

United Response Gombards

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 29 July 2015 and was unannounced. At our last inspection on 27 August 2014, the service was found to be meeting the required standards in the areas we looked at. Gombards provides accommodation and personal care for up to eight younger adults who live with learning and physical disabilities. At the time of our inspection eight people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves or others. At the time of the inspection we found that DoLS authorities had been properly obtained in relation to everybody who lived at the home in order to keep them safe. However, mental capacity assessments and best interest decisions had not always been carried out and formalised in a way that satisfied requirements of the MCA 2005.

People who were present at the home during our inspection were unable to communicate with us. Relatives told us that their family members were kept safe. Staff had received training in how to safeguard people from abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

There were plans and guidance to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. Staff who had been properly trained helped people take their medicines safely and at the right time. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles and had regular supervision meetings, linked to an appraisal system, to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people access independent advice or guidance with the support of staff or relatives.

We saw that staff had developed positive and caring relationships with the people they cared for. Relatives were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about people's medical and personal histories had been securely maintained throughout the home.

We saw that care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences wherever possible. Staff knew the people they looked after very well and were knowledgeable about their background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. Relatives told us that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders very were complimentary about the manager, deputy manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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 safe?

The service was safe.

People were kept safe and looked after by staff who had been trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's complex needs at all times.

People were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Good



Is the service effective?

The service was not always effective.

Staff made every effort to establish people's wishes and obtain their consent before care and support was provided.

However, capacity assessments and best interest decisions were not always carried out and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported which helped them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to and support from health and social care professionals when necessary.

Requires improvement



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services.

The confidentiality of personal information had been maintained.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances wherever possible.

Guidance made available to staff enabled them to provide person centred care and support.

There were opportunities provided to help people to pursue social interests and take part in meaningful activities relevant to their needs.

People's relatives were confident to raise concerns and have them dealt with promptly and to their satisfaction.

Good



Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Relatives, staff and healthcare professionals were very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Good



Gombards

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 29 July 2015 by one Inspector and was unannounced. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well

and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

Most people who lived at the home were unable to communicate with us so we observed care being provided in communal lounges and dining rooms. During the inspection we spoke with three relatives, two staff members, the manager and deputy manager. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to two people and two one staff files.

Is the service safe?

Our findings

Relatives of people who lived at the home told us they were confident that their family members were kept safe and well protected from the risks of abuse and avoidable harm. The relative of one person told us, “I have no issues with Gombards; they have very high standards of safety. There are definitely no problems.”

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed. One staff said, “Safeguarding is very high on the agenda here, the manager is very hot on that. The safety of people is our top priority.” We saw that safeguarding had been discussed at staff meetings during which the manager had reminded staff about their responsibilities and how to report concerns or suspected abuse.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Arrangements were in place to ensure there were enough suitably experienced, skilled and qualified staff available at all times to meet people’s complex needs. A relative told us, “Generally speaking there are enough staff and they don’t rely on agency people, normally only full-time or bank staff who know people well which is better for the residents.” Another person’s relative said, “There certainly seem to be enough [staff].” A member of staff commented, “We can be busy but we all work well as a team and the managers are very hands on also. I think the levels [staffing] are about right.”

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff who were properly trained and had their competencies checked and assessed in the workplace. One person’s relative commented, “I have watched staff help people with their medicines and they are faultless. They know people so well and are good and clever at encouraging people to take them [medicines] when they need them. They do it in a calm and reassuring way.”

Where potential risks to people’s health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people’s changing needs and circumstances. This included in areas such as nutrition, medicines, mobility, health and welfare. Staff adopted a positive approach to risk management to ensure that people’s independence was supported and promoted wherever it was possible and safe to do so. For example, one person’s mobility had deteriorated over time and they were only able to move around the home by walking on their knees. Staff made sure that knee pads were available and used for their safety and comfort. They also made sure that communal floor spaces around the home were kept free of clutter and obstacles. Ceiling track hoists were fitted in every bedroom at the home so that, where necessary and appropriate, staff could help people with limited mobility get in and out of bed and move around safely and with dignity.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms.

Is the service effective?

Our findings

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principles applied in practice together with the reasons why, and the extent to which, people's freedoms could be restricted to keep them safe. DoLS authorities had been obtained in relation to everybody who lived at the home. This was because it was necessary to restrict their liberty to varying degrees in order to keep them safe, for example through use of bed guards at night or safety belts on mobility equipment to prevent people from falling. We found that in all cases the DoLS authorities had been properly obtained, kept under review and applied in a proportionate way relevant to people's individual needs and circumstances.

However, where people lacked the capacity necessary to make decisions for themselves, formal and structured assessments had not been carried out in all cases to establish the full extent of their abilities and limitations in key areas, such as personal and health care, mobility and nutrition. Although information provided to staff contained detailed guidance about how to obtain consent, the 'decision making agreements' put in place did not fully comply with the requirements of the MCA 2005. This was because neither mental capacity assessments nor best interest decisions had been adequately or properly formalised, documented or reviewed in respect of each person. We discussed this with the manager and deputy manager who agreed that improvements were necessary in this area. Although improvements were required, we were satisfied that people's freedoms and liberties had not been improperly or unlawfully restricted as a consequence.

Most of the people who lived at the home were either unable to communicate verbally or had limited means of communication available to them. Staff worked closely with people and their relatives to learn and understand how to communicate with them effectively and in a way that best suited their individual needs. We saw that staff explained what was happening, reassured people and made every effort to obtain consent and ascertain their wishes before providing personal care and support.

Throughout our inspection we saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal, to communicate with people they clearly knew

very well, for example about what they wanted to eat or do. When asked how staff knew what people wanted a relative told us, "They put tremendous efforts into learning about and understanding residents. They have amazing commitment and have worked with them [residents] for a very long time. They learn from gestures, eye movements and body language."

People's relatives and health care professionals were very positive about the skills, experience and abilities of staff who worked at the home. One relative commented, "They [staff] are very well trained. They are all very good and the manager makes sure they are well trained. They are amazing, happy and work as a good team." Another person's relative told us, "The staff are well trained, experienced and competent."

New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in areas such as moving and handling, food safety, medicines, first aid, epilepsy care and fire safety. They were also encouraged and supported to obtain nationally recognised social care vocational qualifications. One staff member commented, "The training is really good."

Staff felt well supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them and had regular supervisions with a manager where their performance and development was reviewed. A staff member commented, "Its brilliant here and I cannot fault it. The managers are very supportive."

Staff were very knowledgeable about people's nutritional needs and what they preferred to eat and drink. They were provided with detailed guidance about how to prepare and provide meals that supported a healthy balanced diet, took full account of people's preferences and met their individual dietary requirements. A relative told us, "The managers keep a strict eye on [people's] weight and make sure they enjoy a healthy balanced diet by monitoring what they eat and making changes where necessary. Sometimes

Is the service effective?

[family member] is allowed to eat with their fingers which I am not that comfortable with, but I understand they [staff] try to strike a difficult balance between support and promoting independence.”

We observed lunch being served in a communal kitchen/ dining room and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. They made considerable efforts, and used a variety of communication techniques, to help people decide what they wanted to eat and drink. For example, we saw that the deputy manager spent over ten minutes talking with one person about the various choices available. They demonstrated considerable patience, knowledge and care in eventually helping the person decide upon a cheese sandwich, much to their obvious delight. A staff member commented, “The key is getting to know [people] well and taking time to go through the food and drink options with them.”

People received care and support that met their needs in a safe and effective way. Staff were very knowledgeable about people’s health and welfare needs, many of which were complex. Identified needs were properly documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being.

People were supported to access appropriate health and social care services in a timely way and to receive the ongoing care needed to meet their individual needs. One person’s relative told us, “They [staff] think outside of the box for the benefit of residents care, for example they have recently brought in a physiotherapist to help improve their mobility and avoid long delays for appointments. [Family member] has excellent access to GP’s, dentists etc. Staff are on the ball, can tell if anything is wrong and are quick to get medical advice and help.” Another relative commented, “They [staff] seem to know [family member] well and how to look after them.”

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. A relative of one person told us, “They [staff] work hard to listen to people’s views and treat them as adults. [Family member] is very happy and the care they get is second to none, they have a wonderful life there. People are happy and blossom there.” Another relative described staff as being, “Kind, caring and respectful; always approachable and helpful.”

Throughout our inspection we saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with them and were very knowledgeable about their individual personalities, characters and the factors that may influence their moods and behaviour. For example, when one person became upset and distressed a staff member sat with them, offered kind and warm words of reassurance. They helped them to look through photographs in a magazine and changed the radio station to one that played more upbeat music enjoyed by the person concerned. This approach proved effective in distracting the person away from their anxiety by engaging with them in a kind, positive and meaningful way which clearly made them happy.

People were supported to maintain positive relationships with friends and family members who were welcome to

visit them at any time. Information about key dates and important anniversaries, such as family member birthdays, was made available to staff who helped people to write and send cards. Staff accompanied one person to a family wedding where they stayed for the duration and helped them to share, take part in and enjoy the celebrations. A relative told us, “Nothing is too much trouble for the staff and I am always made to feel welcome. They [staff] all go above and beyond to make the residents lives as good as possible.”

Relatives told us they had been fully involved in the planning and reviews of the care and support provided. Key workers were responsible for ensuring that the guidance provided about how to care for people safely and effectively was updated to reflect people’s changing needs and personal circumstances. The manager and deputy manager worked closely with people’s relatives where appropriate and consulted them about their progress and developments on a regular basis. A relative told us, “Communications are brilliant and I am fully involved in every aspect of [family member’s] care.”

We found that confidentiality was well maintained throughout the home and that information held about people’s health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to staff and people’s relatives.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual health and social care needs and preferences. This included information about people's preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences.

For example, in the guidance provided about one person staff were advised that they did not like having their teeth brushed or being rushed when personal care was provided. We also saw that staff had access to detailed information and guidance about how to communicate effectively with each person at the home and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others. A staff member commented, "The care plans are really useful and provide good guidance about how to look after each resident; as a person and specific to them."

Staff also received specific training about the complex health conditions that people lived with to help them do their jobs more effectively. For example, staff had access to guidance about how to care for people who lived with epilepsy. A relative told us, "They [staff] have got to know [family member] really well over time and look after him as an individual. They know what makes them tick, what they like and don't like. The staff are amazing."

Opportunities were provided for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. Key workers were encouraged to identify, plan for and deliver specific activities that best suited the needs and preferences of the people they cared for. A relative commented, "They [staff] think outside the box to improve people's quality of life. They come up with activities that are good for [family member], involving things they would like." A staff member told us, "We take

pride in ourselves, the home and the residents. We learn through trial and error what people like and don't like doing and their tastes in music. Some like ice skating for example but others don't."

People had access to a sensory room with stimulating lights, sounds and musical instruments relevant to their needs. They took part in sensory activities that involved the use of different textures such as sand, water, clay and beads, together with hand and foot massages. Arts and crafts, baking, singing, games and gardening activities were also provided. People were also supported to access the community and take part in picnics, swimming and meals at local pubs and cafés and to gain new experiences by using public transport when appropriate. For example, we saw that some people had been provided with 'one to one' to support to help them move around independently in a local pool with the assistance of floats.

Everybody who lived at the home had the opportunity to take part in trips and holidays which had included venues and destinations such as The London Eye, Winter Wonderland, museums, music festivals, seaside and the Isle of Wight. A relative commented, "You will often find them singing and playing musical instruments in the kitchen, with staff laughing and joking and joining in. Some [people] have been taken to music concerts involving their favourite acts, even if they can't hear they can feel the vibrations and soak up the atmosphere." We saw that staff had helped to decorate people's bedrooms, in consultation with family members wherever possible, in a way they believed best suited and reflected their character, likes, interests and personalities. A relative said, "Staff worked really hard [at decorating] and some even came in on their days off to help."

People's relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that the managers responded to any complaints or concerns raised in a prompt and positive way. One relative commented, "I have no issues with Gombards. I once complained about the standard of personal care [given to family member] and it was immediately resolved. They listen to what I have to say and always respond very quickly."

Is the service well-led?

Our findings

People's relatives, staff and professional stakeholders were all positive about how the home was run. They were very complimentary about the manager and deputy manager in particular who they felt were both approachable, supportive and demonstrated strong visible leadership. One person's relative told us, "The manager and deputy are really on the ball. They are all about improving the quality of [people's] lives. The home runs like clockwork." Another relative commented, "The home is well run and the management are good."

Staff told us, and our observations during the inspection confirmed, that both managers led by example with a 'hands on' approach and often worked alongside them, helping to provide personal care and support. The manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us, "Gombards provides care and support which is personalised and responsive to the needs of individuals who live here. [We] are committed to ensuring they have fulfilled and happy lives, experience new things and are actively involved in their local community."

We found that both managers were very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and family relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member commented, "I am very happy here. The managers don't hide away and are very supportive. They are firm but fair. They make it very clear what is expected, for example key workers are encouraged to come up with creative and new stimulating activities. If you don't then they will want to know why. All of the tasks we are set are focused on providing high quality care."

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported and giving certain staff additional responsibilities as 'champions' in key areas, for example nutrition. The manager had established links with a reputable professional care provider association to help them source and obtain additional training and support.

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect. For example, we saw that where medication errors had occurred these had been thoroughly investigated and used to change and improve the practices and systems used to ensure people's medicines were managed safely and reduce the risks of reoccurrence.

We found that the views, experiences and feedback obtained from people's relatives and stakeholders about how the service operated were actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home. We looked at a random selection of these and found that most of the comments received were very positive and complimentary. A relative commented, "**Feedback, ideas and suggestions are welcomed warmly and regularly [sought].**" Another person's relative said, "Yes, and they [managers] listen to what I say and try to put things right as necessary."

Measures were in place to review the quality of services provided and to identify, monitor and reduce risks. These included spot checks and reviews carried out by managers from other services in the organisation and representatives of the provider. The managers were also required to carry out regular audits and checks in areas such as medicines and complaints. We saw that the learning outcomes from complaint investigations had been used to improve the services provided, for example in relation to laundry practices and the standard of personal care. A relative commented, "**Past concerns and complaints have been dealt with swiftly and professionally to my satisfaction.**"

The manager had made it a priority to ensure that strong and meaningful links were forged with the local community, to create opportunities for people to experience different activities and develop new relationships. For example, use of a local hospital's sensory garden, involvement in a village fete and membership of a local church based social group.