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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Gombards is a care home providing personal care and support for up to eight people with learning and physical disabilities. On the day of our inspection, eight people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were safe at the service and there were enough staff to meet their support needs. Staff had received all necessary training and had a good understanding of people's needs.

People's needs were fully assessed. Detailed support plans were in place and reviewed regularly. Risks were managed appropriately. People were supported to manage their medications safely.

The environment was clean and fully adapted to meet people's needs.

People were supported to eat and drink, in line with their individual needs. The service worked well with other professionals to ensure people received the right support.

People and their relatives told us staff were kind and caring. People were supported to communicate their wishes and make decisions. Staff were knowledgeable about the most effective methods to support people to communicate.

The provider had quality assurance systems in place. The management team had effective oversight of the service and staff felt well supported in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at Last Inspection
At our last inspection, the service was rated Good (published 05 July 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor the service to ensure people receive safe, compassionate, high quality care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Gombards

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector completed this inspection.

Service and service type
Gombards is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package, under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. We used all of this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We visited the home on 04 February 2020. During our visit, we spoke with the registered manager, a senior

support worker, two support workers and one agency worker who undertook regular shifts at the service. As people were unable to communicate their feedback to us, we also carried out observations of people's care and interactions with staff.

We reviewed a range of records. This included two people's care and medication records. A variety of records relating to the management of the service were reviewed.

On 11 February 2020, we spoke with the provider's recruitment manager to clarify procedures at the service. We also spoke with one professional and two relatives.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they knew how to recognise abuse and protect people from the risk of abuse.
- Staff received safeguarding training and knew how to report concerns both internally and externally.
- Family members told us that they felt their relatives were safe at the service. One relative said, "Yes, I definitely feel that [name] is safe. They are very good there."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support were appropriately assessed. Where potential risks to people's health, well-being or safety were identified, appropriate management plans were put in place. These were regularly reviewed to consider people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- People had personal emergency evacuation plans (PEEPs) in place and the staff we spoke with were aware of how to respond, in the event of a fire.
- Staff carried out regular health and safety checks to ensure premises and equipment were safe.

Staffing and recruitment

- Staff told us that there were enough staff to meet people's needs safely. Relatives told us that the service had experienced some staffing issues. The registered manager was open about this and explained the steps that were being taken to resolve this.
- Agency staff were sometimes used to cover staffing vacancies. The registered manager explained that the service sought to use "regular" agency staff, who were familiar with the service.
- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file.

Using medicines safely

- Medicines were managed safely and stored in line with good practice guidelines. People received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and competency assessments.
- Some people were prescribed "as required" medicines for pain relief. Protocols were in place for their administration.

Preventing and controlling infection

● Staff had received the relevant training for infection control and food hygiene. The provider ensured personal protective equipment (PPE) was available for all staff. This included gloves and aprons.
● The environment was visibly clean and presentable.

Learning lessons when things go wrong
● Accident and incident records were completed and demonstrated appropriate action by staff.
● Patterns and trends were monitored by the registered manager and where necessary, steps taken to prevent reoccurrence.
● The registered manager ensured that lessons were learned and shared across the team. Staff meeting minutes evidenced open and honest discussions with staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care plans were developed for each identified need people had and staff had clear guidance on how to meet these needs. Care and support plans were regularly reviewed. This helped ensure that if people's needs changed, this was accurately reflected in the care records, as well as in the care they received.

Staff support: induction, training, skills and experience
● Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. One staff member told us, "I've always been asked during supervisions if there is any additional training I would like to attend."
● Staff completed a robust induction programme at the start of their employment. One staff member told us, "My induction was really good, really informative."
● Staff confirmed that they received regular supervision. They also felt comfortable to approach the management team if they required additional support.
● Staff told us that they had opportunities to reflect on their practice via team meetings and informal discussions.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet, wherever possible.
● People's preferences were documented in their support plans. Eating and drinking guidelines, from the speech and language therapy team were present, where required. Some people were required to follow specific diets due to their health needs. Staff were aware of people's individual needs and prepared food appropriately.
● There was a nutrition champion at the service who promoted good practice in relation to supporting people with their nutrition and hydration needs. They developed menus in line with people's known likes and preferences. Meals were adapted in line with people's needs, for example, moulds had been purchased to ensure pureed foods were presented in a more attractive manner. The nutrition champion told us, "I want the people we support to be able to enjoy what everyone else is having. We eat with our eyes as well. Why shouldn't they eat like everyone else."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● Staff and management knew people well and were able to promptly identify when people's needs changed and sought professional advice. Information was shared appropriately to ensure care and support

provided was effective and in people's best interests.
● People were supported to attend appointments with healthcare professionals where necessary.
● Staff worked in partnership with health and social care organisations. For example, the registered manager told us that one member of staff was being trained as a physio facilitator by the visiting physiotherapist. This training would enable them to support people to complete their prescribed exercises at home, more effectively.

Adapting service, design, decoration to meet people's needs
● People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other specialist equipment people needed for their safety and wellbeing.
● People were supported to personalise their environment. We observed bedrooms to be decorated in line with individual taste. There were no unnecessary signs or posters in the communal areas. This ensured the environment had a homely rather than institutional feel.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● DoLS applications had been made, where required. Mental capacity assessments and best interest decisions were formally recorded in people's care plans.
● Staff we spoke to were aware of the need to operate within the principles of the Mental Capacity Act. One staff member told us, "We assume people have capacity, we are assessing every situation if people can make that choice."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed positive relationships with people and knew how to support them effectively. We observed positive, warm interactions throughout the inspection. It was evident that staff had a good understanding of each person's needs. They provided reassurance and displayed good communication skills throughout each interaction. The environment was relaxed and calm throughout.
- Relatives made positive comments about the care provided by staff. One relative told us, "I can't speak highly enough of staff. The care is excellent. [Relative] has a lovely relationship with staff."
- One professional told us, "I always find the staff friendly and I get a sense that the service users are their top priority."

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

- Staff supported people to make as many decisions and choices about their care as possible. Staff observed people's likes and dislikes and their behaviours to understand what people wanted
- People were encouraged to be involved in making decisions about their care. Staff told us they always encouraged choice. One staff member told us, "We know what people can and can't understand but we always give people options. For example, I might show a person two different types of cereal and see which one they look at."
- Staff involved family members and health and social care professionals in people's care so where people lacked capacity, decisions could be made in their best interest. The service had regular reviews with people and their families. One relative told us, "We have reviews once per year, but they often phone me up as well."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- Staff were respectful when they discussed people's support needs. They were able to give examples of how they provided dignified care, which respected people's privacy, such as closing doors and curtains.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms were homely spaces that reflected people's individual personalities.
- Staff supported people to be as independent as possible and do what they could for themselves. This was supported by the environment, which was purpose built for wheelchair users and included features such as adjustable height worktops. We observed someone being supported to be involved in the preparation of the evening meal, during the inspection.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's care records were personalised and there was clear information about people's likes, dislikes and preferences. People received care that was individualised because staff knew and understood people well. People's care plans were kept under regular review to ensure they reflected up to date guidance, to support staff in providing personalised support.
- People were encouraged to follow their interests. They were encouraged to take part in a broad range of activities both inside and outside the home. Although people were unable to verbally communicate their preferences, they were regularly supported to try new experiences. We saw evidence that staff reflected on what worked by monitoring non-verbal cues, such as body language, to provide an indication of people's enjoyment of an activity.
- People's care was formally reviewed on an annual basis. The registered manager showed us video reviews they had recently created, with the people supported. These were very personalised and allowed people to interact with the review process, in a way meaningful to them.
- People were supported by staff to maintain relationship with their families. People were supported to visit relatives at home and one person was recently supported to attend a family wedding.

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

- Each person had information in their care plan describing the way in which they communicated. Where verbal communication was limited, staff told us people were supported to use alternative methods. This included non-verbal cues, such as facial expressions or gestures, objectives of reference and other communication aids.

Improving care quality in response to complaints or concerns

- Family members told us they would be comfortable raising any concerns with the service. One family member told us, "I know I can always speak with [registered manager] if I have any concerns."
- Where complaints had been raised, they had been investigated appropriately, in line with the provider's policy.

End of life care and support

● No end of life care was being delivered at the time of this inspection.
● People's end of life preferences and choices were recorded. The registered manager explained that they worked with people's families to put plans in place, where this was appropriate.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were at the heart of the service and the staff and management team continually strived to provide the best care and support they could. The management team were knowledgeable about the service, the needs of the people living there and where improvements were required.
- Staff felt supported and there was a good team ethos. One staff member told us, "I always feel listened to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- Staff were clear about their roles and responsibilities and knew they could go to the management team for advice at any time. One staff member told us, "I feel supported in my role and can approach the management team for anything."
- Audits were completed to help ensure the quality of the service was maintained. These covered many aspects of service delivery, including medication, health and safety and care plans. Appropriate actions were identified but it was not always recorded when these had been completed. The registered manager was aware of this and had identified this as an area for improvement. They were able to verbally confirm what actions had been done.
- Quality checks had also been completed by the local authority. The registered manager had an action plan in place and was in the process of working through the actions, at the time of inspection. We saw that both positive and negative feedback was shared with the staff team. This open approach ensured areas of learning could be identified and changes embedded.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles. Staff meetings were held to support communication and cascade information. Staff understood what was expected of them to ensure good standards of care were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and other stakeholders had opportunities to regularly give feedback about the care and support provided at Gombards. This included an annual impartial feedback survey and staff meetings.
- Staff kept in close contact with people's relatives to ensure they had the opportunity to communicate their thoughts about the service and contribute to their family member's care. Tailored newsletters ensured

they were kept informed about both general updates at the service and specific information about their relative's activities.

Working in partnership with others

● The service worked in partnership with organisations including the local authorities that commissioned the service and other health and social care professionals.

● A professional told us, "[registered manager] has always contacted me if she needs support or advice in any way."