

Hamelin Trust

Gowlands

Inspection Report

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Summary of findings

Overall summary

Gowlands specialises in providing regular respite care for people with learning disabilities and any associated needs, who are living with family or carers in the community. Gowlands is run by Hamelin Trust, which is a registered charity. There is a registered manager in the service.

The family carers of people using the service gave positive feedback about the service and we saw that there were systems in place to care for people safely.

Staff had the knowledge and skills to provide effective care and support for people who used the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to

report on what we find. DoLS are a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying DoLS appropriately and found they were meeting the requirements of the code.

Family carers were confident their relatives were treated with dignity and respect and support was provided in a caring manner.

The service was well led by a competent manager who promoted an open culture that encouraged people using the service, their family carers and staff to raise issues and they could be confident concerns would be dealt with appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service had correct systems in place to manage risks, including the safe management of behaviours that could challenge and managing people's medication.

The service was safe because there were correct processes in place to safeguard vulnerable people. Staff understood the process of safeguarding and were aware of what they should do to keep people safe.

People received care and support in a safe, well maintained environment.

People's best interests were managed appropriately under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

Are services effective?

The service was effective as staff knew people well and understood their health needs as well as their care and support needs.

There was an effective process in place for developing and reviewing care plans that took account of people's needs and preferences.

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There was effective communication between the service and family carers, who were consulted and kept informed about their relatives' care.

The environment was of suitable size and had appropriate adaptations to meet the needs of people effectively.

There was an effective process in place to provide staff with the training they needed.

Are services caring?

The service was caring because staff treated people well, listened to them and were attentive to their needs.

Relatives were complimentary about the care and support given and family carers said staff were 'polite and reassuring' and treated people with dignity and respect.

The service was caring because there was an open and welcoming culture that was supported by good communication.

Summary of findings

Are services responsive to people's needs?

The service was responsive to the diverse needs of individuals by using the information from the assessment process to plan care and support in ways that people preferred.

Staff encouraged people to make decisions, choices and preferences.

The service responded to people's social needs by promoting friendships and offering opportunities to socialise with people that they liked.

Family carers were confident that the service would respond appropriately to any concerns they may have.

Are services well-led?

The service was well led by a manager who promoted an open culture. There were opportunities for staff to discuss systems and they were encouraged to challenge practices.

Staff were motivated and willing to learn and they received the necessary training to support people. Staff themselves felt well supported.

There were systems in place to monitor the quality of the service and deal with concerns and complaints.

Summary of findings

What people who use the service and those that matter to them say

A family carer told us that their relative's challenging behaviour was well managed by the service using distraction techniques and appropriate one-to-one support. Other family members commented that staff consistency added to their ability to deal with difficult situations.

Family carers who had completed questionnaires sent by the manager as part of their quality monitoring processes gave positive feedback and were complimentary about the service. They stated: "Staff are polite and reassuring." ;

"Very welcoming" and "Very satisfactory."; "My experience of Gowlands is excellence at all times."; "[Our family member] did enjoy their stay. Very happy."; "[Our family member] enjoys meeting up with friends. They enjoy packing their bags and come home happy and relaxed."

In response to the question 'Is there anything large or small that you think we could do to improve our service?' a family carer responded, "No. I am sure if there was, management and staff would find a way to put it right."

Gowlands

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 service was inspected as part of the first test phase of the new inspection process we are introducing for adult social care services.

Before our inspection we looked at all the information we had available. This included information from notifications received by the Care Quality Commission and the findings from our last inspection. We used this information to plan what areas we were going to focus on during the inspection.

The provider sent us a provider information return (PIR) with information about what they did to ensure the service was safe, effective, caring, responsive and well-led. They also told us about any areas where they planned to make changes or improvements.

We carried out a visit to the service on 8 May 2014. The inspection team consisted of an inspector and an expert by experience who has experience of using or caring for someone who uses this type of care service. The inspection visit was unannounced which meant the provider and staff did not know we were coming.

At our last inspection of the service on 3 July 2013 we inspected a range of standards which included people's care and welfare, how people's nutritional needs were met, how the service co-operated with other providers, the safety of equipment, record keeping, staffing levels and recruitment processes. There were no areas of concern identified at the last inspection.

Gowlands provides respite care and can accommodate up to nine people. At the time of our inspection there were two people there and another person was due to arrive later that day. When we visited we spoke with one person who was staying for a short break and saw that they appeared contented; we also spoke with the manager and five members of staff. We also had telephone conversations with family carers to ask their views of the service provided by Gowlands.

We examined records which included three people's care plans as well as information that related to the management of the home, such as staff training records and quality audits. We also saw questionnaires that had been completed by relatives as part of the provider's quality monitoring processes.

Are services safe?

Our findings

The manager told us that the provider, Hamelin Trust, had robust safeguarding procedures in place and they also used local authority guidance to inform staff of how to deal with safeguarding issues. Staff spoken with on the day of our inspection understood their responsibilities around keeping people safe. They were able to demonstrate a good awareness of what constituted abuse or poor practice. They knew what they should do and who to report to if they had any concerns or if they suspected abuse. We saw from training records that staff had received training in recognising and understanding what constitutes abuse or poor practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are a code of practice to supplement the main MCA code of practice. We looked at whether the service was applying DoLS appropriately. Through discussions the manager was able to demonstrate a good understanding of MCA and DoLS and we saw that the provider had a policy and procedure with guidance for staff. The manager explained that they had not made any applications to the local authority for DoLS assessments as no-one staying at the service for a respite break required them at the time of our inspection.

We looked at processes for supporting people with medication during their stay at Gowlands. We saw that pre-admission documents contained information about the person's medication. The manager explained that family carers brought in the person's medication from home. The manager checked from previous visit records to see if there had been any changes and, if necessary, would clarify current medication with the person's doctor. The manager said that they would not accept any medication that was not in the original labelled container. The manager was able to show us evidence of how they sought professional advice to ensure people received their medication safely. An example of this was one person who had medication crushed to make it easier for them to swallow. The service contacted the doctor to ascertain whether the medication was suitable to crush and whether it was appropriate and safe to give it this way.

We looked at how the service managed risks to people and found there were robust processes in place. People's care

records confirmed that an initial assessment was carried out and areas identified as a potential risk or hazard formed the basis of a risk action plan. The action plan recorded what measures or precautions were to be taken to reduce the level of risk for the person and others. Staff spoken with were aware of people's individual areas of risk, whether these were because of their behaviours or their capacity to understand danger. The manager told us that management of risk was a priority for the service and they sought to balance the need to protect people whilst enabling them to take informed risks. As well as individual risk assessments they carried out group risk assessments to identify possible issues associated with the different mix of people who might be staying at Gowlands at any particular time. This enabled the manager to adjust staffing needs accordingly.

Staff spoken with explained that some people using the service at certain times could display behaviour that could be challenging and they were able to demonstrate a good understanding of how to support and manage people to reduce the impact of these behaviours. One family carer told us that the protocol to deal with their relative's challenging behaviour was devised, "together with the service".

The manager told us, "The accommodation is of necessity spacious, but reported to feel homely and facilitates opportunities for guests to undertake a variety of activities, spend time with their peers in communal areas or to have the privacy to be alone." During our inspection we saw that there were resources within the environment to reduce the impact of challenging behaviour. There was a sensory room where people could relax which helped them to remain calm. The environment was sufficiently large with adequate communal areas to ensure that the impact of any difficult behaviour on others was minimised. We noted that, in response to some challenging behaviours, adaptations had been made to the kitchen area to reduce the risks when cooking. The manager also explained that they ensured furnishings in individual bedrooms were appropriate for the person and they would move any furniture that may be hazardous for anyone whose behaviour was challenging. We also saw that equipment necessary to support people, such as assisted baths and hoists, was well maintained and there was evidence that it had been serviced so that it was safe to use.

Are services safe?

A family carer told us that their relative's challenging behaviour was well managed by the service using

distraction techniques and appropriate one-to-one support. Other family members commented that staff consistency added to their ability to deal with difficult situations.

Are services effective?

(for example, treatment is effective)

Our findings

Family carers interviewed all reported that they were consulted about the care their relatives received and that their input was ongoing. We looked at three care plans for people who received respite care at the time of our inspection visit and the records confirmed that, where people were unable to agree to their care plan, there was input from family carers who signed the care plan on behalf of the person. Family carers spoken with also commented on how well their relatives were cared for.

Care plans contained an overview of the person's needs and abilities. Areas covered included the person's medical health needs, allergies, special diets, behaviour, communication, mobility, self-help skills, likes and dislikes. Each aspect of the person's care needs was identified and the specific actions that staff needed to take to support the person were recorded.

There was sufficient detail in the care plans to give staff the information they needed to provide care consistently and in ways that the person preferred. For example, in one care plan staff were told that the person preferred their sandwiches cut into four triangles with the crusts removed. We spoke with staff who demonstrated that they knew people well; they were able to give us information about people's individual support needs as well as their likes, dislikes and preferences. Staff also said that people were encouraged to choose how they spent their time at the service, particularly as many were having a break from their normal routines. Staff also told us they had time to look at care plans prior to people arriving for their respite stay and a system of prompt cards was in place within key areas such as dining rooms and bedrooms to remind staff of key facts about people's care and support needs.

As a short break service the emphasis was on informing parents if there were health problems. If someone became ill during their stay at Gowlands appropriate action would be taken to deal with the situation, either by accessing relevant health services or, if necessary, taking the person home to family carers. The manager explained that, due to the short term nature of placements at Gowlands, it was expected that families of people using the service would have arrangements in place for the full range of healthcare and specialist support each person required. When people were on a break at Gowlands, should the need arise people would be supported to see their own doctor. However if

this was not possible, for example because of distance to travel, Gowlands was registered with a local practice and people could visit the practice under 'temporary resident' arrangements. The manager also confirmed that Gowlands had an established relationship with local District Nursing services who would undertake specific procedures for individuals when necessary. We spoke with staff who told us that people could access a GP if necessary or any of the emergency services and they were able to demonstrate an understanding of people's specific health needs. We saw evidence in care records that the service liaised with other professionals to ensure care was effective and people's health needs were met.

The manager told us that the building had been adapted to meet the needs of people using the service. There was a passenger lift to provide access to all floors and adapted bathroom and toilet facilities were available. We saw that Gowlands was spacious and well equipped and the facilities were appropriate to meet the needs of people whether they had restricted mobility or were independent.

We saw that the environment was clean and well maintained and individual rooms were bright and airy. One person who stayed regularly at Gowlands liked to have the same room and to have some personal possessions from home with them in their bedroom. The person preferred to leave these at Gowlands so the service stored them away at the end of their visit and made sure they were replaced in the room when it was time for the person's next visit.

The manager told us that the service recognised that well-trained and supported staff were central to providing effective care to people. The manager said, "Hamelin Trust has a training department which coordinates the delivery of a comprehensive range of mandatory and good practice training including a four day induction based around the Common Induction Standards. A training matrix is maintained in service to identify the completed and outstanding training needs of all staff."

We examined training records which confirmed that the service operated an effective system to ensure staff received the training they needed to carry out their role. The training tracker was up to date and showed all staff training that had been completed and when courses were due to be updated. We saw that training was well managed and that arrangements were in place to book updates for staff when training was due to expire. Staff told us that they thought training was good.

Are services caring?

Our findings

We spoke with family carers who unanimously complimented the service on the attitude of staff. When we talked with staff we noted they spoke in positive terms about people using the service. One member of staff told us, "We want to give our best when we are at work." Staff also appeared to be well aware of people's privacy needs and they gave us individual examples of how people exercised choice and control over aspects of their care. Family carers told us how well staff listened to them, particularly about the changing needs of their relatives.

Family carers who had completed questionnaires sent by the manager as part of their quality monitoring processes stated, "Staff are polite and reassuring" and "Very welcoming."

During the course of our inspection we saw that staff were polite, cheerful and provided support to people calmly in a reassuring manner. We saw that one person who was staying at Gowlands during our inspection smiled and was relaxed with staff. We noted that staff listened to the person and gave them time to respond. The atmosphere in Gowlands was relaxed and staff were respectful when speaking with people.

The manager told us, "Taking time to support guests at their pace with dignity and respect is something we strive hard to achieve." The manager stated that they recognise good communication was fundamental to understanding and supporting people with complex needs. A range of aids were used to communicate with people such as pictures, photographs, objects and the use of Makaton signing. During our inspection we saw that staff used the 'handover' period between shifts to improve and reinforce good practice. Staff had produced cards with symbols which were used as a learning tool at daily handovers to refresh staff's communication skills and knowledge.

We saw that staff on duty during our inspection communicated well with people. Staff spoken with were able to demonstrate a good understanding of the importance of watching people's body language and facial expressions to help them have a better understanding of how people felt.

The manager told us that they worked hard to "create an open and welcoming service where the guiding principles of dignity, respect and trust remain central" and that they actively promoted those core values in all their practice. We observed that staff followed these principles as they supported people.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We spoke with family carers who unanimously complimented the service on the attitude of staff. When we talked with staff we noted they spoke in positive terms about people using the service. One member of staff told us, "We want to give our best when we are at work." Staff also appeared to be well aware of people's privacy needs and they gave us individual examples of how people exercised choice and control over aspects of their care. Family carers told us how well staff listened to them, particularly about the changing needs of their relatives.

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Are services well-led?

Our findings

Before a support package commenced, a detailed statement of purpose and service user guide was made available to people and their family carers. The manager explained about the assessment and care planning process they carried out before someone came to stay at Gowlands. This involved staff spending time with the person and their family carers so that they could understand what was important to them. We saw that this information was reflected in the person's care and support plan and that care plans were updated to reflect changes in people's care needs. Family carers spoken with said they saw their relatives care and support plans before a visit commenced. From what they told us it was evident that care and support planning was a collaborative process.

The manager explained that feedback questionnaires were routinely sent to family carers after each stay. The provider had prepared questionnaires for people who used the service with pictures of happy and sad faces to try to make them easier for people to express their views. This adapted version was made available to people so that they could provide feedback with assistance. We examined seven questionnaires that had been completed in the weeks before our inspection. Family members used positive language in their feedback such as 'excellence, polite, reassuring, welcoming, happy and relaxed'. The manager also told us that they took the opportunity to get additional feedback about the service during care reviews.

Staff spoken with were able to demonstrate that they invited feedback from people using the service and their family carers and the changes had been implemented as a result. An example of this was the flat that had been set up on the top floor for more independent people.

Family carers told us that people had plenty of choice about the things they could do whilst staying at Gowlands

and staff were able to give us examples of how individuals preferred to spend their time. We saw from care and support records that people had access to activities that were relevant to them.

During our inspection we observed interactions between staff and one person staying at the service. The person was encouraged to make decisions and was given time by staff to think about what they wanted to do.

The manager told us that they tried to make Gowlands a positive and supportive environment for people who came to stay. They recognised that some people might sometimes find it difficult to be away from their families but they also saw that time away from home could help develop independence. She stated, "When planning stays we try hard to accommodate known friendships and group preferences wherever possible." Through discussions with family carers it was evident that, where possible, the service supported people who had developed friendships to stay at the same time. They also told us their family members had made new friends because of the service. A family carer who had completed a feedback questionnaire commented, "(Our family member) enjoys meeting up with friends. They enjoy packing their bags and come home happy and relaxed."

We saw that the service had a complaints policy and procedure and staff understood their responsibilities around listening to people's concerns and dealing with them appropriately. Both staff and family carers told us the manager was approachable and willing to listen and act upon concerns. In response to the question 'Is there anything large or small that you think we could do to improve our service?' a family carer responded, "No. I am sure if there was management and staff would find a way to put it right."