Community Integrated Care

Gordon House Care Home

Inspection report

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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

Gordon House is a purpose built residential care service providing accommodation and nursing care for 20 people. The service provides rehabilitative care for people with severe and enduring mental health illnesses. At the time of our inspection there were 17 people using the service. The service was situated near to local amenities and had a well-maintained enclosed garden to the rear.

Gordon House is a 'care home'. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

This was an unannounced inspection which took place on 9 July 2018. The last inspection was in June 2015 when the service was rated as 'Good'.

The service had a manager in post who had made an application to CQC to become registered. A registered manager is a person who has registered with CQC 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.

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.

We found that staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate care. Staff had also received more specific training to meet the needs of people living with mental health illnesses.

Medication was managed safely and was administered by staff who were adequately trained. People who wished to self-medicate were supported by staff to do so safely, this helped to promote their independence.

Appropriate arrangements were in place for checking the environment was safe. For example, health and safety audits were completed on a regular basis and accidents and incidents were reported and recorded appropriately.

Care records contained detailed information to identify people's requirements and preferences in relation to their care. People we spoke with told us that they had a choice in how they lived their lives at the service.

Quality assurance processes were in place to seek the views of people using the service and their relatives.

Staff sought consent from people before providing support. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) to ensure people consented to the care they received. The MCA is legislation which protects the powers of people to make their own decisions.

People were involved in their care and there was evidence in their care records to show that they had been consulted about decisions. People's hobbies and interests were recorded and catered for. For example, one person enjoyed horse riding and the home had supported him with visits to the stables.

A 'community connections worker' was employed by the service to support people take part in activities in the local community. For example, people were supported with attending health care appointments, this helped to promote people's wellbeing. Some people were also supported with further education and attended computer courses.

We asked people about how they thought the service was managed and their feedback was positive.

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.

Staff had been recruited safely and there were enough staff on duty to ensure people's needs were met.

People's medicines where ordered, stored and administered in line with good practice and by staff that had received training.

The premises were safe and well maintained.

Is the service effective?

Good

The service was effective.

Staff were supported to do their job role through training and supervision.

Staff had knowledge of the principles of the Mental Capacity Act 2005.

People were supported with their dietary needs.

People were supported to access external heath care services to promote their well-being.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with respect.

People had a choice regarding how they spent their day and were supported in engaging in their preferred activities.

People's personal information was stored securely to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People were actively involved in decisions around their care.

There was a complaints procedure in place and any complaints received were responded to appropriately.

Systems were in place to gather feedback from people who lived at the service

Is the service well-led?

Good

The service was well led.

Audits were carried out to monitor the quality and safety of the service.

Feedback regarding the management of the service was positive.

The manager knew the service well and was committed to continuous improvement.

Gordon House Care Home

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 on 9 July 2018 and was unannounced. The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. We also invited the local authority commissioners to provide us with any information they held about the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager, the deputy manager, the community connections worker, two members of care staff and three people who lived at the service. We also spoke to two relatives on the telephone.

We looked at care records belonging to four of the people living at the service, three staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

We undertook general observations of the service and the care people received.

Good

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe. One person said, 'I feel safe and secure here, the building is locked at night and I have my call bell, there are no problems'. We observed people living at the service could come and go as they pleased. There was no formal signing in and out procedure. We spoke to the manager about this. They told us that people informed a senior member of staff before they left the service so that staff knew who was out of the building at any one time.

The main door to the service was locked at 10pm every night so that the building was secure, this helped to keep people safe.

We looked at how staff were recruited. During the inspection we looked at the recruitment records for three members of staff. We found that the provider carried out appropriate pre-employment checks such as disclosure and barring service (DBS) checks. This helped to ensure that staff members were suitable to work at the service.

We looked at how the service was staffed. On the day of inspection there were three care staff, the manager, the deputy manager, an administrator, a registered nurse, a community connections worker, a chef and two general domestics on duty to support 17 people who lived at the service. People told us there was sufficient numbers of staff to provide support. One person told us, 'I never have to wait for help, it's good like that here.'

We looked at the systems in place for managing medication in the service. We saw that a medicine policy was in place to advise staff on the provider's medication procedures. We also saw that staff had access to nationally recognized best practice. Staff had received training in how to administer medication safely and their competency to do so had been assessed. Medication administration recording charts (MARs) were completed with no gaps.

Medication was stored safely in a locked clinic room. The temperature of the room and medicine fridge was recorded daily to ensure that medicines were stored at safe temperatures. This is important as if medication is not stored at the correct temperature it may not work as effectively.

We saw that PRN (as and when required) protocols were in place for some medicines to help ensure people received their medication when needed, for example pain relief. PRN protocols were not stored with people's MAR charts. We spoke to the manager about this. They told us they had plans to introduce this so that PRN protocols were easier to follow.

Some of the people living at the service had capacity to make their own decisions about their medication. For people who wished to self-medicate, staff supported people to manage their own medicines safely which helped to promote their independence.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke

with were knowledgeable about how to recognise the different types of abuse and how to report any concerns.

Audits were in place for checking the environment to ensure it was safe. External contracts were in place for gas, electric and fire safety. Regular internal checks were also completed, such as fire alarm checks, water temperatures and call bells. A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan). This meant that staff and emergency personnel had important information on people's needs in an emergency situation and the support they required to evacuate in the event of an emergency.

We looked at how accidents and incidents were managed and found they were recorded appropriately. Records were analysed to identify any trends or patterns which helped to maintain people's safety.

The home was clean and well maintained. Infection control policies and audits were in place which identified any areas of concern.

Good

Is the service effective?

Our findings

We saw that staff knew people well and supported people in a safe and effective way. One person told us, 'Staff support me so well, I don't even need to tell them how I'm feeling, they just know, they know me that well, the staff here are marvellous.' We spoke to a relative of a person living at the service who told us, 'They [the staff] always try to involve people in anything that's going on, they are so supportive.'

People's care records showed evidence of the person's involvement in the admission process. Care records also contained a detailed record of people's preferred daily routines and were drafted to include their own specific rehabilitative goals. Care plans detailed an action plan of how the service would support people in achieving their goals.

People were assigned a key-worker and a co-worker to help support them. People were matched to their key and co-workers depending on their shared interests and personality traits. People had a choice about which key and co-worker they would like. This helped staff to build good relationships with the people they supported. This was good practice and ensured that people received personalised care and support dependent upon their needs and preferences. One person told us, 'I get on well with my co-worker, they are a really good listener.'

Daily notes were recorded by care staff which detailed all care carried out. Key workers carried out a monthly assessment of people's daily care notes and prepared a summary so that any changes in care needs and goal setting could be implemented.

People were supported by staff to attend any external healthcare appointments. This was important for people who were unable to communicate with healthcare professionals and needed an advocate to speak on their behalf. The service had its own vehicle which enabled staff to drive people to their appointments.

The service provided two kitchen areas and tea and coffee making facilities for people to access freely. The service ran a 'Breakfast Club' on a Saturday morning. This was an opportunity for people to make their own breakfast and talk with other people about current affairs. People were given a small monetary allowance per week so they could purchase ingredients and make a food dish of their choice with support from staff. This helped people to not only develop their cooking skills but to build their confidence. The service provided a staffed laundry service. For people who wished to do their own washing staff provided support which helped to promote people's independence.

The manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. In addition, some staff had received specialised first aid training for people with mental health illnesses. One member of staff told us, 'The training was absolutely invaluable, I would recommend it to anyone working in this environment.'

Staff appraisals and supervisions were held regularly. Staff we spoke to found these useful and a good way

of enhancing their own personal development.

A fortnightly menu planner was available. People had two menu options for their main meal and could have an alternative if they did not want either of the two options for that day. One person told us, 'I really like the food here but I'm on a special diet and the staff help me with this.' The manager told us the menu was changed every three months and people were consulted about this. The service promoted healthy eating, for example, salad was offered as an additional menu option during the summer months.

We looked to see if the service was working within the legal framework of the MCA (Mental Capacity Act 2005). The 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.

We looked at people's care records and saw evidence that people's capacity to consent was assessed appropriately in relation to a range of decisions. For example, people had consented to the provision of care and management of their medication.

Where people are not able to consent, they can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

The layout of the environment was easy for people to navigate around. For people who smoked, there was a designated smoking lounge area.

Good

Is the service caring?

Our findings

People told us staff were caring and supportive, one person told us, 'I can't fault this place, staff help me with anything I need and there is always somebody here to talk to.'

We observed positive interactions between staff and people using the service. There was plenty of chatter, banter and laughter. We spoke to a relative of a person living at the service who told us, 'Honestly, the place is marvellous, it's like one big happy family, I can drive home knowing [my relative] is safe, content and well looked after.'

It was evident staff knew the needs and preferences of the people they were caring for. The service was relaxed and had a friendly atmosphere.

People we spoke with had a choice regarding how they spent their day. We saw evidence from people's care records that they were involved in choice around their care and personal preferences. For example, one person had a fear of showers and so a bath chair had been fitted to the bath.

One person had recently gained the confidence to go to the local shops with support from staff. This helped them gain some independence with their finances. One person had a passion for a local football team and was supported by staff to watch the game over a beer at the local pub. A relative of a person living at the service told us, 'Since they [my relative] have been here, they have done things they haven't done for years, like karaoke and going away on holiday. It's all down to the support of the staff who are brilliant.'

We asked staff what equality and diversity meant to them. One member of staff explained, 'If somebody had a particular need we would accommodate that and support that person, we already support some people with specialised diets.'

The manager told was that whilst there were no restrictions in visiting it was not permitted between 10 pm – 10 am, this helped to respect people's privacy and dignity. One person told us, 'My brother comes to visit, this is really very important to me'.

Good

Is the service responsive?

Our findings

During this inspection we looked at the care records for four people. Care records contained a pre-admission assessment which helped to ensure people's care needs could be met from the day of their admission. We saw that people's care records contained information about people's preferences in relation to their care and treatment. For example, people could specify whether they preferred to have a shower or bath and what foods they preferred.

One member of staff told us, 'We find out as much as we can about the person, then we put in a plan of care tailored to that person's preferences.' Care records we looked at contained a 'one-page profile', this recorded information about people's life history and background. One person told us, 'I was involved with my care plan from day one, the staff got to know me as a person.'

A re-assessment of needs was undertaken on a regular basis to ensure that any changes in people's needs and care were identified. Some people who lived at the service were there for a period of respite care and were involved in setting goals they hoped to achieve during their stay. Goals were recorded and an action plan was implemented which set out the support the service would provide in helping people to achieve those goals. This ensured that care remained responsive to people's needs.

The service did not have a set daily routine and people had a choice of what activities they could participate in. A full-time community connections worker was in post. Their role was to support people with their preferred activities and past times in the community. They took time to get to know people and their preferences and worked at a pace the person was comfortable with. Activities were not provided inside the service, this was to encourage people to engage with the local community and so aid their rehabilitation. Forging strong links with the community helped people to develop their confidence and self-esteem. It also helped to develop people's life skills and independence.

The community connections worker also supported people with further education and attending courses to develop employment skills such as CV writing and job interviews. The service had strong links with 'Widnes Vikings' which provided an employee ability programme which facilitated this. The service also had links with the Princes Trust, the Princes Trust had previously helped people to re-develop the service's garden, this helped people to feel valued and part of the local community. People were also supported with a range of other activities including music classes, swimming, cycling, horse riding, walking groups, theatre and cinema trips, exercise classes and karaoke nights.

During our inspection we saw that people could personalise their own bedrooms. Some people had chosen their own bedding and the colour of their walls. One person told us, 'They [the service] are going to put up shelves for my ornaments, it's important to me that I have my things around me, my bedroom is my sanctuary.'

People had access to a complaints procedure and people we spoke with knew how to make a complaint. We found that complaints were investigated and managed appropriately.

At the time of our inspection there was no one receiving end of life care. We saw that some care records contained detailed records of people's end of life wishes, for example, one person had specified what types of flowers they wanted at their funeral, who they wanted to be present and what hymns they would like to be played.

Good

Is the service well-led?

Our findings

During this inspection we looked at how the manager and provider ensured the quality and safety of the service.

We saw that audits were in place for health and safety, fire safety, infection control, medication, care plans and accidents and incidents. The audits we reviewed were up to date and identified were improvements were required.

The manager had worked at the service for 25 years. We spent time talking with the manager who was keen to develop the service further. Areas identified for further development included refurbishment of the smoking lounge and the creation of a staff training room. The manager also planned to introduce a dignity and human rights champion. Champions help to ensure that people's human rights are respected and that they receive compassionate and dignified care.

We looked at processes in place to gather feedback from people living at the service and listen to their views. We saw that questionnaires were used to gather people's opinions and suggestions about the service. For example, some people had commented that they enjoyed the once weekly 'curry night' and so the service continued to provide this.

Regular meetings were also held for people living at the home, one person told us, 'The meetings are good, useful, I can get things off my chest, the staff listen and act on what I say.' The manager told us, 'We look to the people living here to make suggestions about how we can improve as a service, they are the best and most important people to ask.'

There were also processes in place for relatives of people living at the service to feedback their views. Feedback about the service was positive. Written comments included, 'The staff are exceptional and can't be faulted' and 'I've never seen [name] looking so happy and relaxed.' We noted that there wasn't a process in place to gather feedback from visiting professionals. We spoke to the manager about this, they confirmed they would develop this area.

People's feedback about the management was positive. One person told us, 'The managers are fantastic, they are always there. I feel I can go to them for anything', another person told us, 'This is without a doubt the best place I've been in, there's finally a light at the end of the tunnel.'

The manager held regular staff meetings so that staff could have their say. Staff we spoke to found meetings beneficial as it gave them an opportunity to make suggestions for improving the service.

The manager had notified CQC of incidents that had occurred in the home in accordance with registration requirements. Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use

services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.