The Royal National Institute for Deaf People

St Gabriel's House - Apartments

Inspection report

St Gabriel's House
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Kent
CT8 8LB

Tel: 01843832750

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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 inspection was carried out on 1 February 2017 and was announced.

St Gabriel's House is registered to provide accommodation and personal care for up to eight people. There were six people living at the service when we visited. People had a range of learning disabilities. Some people were living with autism and some people required support with behaviours that challenged. Some of the people were living with hearing loss and all used British Sign Language (BSL) to communicate.

The service is in a quiet road, close to local shops and the sea. The service is based across two flats, which are in the same building as a day service run by the provider. Each flat has large living/dining areas, a kitchen, four bedrooms and several bathrooms.

The service is run by a registered manager who was present on the day of the inspection. 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 registered manager shared their time between St Gabriel's House and another residential service for five people nearby that they also managed. They were supported to do this by two deputy managers and senior support workers.

The care plans gave staff guidance on what support people needed and how they liked staff to support them. Care plans were not always available in a format which was accessible to people. A member of staff was piloting a new person centred plan using pictures but this had not yet been completed. The registered manager agreed this was an area for improvement.

Some staff told us that they could contact the registered manager for support but other staff told us that the management team was distant and they did not feel supported. Some staff felt that their opinion was valued but others stated that they were not listened to and their ideas were dismissed. There had been a number of changes at the service and this had resulted in a period of uncertainty, long standing staff leaving and staff vacancies which appears to have led to low staff morale. The registered manager told us, after the inspection, that they were meeting with staff to try to address their concerns.

There were enough staff to support people and the number of staff available was based around people's activities and needs. Staff had been recruited safely and had received a variety of training for their role. Staff had not always received the training required to meet people's individual needs, especially related to supporting people whose behaviours could challenge. The registered manager had requested further training for the staff before our inspection but did not have a date for when this would happen. All staff were completing the care certificate to refresh their knowledge. The care certificate is an identified set of standards that social care workers work through based on their competency.

Staff knew people well and talked about people's personalities and favourite things to do. People were supported to maintain relationships with family and friends, through visits and the use of technology including email. Each person had a keyworker who co-ordinated their care and support. People had keyworker meetings weekly which were recorded, this gave people a chance to discuss any worries or concerns and what had gone well in the past week.

People and staff seemed very comfortable in each other's company. Staff adapted their way of working for each person, and treated people with dignity and respect. Family members and visitors said they always felt welcomed at the service

Risks relating to people had been assessed and plans put in place to minimise the impact of the risks. People were supported to develop new skills and to look after their home. People had weekly residents meetings to discuss any issues and plan the menu each week. People were supported to have a varied and balanced diet. People could access the kitchen whenever they liked and could prepare their own snacks or meals.

People had health action plans in place detailing their health needs and the support they needed. There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People kept their medicines in a locked cupboard in their bedrooms and staff supported them to take their medicines safely.

Staff knew how to recognise and respond to abuse. The registered manager was aware of their responsibilities regarding safeguarding and staff were confident the registered manager would act if any concerns were reported to them.

People had complaint forms in their rooms which included pictures to make them meaningful. There had been no complaints but there was a procedure in place to respond to them should they arise.

Staff told us how they supported people to make their own decisions and choices. Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The requirements of DoLS were met.

Accidents and incidents were recorded and shared with the provider using an online tool. A risk management team employed by the provider worked with the registered manager to identify any themes or opportunities for learning from any incidents.

The registered manager audited the service monthly. The provider had a compliance team who audited the service annually and gave the registered manager an action plan to complete. The area manager followed this up in her quarterly audits. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

People were asked for their views of the service in their weekly meetings. Each person had an annual review and all participants, people, relatives and health and social care professionals were asked for feedback. There was not a system in place to request feedback outside of these meetings. This was an area for improvement.

The registered manager was experienced in working with people with learning disabilities and providing

person centred care. The CQC had been informed of any important events that occurred at the service, in line with guidance. Staff understood the need for confidentiality and records were stored securely.

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.

People and staff knew how to recognise abuse and who to report it to.

Risks related to people were assessed and managed.

Staff were recruited safely and there were enough staff to support people.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff knew people well; they had the skills and training necessary to meet most people's needs.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards

People were involved in planning and preparing their meals.

People were supported to access health services if they needed to. Staff had guidance on how to support people with their health needs.

Is the service caring?

Good

The service was caring.

Staff communicated with people in a kind caring way, using their preferred method of communication.

People were encouraged to make decisions about their care and how they liked to be supported.

There was genuine affection between people and staff. People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to try new things and develop new skills.

People planned what to do with their time and were starting to become involved in writing their care plans.

People were actively encouraged to give their views and their feedback was valued.

People knew how to complain and there was a procedure to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff understood the values and visions of the service and showed these in the way they supported people.

The registered manager was accessible. Some staff said they felt supported, valued and listened to, but other staff did not.

Audits had been carried out to monitor the quality of care and feedback was sought from people and acted on. Staff were not yet surveyed for their views.

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Detailed findings

Background to this inspection

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

This inspection took place on 1 February 2017 and was announced. The provider was given 48 hours' notice because the service was a small care home for younger adults who were often out during the day. The inspection was carried out by one inspector.

We did not ask the provider to complete a Provider Information Return (PIR), as we carried out this inspection earlier than expected. 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. We asked these questions during the inspection.

Before the inspection we looked at notifications we had received from the service. A notification is information about important events which the provider is required to send us by law, such as a serious injury.

During the inspection we spoke and spent time with four people. We observed how people were supported and the activities they were engaged in. We spoke with the registered manager and the deputy manager and one member of staff. We looked at two people's care plans, risk assessments and other guidance. We looked at a range of other records including four staff recruitment files, training and supervision records, staff handover records, medicines records and quality assurance audits.

After the inspection we received feedback from three staff and two relatives about the service.

This is the first inspection of this service since a change in provider in May 2016.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe living at the service. A relative said, "I relax in the full knowledge that [my relative] is being cared for by a dedicated and supportive team at St Gabriel's."

Staff understood types of abuse and how to respond to any concerns. The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again. When people had any concerns they had spoken to the registered manager who had addressed the issues.

People were supported to manage their money safely. Staff checked and recorded the amount of money stored every day.

Risks relating to people were assessed giving staff guidance to keep people safe whilst encouraging them to try new things. When people had risks relating to health conditions such as asthma, risk assessments gave staff step by step guidance about how to keep the person safe and what to do should they become unwell. Some people could become anxious or angry. Risk assessments gave staff guidance about how to support people to calm and minimise the risk to them or anyone else in the service. During the inspection staff noticed a person becoming anxious, they offered them reassurance and supported their housemate to another area of the flat until the person was calmer.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

People had personal emergency evacuation plans (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. Accidents and incidents were recorded and shared with the provider using an online tool. A risk management team employed by the provider worked with the registered manager to identify any themes or learning opportunities from any incidents.

Staff had been recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People had met potential staff during the recruitment process and had given their views about potential staff to the registered manager.

People took part in interviewing new staff or met them when they visited for interview. Once a member of staff had been appointed, a profile of the staff member was compiled. This included photo, what was

important to them and their interests and hobbies and was displayed on a noticeboard for people to see and read.

There were enough staff on duty to meet people's needs and keep them safe. Staffing levels were planned around people's needs and activities. People could request which staff member supported them. The registered manager had recently increased the staffing levels to meet people's needs. Some people needed extra support at night so the registered manager had replaced a sleeping member of staff with a member of staff who stayed awake at night. Staff told us people seemed to be reassured by this and were calmer. Staff were available on site to be called to support staff in the case of an incident or a person becoming agitated.

There had been several staff vacancies for a period of time. The registered manager told us they had recently employed new staff to cover all the vacancies. In the meantime the registered manager had arranged with a local agency to provide regular staff who could all use British Sign Language (BSL) to communicate with people. This gave people consistency and reduced people's anxieties as the agency staff were able to communicate with people. On the day of the inspection there were enough staff to support people both in the service and to go out to take part in activities. The staff from the agency worked alongside regular staff and appeared confident in supporting people, even when they were anxious.

There was an on call system for support outside office hours. The numbers for the on call support were on posters in the office area and the downstairs lounge. Staff told us they could always contact the on call person but sometimes felt unsupported by their responses. Staff told us they felt that the on call did not always come into the service when they were supporting people who's behaviour could challenge. The registered manager told us they were trying to get staff to manage incidents themselves to build their confidence and skills in supporting people who were distressed or showing behaviour which can challenge.

People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. The registered manager told us that they would be assessing staff competency to administer medicines in the near future. People's medicines were kept in locked cupboards in their rooms. One person showed us their cupboard and when asked if they like staff helping them to take their medicines, they smiled.

People had a folder in their medicines cupboard, which held medicine administration records, and information about side effects. It also had information about how people liked to be supported to take their medicines and what they could do for themselves. Some people's creams did not have the date they were opened recorded. Some medicines need to be used within a limited time once opened or they may not work properly so creams should be dated when opened. This was an area for improvement. Medicines audits were carried out weekly to check medicine stocks and records.

Temperatures of medicine cupboards were taken daily and were within acceptable levels. Some medicines do not work properly if stored at the wrong temperature. Staff ordered medicines as needed and disposed of any unwanted medicines appropriately.

Good

Is the service effective?

Our findings

People told us they liked the food and the staff who supported them. Staff told us, "People enjoy choosing their menu for the week or where to eat out. They have a real variety of meals they like" and "We work really well as a team and all support each other." Relatives told us, "The staff are excellent and go over and above their daily remit."

New staff completed induction training and shadowed more experienced staff to get to know people. All of the staff in the service, including the registered manager, were completing the care certificate to refresh their knowledge and keep up to date with good practice. New staff were expected to complete the care certificate as part of their induction.

Staff knew people well and people approached staff for support throughout our visit. Staff had completed training in core subjects such as safeguarding and first aid. Staff had additional training in areas related to people's needs, such as British Sign Language (BSL) and how to support behaviour that may be challenging. The registered manager had identified that some of the training staff had completed, in positive behaviour support was not appropriate to all the people they supported. Some staff who were less experienced in supporting people in times of distress told the manager that they did not feel confident. The registered manager had made a request for additional training specifically related to people's needs and had altered the rota to match less confident staff with those who had more experience.

People used BSL to communicate. All staff were able to communicate using BSL and the registered manager was working with the provider to arrange intensive training in BSL for new staff. Communication was natural and relaxed. Staff were competent at using BSL and so people were at ease communicating with staff. Staff noticed people's behaviours and gestures and knew what they meant. Staff were skilled at picking up non-verbal clues and noticed that one person was becoming anxious during our visit, staff offered reassurance and an activity the person found calming.

Staff had regular one to one meetings with their line manager to discuss their performance and learning and development. Some of the staff were on leadership or management courses to develop their skills.

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 make 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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had taken appropriate action, had conversations with the local authority and made applications for DoLS in line with guidance.

The registered manager and staff had a good understanding of the MCA and encouraged people to make decisions for themselves as much as possible. Staff used pictures and other communication tools to help people make choices and say what they wanted. The registered manager had requested advocates for people when decisions were being made on behalf of people to make sure decisions made were in their best interest. An advocate is someone who supports a person to make sure their views are heard and rights upheld.

In one flat, people planned their menu and shopping list on Sunday in a group meeting. In the other flat, people sat with staff to choose their meals and this was put together into a menu. The weekly shop was then completed on Monday and everyone had the opportunity to take part. People could access the kitchen when they wanted to. People in one flat chose to go out once a week for a 'social meal', where they all went to a local café or restaurant together. A menu was on display in the kitchen showing the meals for the week in pictures.

People cooked meals together and ate together, taking turns with tasks, making meal time a social occasion. Some people had their own cupboards in the kitchen to store their own snacks or favourite foods. The person's photo was on each cupboard door to let everyone know who it belonged to.

People were supported to access a variety of health care professionals when necessary. People had health action plans which showed how people preferred to be supported and what support they required. Where people had specific health conditions such as asthma, staff had step by step guidance around how to support the person and information about signs of a change in the condition to be aware of.

Each person had a 'health passport' in case of a visit to hospital. This had been written with the person and gave important information such as how the person wished to communicate, anything that could cause anxiety and how to reassure the person. It also detailed any allergies and what medicines the person was taking.

When people found attending health appointments distressing, the registered manager had worked with the staff team to identify which staff member would be most successful in supporting the visits. People's plans detailed that staff should contact the place of the appointment to try to arrange a quiet waiting area and minimise the time people had to wait. Some people had a bag of items they took with them to appointments to reassure or distract them while they were waiting.

Good

Is the service caring?

Our findings

People told us they liked the staff and liked living at St Gabriel's. There was a warmth and affection between people and staff. Relatives told us, "They [the staff] are professional but also show huge empathy when necessary. I have no hesitation to say they always have [my relative's] best interest at heart."

Staff told us, "There are little positives every day, seeing people get excited about things and laughing." and "People have a positive vibe and you can see they love living at St Gabriel's."

Staff were keen to tell us about the people they supported. They talked with affection about each person, showing a good knowledge of their personalities, likes and dislikes. They spoke proudly with us about people's achievements and the skills people had developed.

Pictures or items made by people were displayed around the service alongside photographs of people taking part in activities. Each person's bedroom had been personalised, with posters and photographs on the wall. People were happy to show us their rooms and pointed out photos of their family or pictures they had made.

People were encouraged to increase their vocabulary and communication skills. Pictures were placed around one flat to encourage and support people to say what they wanted. When people became anxious or distressed staff encouraged them to use the pictures to show what they wanted. When people used the photos staff gave them praise for using the picture and got them what they had asked for.

Staff varied the way they offered support with people taking into account people's personalities. Some people liked physical reassurance but others preferred not to be touched. Staff knew this and only physically interacted with people when they instigated or requested staff to touch them.

People used their weekly keyworker meetings to update their care plans and discuss any progression towards their goals. Key workers were members of staff who took a key role in co-ordinating a person's care and promoted continuity of support between the staff team.

People were supported and encouraged to maintain relationships with family and friends. People could have visitors whenever they liked and would often go to stay with family over night or for weekends. People were supported to expand their social circle and to develop skills which helped them to maintain friendships. When people had made friends at social events or activities staff supported them to maintain these friendships and offered support if needed.

Some people's families supported them when decisions needed to be made, other people used advocacy services. Staff treated people with dignity and respect and people had privacy. Staff prompted people to close their bedroom door when they were changing their clothes and when people wanted to use the bathroom this was offered discreetly. Staff knocked and waited to be invited in before entering people's rooms. Some people chose to have keys to their bedrooms and could keep them locked if they preferred.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Good

Is the service responsive?

Our findings

People received the care they needed and staff were responsive to their needs. One person told us they had been out for a walk with friends and to aerobics, on the day we visited. They said, "I had fun." Staff told us, "We are always looking for new activities for people to try, some people are going to be starting a drama club soon and we are planning a visit to a trampoline park." A relative told us, "Staff support [my relative] to achieve their full potential and encourage them in their daily routine/life."

People's needs were assessed before they moved into the service. Once it was agreed that the service could meet the person's needs they were invited to visit and meet the other people who lived there. People also had overnight stays, if they wanted to, before moving in. People's initial care plan was written using the information from the assessment with the person and their loved ones.

Plans detailed people's needs and gave staff guidance on how people preferred to be supported, what they could do independently and what staff needed to do. People's care plans also showed their goals and aspirations, with clear step by step plans about how to reach their goals. People discussed their goals in their weekly keyworker meetings and recorded what progress they had made that week. People also had scrap books with photographs showing achievements or activities they had taken part in.

Some people could not access their care plan as it was not in a format they understood. A member of staff had been working with a person to develop a person centred plan in a format they understood using pictures and photographs. The registered manager told us they were planning to use this as a guide for other staff to develop similar plans for everyone else at the service. Training staff and implementing person centred plans was an area for improvement.

Some people were very active and everyone had an activity planner based on their preferences. Each person's planner had been created using pictures of characters or films people liked. People had chosen to have their planner on their bedroom walls to refer to. Activity planners covered seven days a week and included morning, afternoon and evening activities.

People took part in a wide range of activities. Staff told us, "Sometimes it feels like (the people we support) are never in. They do everything from art to horse riding. One person even bakes their own cupcakes and sells them to staff and people at the day centre." People had been supported to find voluntary work to develop skills and gain experience.

People attended the local daycentre run by the registered provider and met with friends from the other service managed by the registered manager. Some people could struggle with long periods at the day centre, so they had communication tools to let staff know they wanted to go back to their flat. People could return to the day centre at a later time if they chose to.

People took part in the running of their home, sharing housework tasks and cooking. Staff worked with people to develop everyday living skills including doing their laundry, cleaning and shopping. Some people

were very keen on recycling and took in in turns to sort the recycling into the correct boxes and put it out for collection.

People were encouraged to raise any concerns. The registered manager told us, "We use the weekly keyworker meetings and resident meetings to deal with things before they become an issue. If people do feel the need to complain we encourage that."

There was a section in the key working document for people to note anything they were unhappy about. People in one flat ran their own group meetings, in the other flat people chose not to have meetings but met with staff each week to talk about any worries or concerns.

People had a copy of the complaints procedure and a complaint form in their rooms. This was in an accessible format so it was meaningful to people and explained what to expect if they complained. The registered manager told us they had not received any complaints but that they would follow the procedure if they did.

Requires Improvement

Is the service well-led?

Our findings

People told us they 'liked' the registered manager. The deputy manager took us to meet people and people appeared very happy to see them; immediately talking to them about their family and when they would be going to visit next. Relatives told us, "I am always informed of any changes that may occur. Staff also call me every Wednesday evening and help [my relative] email me every Sunday."

Staff told us, "We can always get hold of a manager if we need to." Some staff told us that the registered manager and deputy manager could sometimes seem distant and they did not always feel supported by them. Some staff felt able to give ideas to the registered manager and said they would be listened to, but other staff said that they felt their ideas could be dismissed.

There had been a number of changes at the service in the previous year prior to the change in provider; which had resulted in uncertainty and long standing staff leaving the service. There had been staff vacancies and the use of agency staff. This had had an impact on staff morale.

The registered manager was aware that some staff were struggling with the changes which had happened at the service, some staff felt that the changes were not happening fast enough and others felt changes were happening too fast. The registered manager had given staff opportunities at team meetings and individually to speak about any concerns they had. They had also made sure all staff had contact details for the area manager if they wanted to discuss their concerns with them. Following the inspection the registered manager told us they were arranging additional one to one meetings with staff to offer support and address any concerns.

The registered manager was experienced in working with people with learning disabilities and providing person centred care. The registered manager and staff were clear about the aims and visions of the service. Everyone at the service was working towards the same values of increasing people's independence and choice. Staff told us "I enjoy promoting and developing people's social and life skills and seeing their enjoyment when they are on activities and accessing the community."

The registered manager was undertaking training in management and leadership. They had arranged for the deputy manager and senior support worker to have some leadership training. An area manager had recently been appointed by the provider. The registered manager told us this had enabled them to look at their own personal development and access their current training course. The provider had a policy and practice team who shared information with the service related to changes in practice. This information was shared in staff meetings to make sure staff were kept up to date.

Staff meetings were held in the communal area of the service and people could attend if they wanted to. If the registered manager needed to discuss something confidential this was done in the office.

The registered manager had previously attended local forums and network meetings for registered managers. They had not attended any recent meetings, the registered manager agreed this was an area for

improvement to network and share good practice.

Relatives told us that the registered manager was accessible and would deal with any issues. People's families had a parent's group which held monthly meetings and fed back any issues to the registered manager. During the change in provider in 2016 the registered manager had sent families a monthly email to keep them up to date. Once the change had taken place the registered manager stopped these emails. The families' group had requested that the registered manager start these emails again about events in the service and the registered manager had done this.

Weekly audits of medicines records and the environment were carried out by staff and recorded in their handover book. Care plans were reviewed and updated monthly. The registered manager checked this as part of their monthly audits. An annual audit was carried out by the provider's compliance team, and an action plan was generated as a result. The registered manager had already completed many of the actions. The area manager then completed quarterly audits on the service and reported on the progression of the action plan.

The registered manager welcomed open and honest feedback from people, relatives and social care professionals. Feedback was requested as part of each person's annual review. However, there was no system for people to give feedback anonymously or for staff to give their views. This was an area for improvement.

The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.