

Peabody Trust

Gallimore Lodge

Inspection report

Meesons Lane
Grays
RM17 5HR

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Ratings

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

Summary of findings

Overall summary

About the service: Gallimore Lodge is a residential care home for up to eight people who have severe learning and physical disabilities in the Grays area of Essex. It is a wheelchair accessible bungalow.

People's experience of using this service:

Gallimore Lodge is a small care home that supports the principles of 'Registering the Right Support' and other best practice guidance by enabling people to live as full a life as possible. People were supported to achieve best possible outcomes that included choice and independence.

The service provided a homely and friendly environment. Staff were kind, compassionate and respectful. They demonstrated a good understanding of people's needs and knew how to communicate with each individual, and reassure them.

Systems and processes were in place to promote people's safety in the home and when out in the community. Staff had a good working knowledge of how to protect people from potential abuse and promote people's rights.

The provider had a thorough recruitment and selection process in place to check that staff were suitable to work with people who used the service. There were enough staff to meet people's needs effectively. Staffing levels were flexible to support people to follow their interests, take part in social activities or attend hospital /GP appointments and follow ups with healthcare professionals.

Staff looked after people's healthcare needs in a pro-active way. People were provided with choices of food and drink that met their individual needs. Medicines were managed safely.

The provider had effective systems in place to monitor the quality and safety of the service that people received. Arrangements were in place to routinely listen and learn from people's experiences, concerns and complaints. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights and management and staff put these into practice. The registered manager inspired confidence in the staff team and led by example.

Rating at last inspection: A rating of 'Good' was awarded to this service under the previous provider, Family Mosaic. Following the last inspection Family Mosaic merged with Peabody Trust under the 'Peabody' name. The registered manager and the majority of staff remain the same.

Why we inspected: This was the first inspection of the service under the new registered provider, following the merger.

Follow up: We will re-inspect this service within the published time-frame for services rated good or sooner

if required. We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Gallimore Lodge

Detailed findings

Background to this inspection

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

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Gallimore Lodge is a residential care home. It provides care and support to older people living with a range of learning disabilities and physical disabilities. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection:

We did not give any notice and the inspection was unannounced.

What we did:

Before our inspection, we reviewed the information submitted by the provider in their completed Provider Information Return (PIR). This form asks the provider to give some key information about the service; what the service does well and improvements they plan to make.

We reviewed information we had received about the service including Notifications. Notifications inform us about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders such as the local authority and members of the public.

The majority of people who used the service were unable to verbally converse with us due to their complex

communication needs. We, therefore used informal observation to evaluate people's experiences and to help us assess how their needs were being met. We also observed how staff interacted with people. We looked at records in relation to three people's care.

We spoke with two visiting health care professionals, an independent advocate, the registered manager and two care staff. We looked at records relating to the management of the service, staff recruitment and training, medicines management, complaints and systems for monitoring the quality and safety of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- It was evident from interactions observed and verbal cues expressed that people felt safe and comfortable within their environment.
- The manager demonstrated a good understanding of their responsibilities in relation to safeguarding people.
- Staff knew people well and said they would recognise by their behaviour when individuals were concerned or unhappy.
- Staff had received training in safeguarding and were familiar with safeguarding and whistleblowing policies and procedures.
- People either had an external appointed person or relative to manage their financial affairs. Senior staff supported people in the management of their day to day expenses and records showed this was managed appropriately and safely.
- Advocacy services for people were well established. An independent advocate told us they had been visiting people living at Gallimore Lodge over a four year period and had never had any cause for concern. They said it was an 'invaluable service for people'.

Assessing risk, safety monitoring and management

- Risks to individuals were assessed and managed well so people were protected and their freedom was supported and respected.
- Risk assessments had detailed plans in place to guide staff on what to do to minimise each identified risk and keep the person safe. Documents 'Being Safe' incorporated all elements of safety relevant to each individual such as wheelchair safety, fire safety, coping in an emergency, exploitation, use of bed rails, hoist, sling, social isolation and gender preference.
- Visiting district nurses told us that staff looked after people very well; they protected those who were permanent wheelchair users from the very high risk of acquiring pressure ulcers.
- Equipment was regularly serviced and well maintained.

Staffing and recruitment

- There were sufficient numbers of suitable staff to keep people safe and meet their needs.
- Staffing levels fluctuated on a day to day basis. They were adapted according to the type and level of support each person required each day in relation to going out, planned activities and appointments.
- Pre-employment checks were undertaken before new staff began work to ensure new staff recruited were suitable and safe to carry out their role.

Using medicines safely

- People received their medicines as prescribed.
- There were robust systems in place to help ensure medicines were managed safely, to detect errors and take prompt action if any errors were found.
- Staff were trained and competent to administer medicines safely and medicine administration records were completed correctly.

Preventing and controlling infection

- The home was very clean and hygienic.
- Staff had received relevant training in food hygiene and followed required standards and practice when preparing and handling food.

Learning lessons when things go wrong

- The manager was very pro-active and used opportunities to learn from external safety events. For example, CQC 'Learning from safety incidents' resource folder.
- The provider had systems in place to ensure lessons were learned and communicated across all of their services to support improvement.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Registered Manager had a good working knowledge of the Deprivation of Liberty safeguards and the key requirements of the Mental Capacity Act. They put this into practice effectively, and ensured that people's human and legal rights were respected.
- People were given opportunities to make choices and decisions throughout the day, and they were respected.
- Where people lacked mental capacity and where decisions needed to be taken in their best interest legal process was followed and appropriate people involved.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed and comprehensive care assessments fully considered each individual's diverse needs and choices, and expected outcomes were identified. Care and support was regularly reviewed and updated.
- The registered manager kept up to date with guidance and best practice to ensure care and support was delivered safely and appropriately.
- The service ensured people growing older with learning disabilities had the same access to care and support as everyone else for their health needs, in line with the Equality Act 2010.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care records detailed the actions needed to maintain and improve the health of the individual and any help needed to achieve it. They showed people had access to various healthcare professionals and staff acted promptly when any healthcare concerns were identified.

- Management and staff worked well with external agencies such as district nursing team and community learning disability mental health teams and social workers. Support was accessed if people's needs increased or mental health deteriorated.
- People received annual health checks, including a review of their medication and any long term conditions such as diabetes.
- Hospital passports were in place to provide paramedics and hospital staff with important and relevant information about the person and their health should they need to go to hospital at any time. They can also be used to aid assessment and planning of care and support.
- The service worked together, when necessary, with the hospital nurse for people with a learning disability to ensure smooth co-ordinated hospital admissions discharges.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have sufficient amount to eat and drink.
- Staff promoted healthy eating and supported people to balance choice with healthy options.

Staff support: induction, training, skills and experience

- People were supported by staff who understood their needs. Staff received a range of training to ensure they were able to meet people's needs effectively.
- Systems were in place to ensure the manager was aware of staff skill and competencies and when each staff member was due for refresher training.
- Supervision and appraisal systems, and staff meetings were used to develop and motivate staff, review practice and address any concerns.

Adapting service, design, decoration to meet people's needs

- The service provided a comfortable and homely environment for people, that was clean and hygienic.
- The premises were adapted and decorated according to individual support needs and preferences.

Is the service caring?

Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The atmosphere within the service was welcoming, relaxed and calm.
- Staff had developed positive and caring relationships with the people they supported. We saw people were at ease with staff and they smiled and laughed with them.
- We saw staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness.
- Management and staff explained the purpose of our visit and provided appropriate reassurance to reduce any anxieties.
- People were continually engaged with a member of staff, in a meaningful way. Staff had a good knowledge about individuals needs, strengths, anxieties and how they communicated.

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

- Staff kept photographic diaries for people to enable them to demonstrate their daily lives, activities they had participated in and places they had been to.
- Staff involved people and facilitated choice as much as possible throughout the day in relation to what they wanted to do, where they wanted to go and what they wanted to eat and drink.
- The service had links with advocacy services and people were supported to have independent advocacy support and advice, when they required.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people showed they consistently respected and promoted people's dignity, privacy, independence and diversity at all times.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was planned and centred on their individual and specific needs.
- Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support each person needed, and in the way they preferred.
- The service identified, planned and provided for the care and support needs of people growing older with learning disabilities.
- Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language.
- People's communication and information needs were supported in line with NHS England's Accessible Information Standards. This included seeking advice from, or referring people to appropriate healthcare professionals and support organisations for example, visual aids, assistive technology and advocacy services.
- Arrangements for social activities met people's individual needs and the needs of those people growing older. Photo records showed they had regular access to the community and participated in a variety of meaningful activities.
- The provider had a portable Tovertafel (magic table) which was shared one week in three with two other services. We observed valuable interactions between people and staff, with fun and laughter, encouraged through games of coloured lights projected onto a table.
- Bedrooms were personalised; people were encouraged and supported to individualise their rooms with items, photo's and posters they favoured and meant something to them.

Improving care quality in response to complaints or concerns

- The service had not received any complaints in the last twelve months.
- There was a clear complaints procedure and process in place and available in alternative formats such as pictorial and easy read.
- The registered manager and staff regularly checked to see if people were happy with the care and support they received and reinforced the procedure if they wished to raise any concerns or were unhappy about anything.

End of life care and support

- The service had good working relationships with healthcare professionals and specialists to ensure joined up care that promoted dignity and comfort when a person reached the last stages of their life.
- The service made sure that facilities and support were available for people's family and friends at that time, and they felt involved.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- The service was well organised and had effective leadership. The registered manager also managed a smaller service provided by the organisation which was in close proximity to Gallimore Lodge; they provided 24 hour on call cover for guidance, advice and emergency cover to both services. People from both services came together for social activities.
- The registered manager and staff team demonstrated their knowledge and understanding of the people they supported and a commitment to provide high quality person centred care.

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

- The registered manager encouraged staff to learn and develop new skills and ideas. One staff member told us the registered manager was "very supportive, motivating and inspirational"
- Another staff member who was in a senior development role told us as part of their development they had put together a CQC folder for staff to use as a resource to understand the Regulations and the key lines of enquiry (KLOEs) that underpin them, "Putting this folder together has really helped me to understand the regulations, the necessity for paperwork and to demonstrate how we promote and ensure safety and quality for our customers."
- A range of audits to check and assess the quality and safety of the service were regularly carried out. Information and identified trends were analysed by the registered manager with actions identified to ensure people were protected and safe.

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

- The management welcomed feedback. A satisfaction survey provided people, relatives and others with an opportunity to comment on how the service was run. We saw that action plans to address issues raised were in place, and completed to drive improvement.
- People contributed towards decisions that affected their daily life such as menu choices, when they wanted to eat, places they wanted to go to and activities they wanted to do.
- Management actively sought feedback about the service through individual reviews, day to day conversations with people and staff, meetings and advocacy.
- Equality and diversity were actively promoted throughout the service.

Working in partnership with others

- The service worked well with other professionals and ensured joined up care. Health and social care professionals were complimentary about the registered manager and staff team and the care provided at Gallimore Lodge. They told us people experienced safe, effective and compassionate care.