

Runwood Homes Limited

Gattison House

Inspection report

Gattison Lane
Rossington
Doncaster
South Yorkshire
DN11 0NQ

Tel: 01302864993

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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

The inspection took place on 22 October and was unannounced. We last inspected the service June 2016 when it was found to be meeting with the regulations we assessed.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Gattison House is a care home situated in Rossington, Doncaster which is registered to accommodate up to 36 people. The service is provided by Runwood Homes Limited. At the time of the inspection the home was providing residential care for 19 people, some of whom had been diagnosed with dementia. The service has communal and dining areas and easily accessible secure gardens. The home is close to local amenities of shops and healthcare facilities.

The service had a registered manager in post at the time of our 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. On the day of the inspection the registered manager was unavailable so the clinical lead received feedback.

CQC 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. The members of the care staff we spoke with had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

We spoke with people who told us they were safe and happy and we carried out observations for people with limited verbal communication, who showed us through their body language and non-verbal signs that they were happy and safe living there.

Staff were knowledgeable about how to safeguard people from abuse and felt confident that people were safe. The support plans we looked at contained risk assessments which considered the safety of people and risk were regularly monitored and reviewed.

Records showed that the registered provider's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for people who used the service, prior to employment.

Records and observations showed us that there were sufficient numbers of suitably qualified staff to support people in line with their needs. People received one to one support when this was needed and staff were skilled in providing person centred support.

There were systems in place to ensure people's medicines were managed safely. Staff were trained and competency assessed to administer medicines.

The home was clean, however some of the carpeted areas of the home needed to be replaced. Procedures were in place to ensure people were protected from the risk of infections.

Staff were trained to carry out their role and felt they had the necessary skills to do their job. Through our observations we saw staff knew people well and understood their needs. Healthcare professionals were accessed as required.

People were treated with kindness and respect and staff clearly knew people's needs very well. Staff were observed to be very good at communicating with people and responding to their needs.

The provider had a complaints policy to guide people on how to raise concerns.

We found the provider had robust audit and monitoring systems in place to identify and address shortfalls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service has remains good.	Good ●
Is the service effective? The service has remains good.	Good ●
Is the service caring? The service has remains good.	Good ●
Is the service responsive? The service has remains good.	Good ●
Is the service well-led? The service has remains good.	Good ●

Gattison House

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.

The inspection took place on 22 October 2018 and was an unannounced comprehensive inspection. The inspection team consisted of an adult social care inspector. An inspection manager was also present at the inspection. Their role was to observe how the inspectors conducted the inspection, this is part of the way CQC monitors inspector's performance.

Before our inspection, we reviewed all the information we held about the service including notifications the provider has sent us regarding significant incidents. Statutory notifications include information about important events which the provider is required to send us. The provider had sent us 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.

At the inspection we used a number of different methods to help us understand the experiences of people who used the service. We spent time talking to people and observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of staff including the clinical lead who assisted with the inspection as the registered manager was not available. We looked at three care plans, recruitment and supervisions information, audits and governance information and medicines audits and records. We looked at the provider's quality assurance systems to check if they identified and addressed any areas for improvement.

Is the service safe?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

People were protected from abuse. The provider had a safeguarding policy and procedure in place. Staff we spoke with had good knowledge on how to recognise, respond and report various types of abuse. One staff said, "I would report safeguarding concerns to senior manager or supervisor and record it." People confirmed to us that staff looked after them well and kept them safe.

Training records confirmed that staff had received training in safeguarding. We saw that the registered manager had records of all safeguarding incidents that had been reported. The registered manager monitored how lessons had been learnt following internal investigations of incidents.

Risk assessments were detailed and showed that people's risks had been identified and assessed appropriately. Clear guidance and information was recorded so that staff knew how to support people safely and minimise risks. Risk assessments had been drawn up in areas such as communication, nutrition, finances and choking. For example, one person had a risk of choking detailed in their care plan, guidance on the person's diet and risk of choking was observed being followed.

There were suitable and sufficient numbers of staff to support people in line with their assessed needs. Records showed that the service's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for the people who used the service, prior to employment.

There were systems in place to ensure the safe management of people's medicines. People who had been prescribed medicines had a medication administration record sheet (MAR) in place, to record when medicines had been taken. We found one error that had not been picked up in the audit. However, the clinical lead quickly acknowledged and investigated this and took appropriate action.

We saw medicines were stored safely in a locked medicine cabinet. We saw records being kept showing that temperatures were maintained in line with storing prescribed medicines. The service had appropriate arrangements in place for storing controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage.

People, who had been prescribed short course medications or medicines to be taken on an "as and when" required basis (PRN) has a protocol in place. PRN protocol instructs staff when to administer medication and how soon to seek medical advice when the PRN was not effective in alleviating the problem.

The environment was safely maintained and the provider carried out various safety checks. Individual personal emergency evacuation plans (PEEP's) were in place for people, should they need to evacuate the building in the event of an emergency. We saw evidence that evacuation practices had taken place. Checks

were made by suitably qualified persons of equipment such as the lifting equipment and slings, gas heating, electrical appliances, fire safety equipment and alarms and Legionella.

The home was in the process of training a lead person to be infection prevention control lead. Their responsibility was to carry out the audit of infection control and be the designated lead person in this area. The providers own internal audit has identified areas of improvement and the home was clean, but we found the carpeted areas needed to be replaced. The provider was acting to address this and new carpets were being fitted throughout the property. Infection prevention equipment such as gloves and aprons were available for staff to use and there were sufficient hand washing facilities. We also saw that there was a robust cleaning schedule in place and all areas were clean and tidy.

Is the service effective?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

Staff were trained and supervised to carry out their role. They had the right set of skills and competencies to support people well. From our observations and from speaking to people it was clear that staff knew people and were well trained and supported. We spoke with people who used the service and they told us, "I think the staff are trained well, they definitely know their job."

We spoke with staff and they told us they were supported by the management team, but also by their peers. Staff told us they received regular supervision sessions. These were individual meetings with their line manager to discuss work related issues. Staff also told us they received effective training which supported them to carry out their role. This included subjects such as safeguarding, moving and handling, food hygiene and fire safety. Staff also told us they could request other training to develop their knowledge.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Consent was sought in line with current legislation. People were asked to consent to things such as voting, mail and medical appointments. Decisions made for people who lacked capacity had been considered in line with their best interests.

Staff were seen to offer and respect people's choices. Staff had an awareness of the MCA and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

People's health needs were monitored and they had access to a range of healthcare professionals. During our visit to Gattison House a person was feeling unwell, staff were observed to be responsive, taking immediate action by calling the GP, while helping the person to feel more comfortable and reassuring them. Where people had attended appointments, or had been seen by healthcare professionals, this was clearly recorded in their care records. Advice had been sought from professionals when people's health needs changed. For example, one person had fallen and as a result had been referred to the falls team who had made suggestions which were being followed. We spoke to a visiting health care professional who said, "Whenever I've visited here, there's never been any problems. Staff know people well."

People were supported to eat and drink sufficient amounts to maintain a healthy balanced diet. Information about people's needs, likes and dislikes in relation to food was gathered and passed onto the cook who then catered for people accordingly. The cook told us that they enriched food with full fat cream, milk and cheese to help people who were identified as being underweight.

On the day of our inspection we observed lunch in the dining rooms. There was a nice relaxed ambiance in the dining rooms, people were chatting with staff and each other. People sitting in the dining room had different levels of support needs, from requiring their food to be cut up, blended and support with eating and drinking. There were plenty of staff available to give people any support they needed. We observed staff asking people if they were enjoying their meal or if they wanted second helpings. We heard people giving positive feedback about the food they had been given, saying things like, "I would like to have some more, it was very nice." We talked to one person who said, "The food is good, all of the meals are nice. There's plenty of it. We get fresh veg and potatoes, which is just what I like."

People's individual needs were met by the adaptation, design and decoration of premises. Although there were some areas of the home which were tired and worn, the provider was taking steps to make improvements and new carpets were being fitted. We saw appropriate signage around the home. We also saw that people had access to a nice outside space. People also had access to small lounges where they could meet with their relatives.

Is the service caring?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

We saw from our observations that staff were kind, caring and compassionate. They gave good eye to eye contact when speaking with people and got down to their level when talking to them so they could see and hear them. We could see that staff had a good relationship with people and people showed they were comfortable with staff by displaying happy facial expressions and in how they responded using body language. We observed one member of staff asking someone if they would like a cardigan, in case they were cold. We spoke with people who used the service and they told us staff were kind and caring. One person said, "Those girls are really good, lovely girls" and "They know what they are doing" Another person said, "They're a good crowd here, nothings too much trouble for them. I've never been looked after as well, I can't fault any of them."

We spoke with a health professional who was visiting who told us they had been impressed on how well staff knew people and advocated for them.

We observed staff interacting with people who used the service and found they were dedicated to supporting people in a person-centred way. Staff said, "Being person centred focus on people as individuals. It's important to make people feel comfortable like they are at home, give them good care and make them comfortable. It's a lovely place all the staff are lovely, they care for residents. It's really good I hope when my parents need care they have something like this."

The service was working in line with the Accessible Information Standard. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. Some people had pictorial planners in their rooms which aided their understanding of their day ahead. The dining room had a picture menu on the wall and menus on each table which provided people with information about the meals that day.

People's privacy and dignity was upheld by staff who were respectful and thoughtful. One person said, "They make me feel comfortable, they wash me and I don't feel awkward, they make it easy." Staff told us they were mindful of respecting people's privacy and dignity and always ensured doors and curtains were closed, when they were supporting people.

People's relatives and visitors were welcome to visit the home at a time to suit them and were greeted in a positive way. One person said, "Visitors can come when they want, we can sit in the quiet room, lounge or in my room, they're always welcome."

People expressed their views and were involved in day-to-day choices and decisions. Throughout the inspection, staff were observed asking people what they wanted to do, what they would like to eat and

whether they wanted a drink. One person asked for a cup of tea, instead of juice, and this was quickly made for them. People were supported to follow their spiritual and cultural beliefs. A Chaplin from the local church made regular visits to the service, this supported people to follow their chosen religion.

Is the service responsive?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and the times they usually liked to go to bed and to get up.

We found that people were involved in their care planning. Care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

We spoke with people about activities at the home. One person we spoke with said, "They have nice facilities. I've always got something to do." Another person told us there was plenty to do and they didn't get bored. The clinical lead told us they were considering employing an activities co-ordinator. We observed staff doing activities with people on the morning of the inspection. The clinical lead told us people were able to go outside to access the garden, but they had risk assessed that people needed to be supported by staff because the floor was uneven and there was a risk of people falling.

There was a comprehensive complaints policy and procedure, this was explained to everyone who received a service. People we spoke with did not raise any complaints or concerns about the care and support they received. People told us that they would know what to do if they had any complaints or problems. One person said, "If I had a complaint I would say something to them, but everything is alright." People's end of life choices were considered and we saw details within the care plans we looked at about how people wanted to be supported towards the end of the life.

Is the service well-led?

Our findings

At our last inspection this key question was rated good. At this inspection we found the registered provider had maintained this rating.

At the time of our inspection there was a registered manager in post. 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 clinical lead was able to show us they had effective systems in place, to enable them, to monitor the quality and safety of the service. We saw that there were some internal audits being completed on areas such as medication, health and safety and infection control.

Audits that were in place were robust enough to identify all issues and were embedded into practice. We saw there was a service plan in place which had been devised to show how improvements were being made.

In addition to the registered managers audits the provider carried out regular audits which resulted in action plans being drawn up to drive improvements.

We saw that accidents and incidents were being reported and recorded and there was evidence to show they were being evaluated and monitored for themes and trends, or how improvements had been made.

The provider had clear visions and values, which were embedded into practice. The service provided was person centred and inclusive. People were regularly involved in decisions about the care they received. People were involved in regular meetings where they could feedback their views and opinions. People gave feedback about their meal preference which resulted in menu changes. The provider had made plans to involve people in interviewing new staff, so they could choose staff they felt were most suitable. The provider had a suggestions box which enabled people to leave anonymous feedback on suggestions and improvements.

We spoke with people and they were complimentary about the management team. One person said, "The manager is good, I know who she is and could call on her if I needed her for anything. She would help me if I needed to make a complaint and would sort it out I'm sure." People we spoke with had no concerns or complaints.

From our observations and discussion with staff we found that they were fully supportive of the management team and the provider's vision for the service. Staff described working as one big team, and were committed to the person-centred approach. Staff said this was because all the staff worked well together as a team and were supportive of each other.

Regular staff meetings took place where staff had an opportunity to discuss and feedback on the day to day running of the service. People who used the service were also able to be involved in voicing their views and opinions. One person told us they had been asked what meals they would like to have.

It is a requirement that providers display their latest inspection rating on any website ran in relation to the service and within the home. We found that the provider was meeting this requirement.