

The Brandon Trust

Gilbert Scott Care Home

Inspection report

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Ratings

Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 and 28 July 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulations 10 and 11.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We also followed up other areas where the provider needed to improve the service, although they had not breached legal requirements. This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gilbert Scott Care Home on our website at www.cqc.org.uk

This inspection was unannounced and took place on 3 December 2015.

Gilbert Scott is a care home which provides accommodation and personal care for up to four people with a learning disability who may also have additional complex needs. During our inspection there were four people living at the home. The people living at Gilbert Scott were unable to verbally communicate their needs and relied on staff to support them with all aspects of their care and support.

There was a registered manager, however they were absent from the service. 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 and associated Regulations about how the service is run. The registered manager had been absent since November 2015. A manager who was registered with another location was managing the home in their absence.

Summary of findings

At the last inspection we found people's rights were not fully protected because procedures were not always followed where people lacked capacity to make decisions for themselves. At this inspection we found the correct procedures had been followed. Where decisions were made for people the principles of the Mental Capacity Act 2005 were adhered to and staff were able to demonstrate their knowledge and understanding of these processes.

At the last inspection we observed mixed interactions between staff and people. Staff did not always demonstrate a good knowledge of the people they were

supporting or respond to their needs. We found some of the interactions did not promote dignity and respect. Some of the comments recorded about people in records did not promote an understanding of people's needs. At this inspection we found staff demonstrated an understanding of people's needs and how they responded to them. Staff had attended training on how to record information and they told us the importance of using the correct terminology when recording information.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve the service's effectiveness.

People's rights were protected because the correct procedures were being followed where people lacked capacity to make decisions for themselves.

Requires improvement



Is the service caring?

We found that action had been taken to improve how caring the service was.

Staff demonstrated an understanding of people's needs and responded to them in a caring way.

People received care that was respectful and promoted their dignity, taking account their personal preferences.

Staff had received training in privacy and respect and they demonstrated this in how they cared for people.

Requires improvement



Gilbert Scott Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Gilbert Scott Care Home on 3 December 2015. This inspection was done to check that improvements to meet legal requirements and improve the quality of the service planned by the provider after our 27 and 28 July 2015 inspection. We inspected the service against two of the five questions we ask about services: is the service effective and caring. This is because the service was not meeting some legal requirements.

The inspection team consisted of one adult social care inspector.

During the inspection we spoke with the manager, one of the team leaders and five members of staff. People were unable to tell us their experiences of living at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for people.

Before our inspection we reviewed all of the information we held about the home, including the provider's action plan following the last inspection.

Is the service effective?

Our findings

At our last inspection on 27 and 28 July 2015 we found people's rights were not fully protected because the correct procedures had not always been followed where people lacked capacity to make decisions for themselves. We also found restrictions placed on people had not been undertaken following the Mental Capacity Act 2005 (MCA). For example, some people had restricted access to their clothing, their bedrooms, the bathrooms, the kitchen, food and drink and two people had restricted access to their belongings. Following the inspection the provider sent an action plan stating how they were going to address this.

At this inspection we found people's rights were protected as the correct procedures had been followed. The home

had logged all of the restrictions placed on people and identified where restrictions could be reduced or removed. There were capacity assessments and best interest decisions for all decisions that required them.

Strategies were in place to reduce restrictions in a planned way. For example, where a person had restricted access to their belongings the team leader had developed a plan with staff around how they could reduce the restriction without causing anxiety to the person. This was being monitored by the team leader and manager.

Staff demonstrated an understanding of the MCA and were able to tell us the correct procedures to follow where people lack capacity to make decisions. One staff member told us, "You cannot 'blanket' say that someone does not have capacity, it has to be decision specific and involve the relevant people. Decisions need to be the least restrictive option". Another commented, "We always assume capacity and have looked at reducing environmental restrictions".

Is the service caring?

Our findings

At our last inspection on 27 and 28 July 2015 we observed staff did not always interact with people in a way that demonstrated dignity and respect. We also found staff were recording in people's records using terminology that did not demonstrate an understanding of people's needs and promote respect. Following the inspection the provider sent an action plan stating how they were going to address this.

At this inspection we observed people being treated with dignity and respect and staff were responding to people's requests for support. For example, we observed staff offering people choices and interacting with them in a caring manner. One person was not feeling well during the inspection, staff spent time with the person reassuring them. Another person requested staff support by taking the staff member to what they wanted. Staff responded to the person's requests by allowing them to be guided by the person and recognised what they were requesting. We also observed staff knocking on doors before entering rooms. Staff demonstrated an understanding of people's communication methods and described how one person communicated they did not want support by pushing staff away and verbalising. Staff told us in these instances they respected the person's wishes. During our inspection we saw staff approached people in a caring and reassuring manner and engaged people in interactions.

All of the staff had received training in dignity and respect and further training in the subject had been arranged. Staff confirmed they had received training following our last inspection and had attended team meetings to discuss where improvements needed to be made. One staff member told us, "The team meetings made me look back and think 'oh no!'. Now things have been pointed out we are all singing from the same song sheet, I understand now and things have changed". Another commented, "We [the team] met after the report, now we can improve the service, I feel more positive and listened to by the manager". Staff told us how they would promote dignity and respect by observing people's non-verbal communication and responding to their requests.

Staff had also recently completed report writing training and recognised the importance of recording information in a way that promotes dignity and respect. One staff member told us the training had made them look at how information can portray people in a 'negative light'. Another told us the training made them think about the way they recorded information. The manager had developed a tool to audit care records monthly and identify where improvements were required. They told us they would be using this to audit records monthly.

The managers and team leaders had spent time working on improving the culture of the team working alongside staff and they were in the process of completing observational supervisions. The team leader said, "We are changing the team culture, involving and coaching the staff, encouraging them to feel confident to put their ideas across". We saw evidence of observational supervisions with staff. One of the supervisions involved a senior staff member giving feedback on areas of good practice and areas for improvement. For example, one staff member had received feedback that they could improve on engaging with people as the observation identified communication was based on tasks rather than engaging the person in their interests. The senior staff member identified that they would work alongside the staff member by role modelling and offering support. The staff member had commented that they were looking forward to developing their skills and improving the culture of the home.

People were supported by staff who knew them. Staff spent time getting to know people and had gathered information about people's likes, dislikes and what was important to them. Staff recognised the importance of developing relationships. One staff member told us, "Relationships need respect and trust and we build this through treating people as equals". Staff talked positively about people and were able to explain what was important to them such as having items in certain places, personal space and specific activities. One staff member told us how they spent time building relationships by encouraging activities based on a person's likes.