent to administer medication and observations of staff practice had not been sustained since our last inspection. We discussed this with the deputy director of operations. They told us they were already aware of these shortfalls and was currently in the process of addressing them. They said, "It's very frustrating the service has deteriorated but we have a very willing and able staff team. People keep coming back to stay so this evidences a good service; the care and support and our commitment hasn't changed." Whilst we identified improvements were required to ensure effective systems were in place to ensure people's safety, health and well-being, we noted there had not been any negative impact on people using the service.

Staff felt supported and told us both directors were available for support and guidance. Staff told us morale was good and they worked effectively together as a team. One member of staff said, "The support is good here everyone pulls together. Team morale has improved in last few months and guidance is a lot clearer and staff feel more content and supported." Another said, "The deputy director of operations used to be the manager here. She makes changes, and has been amazing and supportive." Team meetings had been held where topics such as updates on people using the service, training, activities and recruitment were

discussed. The deputy director of operations told us, and staff confirmed that they were currently working on a 'responsibility grid', which would set out clearly the expectations of each staff member. Staff told us they welcomed this as there had been confusion when the previous manager was in post.

The provider sought the views of people who used the service and others. This was done in a number of ways such as daily interactions with people and relatives and questionnaires. Feedback was taken into account to improve the quality of the service. We looked at 15 returned questionnaires received by the service in November 2017; all responses were positive about the service provided. The deputy director of operations told us the format of the questionnaire was currently under review. They explained they wanted to strengthen the questionnaires to enable a more focussed analysis to be undertaken of people's feedback and drive improvements.

We asked the deputy director of operations what they knew about the CQC Registering the Right Support (RRS) guidance and in particular the values that underpin it. It is CQC's policy that we make registration decisions aimed at ensuring that models of care for people with a learning disability and/or autism are developed and designed in line with Building the Right Support and other best practice guidance. Building the Right Support is a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Whilst they acknowledged that RRS was not something they were aware of, they were able to demonstrate that they were working in ways, which were usually compatible with the values such as choice, promotion of independence and inclusion. Following our inspection the deputy director of operations informed us the provider was in the process of signing up to 'The Driving Quality Code'. This Code was developed following the Winterbourne review that identified abuse of people with learning disabilities at Winterbourne View. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.