

Seva Care (Respite And Residential Services) Limited

Gayton House

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

About the service

Gayton House is care home providing accommodation and personal care to people with learning disabilities, autism and physical disabilities. Gayton House is registered to provide care and support for six people. During our inspection five people received the regulated activity.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People's experience of using this service and what we found

People were able to take positive risks. They were involved with monitoring safety in the service and staff recruitment. People's relatives felt the service was a safe place for their family members to live. People's medicines were administered and managed safely.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People who used the service were clear that staff were patient and respectful with them. We observed such interactions, as well as good levels of mutually shared humour. Relatives confirmed that people got on well

with staff.

We have made a recommendation about seeking guidance and advise on independent advocacy support.

The home was well run. There was a new manager in post who had a good oversight of the service and was experienced in their role. The staff team were positive about the new manager's input and keen to develop the service further for the benefit of people in the home.

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

Rating at last inspection (and update) This service was registered with us on 11/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Gayton House

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses learning disabilities services.

Service and service type

Gayton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was at the final stages of registering 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

This inspection was unannounced.

What we did before the inspection

Due to changing the date of the inspection, the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since they registered with the CQC. We sought

feedback from the local authority. This information helps to support our inspections. We used all this information to plan our inspection.

During the inspection:

During the inspection we spoke with two people and two relatives. We spoke with five care staff and the manager.

We reviewed a range of records. This included three people's care records and medicines administration records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the of the service, including policies and procedures were reviewed.

After the inspection:

We spoke with two more relatives over the phone. We continued to seek clarification from the provider to validate evidence found. We looked at training information and data, meeting minutes and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- ☐ People who used the service were provided with support to promote their safety and minimise any risks. We found risk management plans were detailed and provided staff with enough guidance to minimise the risks. Relatives said, "They [staff] make sure he is safe and will always go out with him."
- ☐ The manager described how they had made changes within the service to meet the changing needs of one person who used the service. This included seeking external support to manage behaviours that challenged the service.
- ☐ Each person had a personal emergency evacuation plan (known as PEEP) to be followed if they had to be taken out of the service in an emergency, such as a fire.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. They were able to describe the different types of abuse and harm people could face, and how these could occur.
- ☐ The manager was aware of their responsibility to report any concerns about people's safety to the local authority safeguarding team.
- ☐ People who used the service and relatives told us that they were safe. One person told us when we asked them if they were safe, "Yes, I am." One relative said, "Yes, [name] is safe, the staff do understand [name] well."

Staffing and recruitment

- ☐ As mentioned earlier people were not always supported by enough numbers of staff in particular during the night. However, one relative told us, "There is always enough staff, when I visit, and they take people out all the time."
- ☐ The provider had a recruitment policy, and staff working at the service were recruited safely to ensure they were suitable to work with vulnerable people.

Using medicines safely

- ☐ People's medicines were managed and stored safely.
- ☐ People had care plans which described how they wanted and needed their medicines to be administered.
- ☐ People who were prescribed 'as required' medicine, such as painkillers had clear protocols in place to ensure this were administered as intended by the prescriber. We noted that the home reordered PRN medicines monthly but used them only occasionally. We discussed this with the manager who advised us

that he would liaise with the prescriber and only order PRN as and when required.

- ☐ People received medicine reviews, and external advice was sought from people's GP's, or psychiatrists when needed.

Preventing and controlling infection

- ☐ Staff followed good infection control practices.
- ☐ Staff and the manager took responsibility to ensure there were enough personal protective equipment such as disposable gloves available.

Learning lessons when things go wrong

- ☐ Accidents and incidents were responded to appropriately. They were used as learning opportunities to prevent future incidents where possible.

Is the service effective?

Our findings

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ Pre-admission assessments were completed over at the person's home to observe their physical, mental and social needs and consider if the service could meet these.
- ☐ Careful consideration was given to match people living in Gayton House. This was consistently monitored to ensure people were in the environment best placed to meet their needs.

Staff support: induction, training, skills and experience

- ☐ Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A member of staff told us, "The training is good and quite easy to access. It has helped me to understand my job better. The new manager told us that more training is planned in the future."
- ☐ There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- ☐ New staff told us that the induction process was helpful and effective. A staff member told us, "During my induction I shadowed more experienced staff and I had time to learn about the people we support."
- ☐ The manager told us staff received regular supervision meetings. Staff files viewed confirmed this. Staff told us that they felt supported by the manager and deputy manager. We found that so far staff didn't receive an annual appraisal. None of the staff working at Gayton House had worked in the service for more than one year.

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

- ☐ People chose what they ate and drank. People were offered a range of visual choices at mealtimes, to ensure food met their support needs and preferences.
- ☐ People's dietary preferences were met and respected by staff. For example, where people required a soft diet, pureed diet, or were vegetarian, different food options were available.
- ☐ People were referred to healthcare professionals when dietary guidance was needed.
- ☐ Where people were assisted to eat their meal, staff took their time and provided people with support to eat at their own pace.

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

- ☐ Gayton House supported people to maintain good health and to attend health appointments. We saw evidence people's healthcare needs were met and the service worked with a range of professionals.

Relatives were positive about the health care support provided at Gayton House. One relative said, "They [staff] always make sure that they visit the doctor and ask for support."

- All people had health action plans in place. Health action plans are important for people with learning disabilities to set out how to support them to live healthier lives.

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

- Areas of the home were designed to support people with their specific needs. People had individually decorated bedroom doors with photos or objects important to them to help them identify their bedroom.
- The home provided people with a secure and safe outside garden area and patio area.
- There was clear signage for people which included pictorial signs to aid understanding.

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

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager had applied for a standard DoLS authorisation for one person living at the home. The manager advised us, that he was in the process of applying for DoLS for all other people. The service sent us copies of all the DoLS application made the following day after our inspection visit.
- The service adhered to principles of good practice relating to the Mental Capacity Act. Care was delivered in the least restrictive way possible, and where people lacked capacity to make decisions, best interest decisions were recorded.
- Staff had received training in MCA and DoLS and told us that they would never assume people had no capacity to make decisions for themselves.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant 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

- ☐ We saw during our inspection that staff responded quickly to people's non-verbal communication to ensure they were supported appropriately.
- ☐ Staff we spoke with were knowledgeable about people's likes and dislikes, how they preferred to be supported, and their personal histories. One relative told us, "The staff are very kind and helpful."

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

- ☐ People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. Where people were non-verbal and used a form of Makaton signs to communicate, staff understood these signs. For example, staff gave us examples of gestures used by people to communicate their needs.
- ☐ The manager told us, that he was planning to arrange regular residents' meetings and meetings with relatives to involve and engage them in making decisions about their care.
- ☐ People were involved in the planning of their care as much as possible. Staff ensured that relatives and others who were important to people were kept updated with any changes to the person's care. We discussed with the manager to explore independent advocacy services for people who have no family input or if people chose to access such a service.

We recommend the provider explores guidance and support around advocacy services for people with learning disabilities.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff had a person-centred approach to supporting people to maintain their independence and to promote new skills.
- ☐ We saw that staff treated people with the utmost respect. Staff knew people well, their individual likes, dislikes, life history and interests.
- ☐ Staff respected people's privacy and dignity. Staff were observed knocking on people's bedroom door before entering. People's independence was valued by staff and staff worked in partnership with people to be as independent as possible. Relatives spoke positive about the staff. One relative said, "The staff are interested in my relative's condition, and look after him well."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- ☐ People's needs, and preferences were detailed in their care plans. Care records contained detailed information about how people wished to receive their care and support.
- ☐ We saw that care plans were regularly updated when people's needs had changed. This ensured that care records were up to date and reflected people's current support needs.
- ☐ People's unique characteristics were recorded and celebrated in their care records. This reflected their own histories, hobbies and interests and likes and dislikes. We observed people taking part in activities of their choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- ☐ There were regular planned group activities throughout the week. People accessed local day services and had enrolled in attending college in September 2019.
- ☐ We saw people coming and going throughout the day of our inspection. Outings and trips included going to the local town centre, walk in the park, go out for lunch or dinner and go to the local shop. The manager told us that the service was continuously exploring new activities. The manager said, "We are a new service and always look for activities we can suggest to the residents."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care staff.

- ☐ We found where people had significant communication needs, support and information had been gained from the relevant professionals and detailed in their care plans. This included prompts for staff on what to look for when communicating with the person.
- ☐ Staff had a clear understanding of people's own individual communication styles and understood what verbal and non-verbal cues were for people.

Improving care quality in response to complaints or concerns

- ☐ The service had received three complaints since registering with the CQC. We saw that the complaints had been dealt with and the complainant had been contacted.
- ☐ Relatives said that they would talk to the manager if they had any concerns

- We saw that complaints were not always easy to be accessed by the manager. The manager told us that he was in the process of changing the way complaints were recorded and stored.

End of life care and support

- There was no one receiving end of life care at the time of our inspection but people's future preferences and choices in relation to end of life care had been explored where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The manager completed monthly audits across all areas of the service to monitor the quality of the service being delivered.
- ☐ The manager was clear of his responsibility of notifying the CQC of specific incidents relating to serious injuries, abuse or death.
- ☐ Staff were well supported in their role. Regular staff meetings were held, and staff were aware of how they contributed to the performance of the service.
- ☐ The manager and deputy manager showed a good understanding of legislation, requirements and their responsibilities within the governance role.
- ☐ Staff told us how they kept up to date with best practice and developments. For example, they attended training and were given reminders when training was due. Staff spoke of how they were supported to develop to the next level of training in care qualifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- ☐ The service was led by a committed and motivated manager and deputy manager who were knowledgeable about people and enjoyed their company. They had the knowledge, skills and experience needed to run the service. They understood their role to lead a team of support staff as well as ensure the quality of care and safety of people. There was a clear staff structure and staff understood and were committed to delivering high quality care to people.
- ☐ There was a person-centred culture which put people at the heart of the service. For example, the manager wanted people's needs to be met wherever they were. There were clear one-page summaries and hospital passports to share information with hospital staff.
- ☐ People and their families were encouraged to get involved in how the service was run. Staff described how they were encouraged to make suggestions and put forward ideas. One staff member told us, "During the last staff meeting we were able to make suggestions about how to improve the work we do with the residents."
- ☐ The manager had an open-door policy and encouraged staff and people to come and talk to him whenever they wanted to. During the inspection, we observed people talking to the manager and saw them

chatting about what they wanted to do.

- ☐ Relatives praised the new manager and highlighted how open and approachable he was. They found it very easy to talk to him and told us he would always provide assistance and help if people who used the service required it. One relative said, "The staff work as a team, and my relative is well cared for. I can visit anytime and speak to the staff and manager if I have anything I want to talk to them about."

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

- ☐ Staff communicated with the GP, speech and language, social workers and other professionals when required. This evidenced partnership working between the staff team and external professionals was to enable positive outcomes for people.
- ☐ Peoples care plans contained information about how they liked to be supported and what they wanted to achieve. They contained details about peoples religious and cultural needs so staff knew what peoples support preferences were.
- ☐ Staff had a good understanding of whistleblowing. They said they would feel confident to raise concerns and knew how to access policies relating to this.

Continuous learning and improving care

- ☐ Staff were encouraged to undertake additional training, and this was shared with team members through meetings and updates.
- ☐ The manager told us that he was currently looking into communication training, which should help staff to understand people better, but also ensures better communication between people and staff.

Working in partnership with others

- ☐ Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- ☐ The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care.