Community Integrated Care

Gatesgarth

Inspection report

The Green
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

We carried out an unannounced inspection on the 25 and 26 June 2015. We last inspected the service on the 3 April 2013 and we found the home was complaint with the regulations.

Gatesgarth is a care home for five people who live with a learning disability, some of whom also have support needs associated with limited mobility. The home is a detached dormer bungalow adapted for its current use as a care home and it is situated in the village of Little Broughton, three miles from the town of Cockermouth.

Accommodation is provided on two floors, with just one bedroom being upstairs. The home has a range of equipment suitable to meet the needs of the people living there. It has a lounge, dining room and wide corridors for those who use a wheelchair to get around. Bathrooms and showers rooms have been adapted to meet the needs of people in the home.

There was a new registered manager who had been employed at the home for just over six months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 manager was registered for this home and to run two other small homes nearby. These were also run by the same provider, Community Integrated Care (CIC). CIC are a large national charity providing services for people who are living with a learning disability.

People we spoke with told us that they felt safe in the home and with the care provided by the home. However, we judged that staffing numbers were unsafe in that they did not meet all aspects of people's needs. A number of people's care support needs required two members of staff and other people required close supervision.

We found that at the weekend there were often only two members of staff on duty, when during the week there could be four care staff plus a manager. Staff had to undertake shopping, cleaning, laundry and cooking duties, as well as providing care and support to people. We found that this meant there were insufficient staff to meet people's needs and to keep them safe at weekends.

People's ability to choose to go out and to take part in activities was therefore also limited at weekends. We saw that this had an adverse effect on some people's quality of life at weekends, and led to an increase in behaviours that could be a challenge to the service.

We have made a recommendation that the service looks at how they work out staffing levels to make sure that they meet both people's individual care and their social needs.

Overall risks were being managed well at the home because comprehensive assessments were carried out and these risk plans adhered to. Staff were well versed in the safeguarding of vulnerable adults and records we, CQC, held indicated that the home cooperated with the local safeguarding authority.

People were cared for by well trained, competent and confident staff. Every effort was made to ensure that people's rights to consent to, and refuse, treatment were respected. This included following appropriate guidance when people lacked capacity to make their own decisions

People were provided with meals and drinks that they enjoyed. We found that people's nutritional needs were routinely assessed and monitored from time to time to ensure that they had healthy diets and life styles.

People in the home had regular access to health care. They went out to health appointments and there was evidence of good measures in place to prevent ill health. Medicines were well managed and stored correctly.

We saw that people were being treated with dignity, respect and care. There were affectionate and caring relationships between the care staff in the home and the people who lived there. The staff knew how people communicated and gave people the time they needed to make choices about their lives and to communicate their decisions.

Assessments of people's needs were comprehensive and took into account people's likes and dislikes. Support plans were based on assessments and gave clear strategies as to how to meet people's needs.

There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, with regard to staffing levels. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The service was not safe.

There were insufficient staff to meet people's needs.

Risk assessments were in place that helped to identify and minimise hazards to people's safety and welfare.

Medicines were managed correctly and stored appropriately.

Is the service effective?

Good

The service was effective.

Staff were well trained, competent and confident.

People's nutritional needs were being met.

Other providers of health and social care were involved in supporting people who used the service.

The home was suitably adapted to meet the needs of the people who lived in the home.

Is the service caring?

Good

he service was caring.

People received support from staff who they knew and who treated them with kindness and respect.

The staff spent time with people and understood that this was an essential part of caring for people. There were warm and positive relationships between staff and people in the home.

People could see their families and friends when they wanted to and could maintain relationships that were important to them. Staff went out of their way to be welcoming to visitors and to support people to maintain relationships that were important to them.

Is the service responsive?

Requires improvement

The service was not responsive.

Support plans were well written and based on robust assessments. Healthcare passports were used to ensure continuity of care when a person needed to go into hospital.

However, we found that people's opportunities for recreation both within the home and for going out had recently been compromised by the reduction in staffing levels at the weekend.

Summary of findings

People were able to make their thoughts known about the service if they had concerns or complaints.

There was a corporate complaints policy in place that was fit for purpose, and staff were aware of the procedures.

Is the service well-led?

Good

This service was well-led.

Checks and audits were carried out to help assure the provider that they were delivering quality care.

There was good partnership working with other agencies to ensure people had access to a full range of services to promote their wellbeing.

People were asked for their views of the home and their comments were acted upon in a timely way.

Records in the home were well maintained and up to date.

Gatesgarth

Detailed findings

Background to this inspection

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

This inspection took place over two days, Thursday 25 and Friday 26 June 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector.

During the visit, we spoke with four of the people who lived at the home, one visiting relative, five care staff, and the manager. We spoke with a healthcare professional. We observed the way people were cared for and the interactions with staff. We looked at three care files in detail, which included checking medication handling and records. We also looked at the homes statement of purpose and a sample of training and induction records for staff employed at the home.

We checked the information we held on the service and the service provider prior to our visit, this included notifications the home must send to us under the Health and Social Care Act 2008. We also spoke to social workers from the local authority and to staff from the local health commissioning team. No concerns had been raised since we completed our last inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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.

Requires improvement

Is the service safe?

Our findings

Those people who were able to communicate told us that they felt safe living in this home. People told us that they would speak to a member of staff if they had any concerns about their safety or about how the staff treated them.

Some people were not able to tell us their views. We saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

People who lived in the home, and the visitors we spoke with, told us that they had never heard or seen anything that concerned them and said that all the staff treated them well. One relative said, "Absolutely, it's a very safe and well run home. I have no worries or concerns."

We looked at how many staff were supporting people at Gatesgarth. On the day of our inspection the service was calm and well organised. We saw that a number of people's care support needs required two members of staff and other people required close supervision. We found that there was a discrepancy between weekend and week day staffing levels, with levels of staff at weekends being almost half of those during the week.

We found that on occasions at the weekend there were only two members of staff on duty, when during the week there could be four care staff plus a manager. Staff also had to undertake shopping, cleaning, laundry and cooking duties as well as care and support tasks. We found that people's ability to choose to go out and to take part in activities was therefore, very limited at weekends. This also meant that people were not always having care and support tasks undertaken in a timely manner at weekends in the home. We saw that this had an adverse effect on some people's quality of life at weekends as they had less one to one time with staff. This had led to an increase in behaviours that could be a challenge to the service. Staff reported that people were "bored" at weekends and that sometimes they had to "wait their turn".

When we spoke to the registered manager and staff they reported that this had only occurred in the last six months, in the absence of a permanent manager. The new registered manager told us he was devising new staff rotas to ensure that all staff took a fair share of weekends and that the staffing levels would be set according to meeting peoples' needs.

We found that the registered person had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs . This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed how people were protected from bullying, harassment, avoidable harm and abuse with the manager, the staff and the senior carer. They told us that all staff had completed training to help them identify abuse and prevent it. The records we saw confirmed this. Staff were also knowledgeable about using the providers whistle blowing procedure if they felt this was needed in order to protect people living in the home.

We reviewed information that the service had sent us in the past. We saw that they had dealt with issues related to the safeguarding of vulnerable adults. We noted that they had correctly notified and liaised with the local safeguarding authority. This meant that when poor care or abuse was drawn to the attention of the service they acted quickly and appropriately to ensure that people were safe.

We saw that each individual who used the service had risk assessments in place. The risk assessments ensured that potential hazards were identified. Actions were put in place to minimise or eliminate the risk of harm to people who used the service. For example some people's health conditions were accessed as requiring two members of staff when they left the home to go to town or on other trips out.

We checked how the home responded to emergencies. The registered provider had plans in place to deal with foreseeable emergencies in the home.

We looked at how medicines were stored and handled in the home. We saw that medication was stored securely to prevent it being misused. All the staff who handled medicines had received training to ensure they could do this safely. We saw that people received their medicines as they had been prescribed by their doctor.

We saw good details on the side effects to watch out for and the reasons why the person was taking the medicine and what its purpose was. We saw that people were having their medication regularly reviewed by a doctor to ensure that it was correct and some people had their medicine reduced to ensure that they were not over sedated.

Requires improvement

Is the service safe?

We saw records that showed that the equipment in the home was serviced and maintained regularly to ensure that it was safe to use. The training given to staff and the regular maintenance of equipment ensured that people who lived in the home were protected against the unsafe use of this equipment.

The registered provider used safe systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check to show that they had no criminal convictions which made them unsuitable to work in a care service.

We saw that the organisation had policies in place to manage staff disciplinary and competency issues. This meant people could be confident that the staff who worked in the home had been checked and continued to be monitored to make sure they were suitable to work with vulnerable people.

Good

Is the service effective?

Our findings

People who could speak with us told us that the staff in the home knew the support they needed. We asked people if they thought that the staff had the skills and knowledge to provide the care they required. They told us that they thought the staff did and one person told us, "The staff are great, they take me out and I do things I like."

All the staff we spoke with told us that they received a range of training to ensure that they had the skills to provide the support people required. They told us that all new staff had to complete thorough induction training before they started working in the home.

The staff told us that the training they received gave them the skills and knowledge to provide the support people required. They said they completed further training while working in the home and were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. One staff member told us, "We have received some specialist training on looking after someone's epilepsy medication recently, it was very helpful."

We checked to see how people's individual needs were met by the adaptation, design of the service. We saw the home had aids and adaptations such as an assisted bath, hoists and moving and handling aids to meet people's physical personal care needs.

We checked to see how people were supported to eat and drink enough and maintain a balanced diet. People told us that they enjoyed the meals provided. People said they had a choice of meals and that they could have a hot or cold drink whenever they wanted one.

People's weights were regularly monitored. This helped staff to identify the need to involve healthcare professionals such as the dietician or speech and language therapist in a timely manner. Some people needed support via prompting from staff to eat. We saw that this was provided in a patient and discreet way.

We asked the registered manager about his understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw the MCA had been used in the home. We saw that people had access to advocates and advocacy services. We saw that advocacy services had been arranged for people who did not have the support of friends or relatives to help them to make decisions or to express their wishes about their care. The home had arranged for the person to be supported by an Independent Mental Capacity Advocate, (IMCA). An IMCA is a person who is not connected with the home but who is trained to support people who are not able to make major decisions themselves and who have no family or friends to represent them. The IMCA's role is to ensure that a person's rights are protected when major decisions have to be taken.

All the staff said they felt well supported by the manager and registered provider. They said they had formal supervision meetings where their practice was discussed and where they could raise any concerns. We saw staff had effective ways to communicate, for example through daily diaries, communication books and we listened to an informative staff hand-over.

We looked at the record of training provided in 2014/15. We saw that staff had received suitable basic training in the core subjects identified by the organisation to meet the needs of people with a learning disability.

Good

Is the service caring?

Our findings

People told us, “I love going out with staff, they take me nice places.” “Staff help me buy clothes and to look nice.”

We observed warm, positive and relaxed interactions between staff and people who lived in the home. People who had little or nonverbal communication showed positive reactions when staff approached them and clearly enjoyed the time they spent with staff.

We heard from relatives and professionals who visited the home that they had always observed caring and respectful interactions. They said that the staff were professional but caring and kind. One relative said, “I can come whenever I like and staff are always lovely with all the residents, they take their time with people and are very caring.”

We had evidence to show that staff in the home understood people's needs and treated them as individuals. We also saw that the staff team understood issues around equality and diversity. For example we saw that people were supported to express their personalities and interests. This was demonstrated in the way people were supported to have individual interests and hobbies.

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people’s independence and helped promote their self-worth.

We also saw that people were given privacy when they needed support with personal care or with eating. Staff worked discreetly and supported people to be as dignified as possible even if they needed a lot of help and support.

During our inspection we found that the home was clean and free from odours. This helped to ensure people’s dignity was maintained. We saw that staff took a real pride in making sure the home was not only clean and tidy but also that it was decorated and furnished to high standards.

Staff took the time and went to considerable effort to help each person to personalise their rooms.

Requires improvement

Is the service responsive?

Our findings

People told us that they were included in making decisions about their lives in the home. Everyone we spoke with told us that the staff in the home listened to them and supported them to make choices about their care and their lives.

They said they followed a range of activities of their choice in the home and in the local community. One person told us they would like to go out more at the weekend.

We saw evidence in daily diary's to show that people were supported to have a full range of activities but that these were mostly taking place on weekdays.

We found that people's opportunities for recreation both within the home and for going out had recently been compromised by the reduction in staffing at the weekend. The registered manager discussed his plans to address this and we could see that this would be rectified with the better deployment of staff that was planned.

We recommend that the service considers using an assessment tool to allow them to make sure that staffing levels meet both people's care and social needs.

The service promoted person-centred care and individuality. Staff we spoke to were keen to show how flexible the service was in meeting people's needs. One saying, "Every day is different and we ask people daily what they would like to do. If they don't fancy going to planned day services there's no problem with that and we find out what else they would like to do instead." We saw from people's files and records that the service was flexible and responsive to people's changing needs and wishes. However due to the issue of staffing levels at weekends, staff were aware of people's needs but they could not always respond in good time or facilitate people's wishes.

We saw that assessments of people's needs were comprehensive and took into account people's likes and dislikes. Support plans were based on assessments and gave clear strategies as to how to meet people's needs. People told us that they had been included in developing their own support plans and we saw that these were in appropriate formats to ensure individuals were able to read their own plans and to know what was written about them.

We spoke with the district nursing team who told us the home was good at identifying risk to peoples' health at an early stage and therefore preventing avoidable deterioration in people's health. We saw that one person had been referred to a speech and language therapist to assist in a swallowing difficulty. Staff had sought and then followed this advice and there was clear documentation in the person's file to give staff instructions and to monitor treatment.

All of the people we spoke with said that they could tell staff if they felt ill and that they would ring for the doctor. We saw from care records that people had access to a range of health professionals. They attended regular check-ups with their dentist, chiropodist, optician and doctor when required. People also had support from the community nurses who supported the home in managing more complex healthcare conditions. Healthcare passports were used to ensure continuity of care when a person needed to go into hospital.

The staff on duty showed they knew the procedure people could use to make a formal complaint. They said they would be confident supporting people to make a formal complaint if they needed to do so. We had not received any concerns or complaints about the service. The provider had not received any complaints but had systems in place for dealing with these.

Good

Is the service well-led?

Our findings

People living in the home told us they really liked the new registered manager and that he was always willing to spend time chatting and listening to what they had to say. We saw on the visit that people living in the home had an open and friendly relationship with the manager and with the staff team. People said they could speak to any of the staff and that changes were made as a response to what they had to say.

People told us they made decisions about their lives including planning their own meals and choosing the furnishings and décor for their own rooms. People said they were asked for their views about the home and about the support they received. They said that there were group meetings in the home where they could say what they thought about the service and the support they received.

One person told us that they had regular meetings with a named staff member to discuss their care and agree any changes to their support plan or goals. They said they were always asked for their views about the support they received at these meetings.

The atmosphere in the home was friendly and inclusive. The staff told us that there was an emphasis on promoting people's choices and independence and this was confirmed by the interactions we observed between the staff and people who lived in the home.

There was good partnership working with other agency's to ensure people had access to a full range of services to promote their wellbeing.

The staff told us that they were encouraged to report any concerns and were confident that action would be taken if they did so.

We saw that the registered provider used a range of methods to monitor the safety and quality of the service. This included an audit manager in the organisation doing unannounced visits to the home. Regular checks were carried out to ensure the safety of the environment and the equipment used in the home. We saw that a monthly report was carried out with an accompanying action plans from these visits. These audits were mostly around the environment and the running of the service.

The manager was registered for this home and to run two other small homes nearby. These were also run by the same provider, Community Integrated Care (CIC). A number voiced concerns about going through a period of change and staff changes, including the registered manager. However they all voiced confidence in the new registered manager. Due to the staff team issues the manager had spent more time in this service and was confident that the staff team were beginning to feel better supported.

Staff we spoke with told us they thought the home was "in safe hands" with the new registered manager. They told us that they felt well supported by the registered manager and senior support staff and said that they enjoyed working in the home. We saw that the registered manager had identified that staff were feeling unsettled and that he had given staff extra support during supervisions' and at team meetings to work through the issues.

One member of staff told us, "I love my job, this is a good home, all the staff are here to provide good care to people".

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked the provider to complete a Provider Information Return (PIR). This 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 received this information back in good time to use as part of this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People who use services were not protected against the risks associated with inadequate staffing levels because staffing levels did not always meet the levels of dependency in the service. There were insufficient staff to meet people's needs and to keep them safe at weekends. Regulation 18(1)(2): Staffing