

# J C Care Limited

# Gateholme

## 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

Gateholme is registered to provide accommodation and personal care for up to 48 people. There were 48 people living at the service at the time of the inspection. There are seven self-contained units within Gateholme which have their own lounge, dining and kitchen areas.

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 on going 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.

Staff had opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they felt safe and supported. We saw staffing levels were appropriate for people's needs and staff received training, supervision and appraisals to support their role.

Care records contained clear information covering all aspects of people's individualised care and support. Staff had a caring approach to working with the people who used the service. We spoke to the registered manager about clearer information for people with epilepsy this was completed by the second day of inspection.

We saw people had access to a wide range of activities/hobbies which they chose to do in and outside the service.

Staff were confident in supporting people with medicines and knew people very well. We spoke to the registered manager about ensuring staff were aware and could support people with their preferred communication.

There was a clear management structure and staff clearly understood their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach the registered manager. Staff told us they felt valued and really enjoyed their role and received support by their team. The management team continued to improve and work as much as possible with relatives at the home if they had any concerns or complaints. Accidents and incidents were analysed and any lessons learnt were filtered through to working practices.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Gateholme

## 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 was a comprehensive inspection which took place on 1 and 10 May 2018 and was unannounced.

The first day of inspection was carried out by one adult social care inspector and a specialist advisor who had a specialism in people with learning disabilities. The second day of inspection was carried out by one adult social care inspector. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with 13 people who used the service, six members of staff including the registered manager. We spoke with one relative of a person who lived in the home and a visiting advocate. We spent time observing support given to people in their home. We looked at documents and records that related to people's care and the management of the service. We looked at seven people's care plans and six staff files.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Gateholme. One person told us, "Yes I am safe. Staff look after me well." Another person said, "Yes I am very safe when I go out in the community someone comes with me to help me."

Staff we spoke with were aware of what to do if they had a concern about anyone in the service. One staff member said, "I would speak to the manager straight away and I know this would be dealt with."

We saw safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. There was sufficient staff to meet people's needs. Staff were able to articulate the needs of the people they supported; therefore demonstrating they knew people well. They were able to inform us of any potential risks to people, before explaining how these risks were mitigated, as far possible.

Risk assessments reflected appropriate risk management, and staff were happy to share what they had implemented to manage risks to prevent people from incurring harm. People were assessed prior to accessing the community, in particularly those people where positive risks were being implemented to promote independence. There was evidence that most risk assessments were reviewed in a timely manner, or sooner if required. Documentation was kept up to date by assigned keyworkers. The key working system helped to maintain a consistent approach to reviewing and evaluating care.

However, two individuals had epilepsy and although there were epilepsy risk assessments in place, these did not show they had been reviewed more frequently than 12 months nor did they include how to support people when using the bath, the kitchen, electrical equipment, the impact epilepsy has on them in social settings and living independently as per NICE guidance, 2016. The registered manager was made aware of recent case reviews that inform best practice, and sign posted to how to ensure these criteria was met when future planning. The registered manager reviewed both epilepsy care plans by day two of our inspection, ensuring they reflected best practice.

We saw medicine management was robust and effective. Medicines were handled safely and people received their medicines as their doctor had prescribed. Daily temperatures of medication cupboards were obtained, and evidence was provided by the team in way of records to demonstrate safe practice. Medication administration and returns were monitored closely for all medication including controlled drugs and recorded drugs, in accordance with local policies and legal frameworks.

We saw accidents and incidents were managed and evidence of lessons learnt was spoken about in meetings with staff. For example, The provider carried out appropriate checks on the premises and equipment to ensure its safety.

# Is the service effective?

## Our findings

People and their relatives felt they were well looked after. One person said, "Yes they know what they are doing, they look after me well." A relative told us, "I know they are in safe hands."

One staff member told us, "I have been here over 2 years. I have been supported to have regular supervision and appraisal, and I was also supported to complete my care certificate." An employee of the month board was also noted.

The registered manager had an induction and training programme in place. We saw staff had received training in mandatory topics, such as first aid and fire safety and also personalised training for people on an individual basis. We saw evidence staff members receiving supervisions and an annual appraisal. It was evident from our observations that staff new people very well and supported them using their preferred communication whether this was verbal, by I Pad or through gestures. We spoke to the registered manager to ensure where a person used their preferred communication staff were aware of this and could support the person.

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).

We saw staff had received training regarding the MCA and we observed people making choices throughout our inspection. People's consent to care and treatment was recorded along with their capacity to make decisions about their care. We saw examples where the best interest decision making process under the MCA had been followed. Information about advocacy services was available to people if needed.

We spoke to a visiting advocate from an outside organisation. They commented, "I love coming here, everyone seems really happy that lives here. I have no problems, the team work really well with me and the people. We all just work together for the needs of the people we support." We saw care plans showed people's day to day health care needs were being met and visits from outside professionals were documented.

Staff we spoke with informed us the menus were individualised to meet individual's needs, and we observed that people using services were involved in preparing their own meals where possible. However on one occasion we saw staff preparing people's meals where they could have completed these themselves. We spoke to the registered manager who told us they would speak to staff to ensure people had the choice. The menus were designed in pictorial format, they were easy to understand and people told us they enjoyed the food. One person told us, "The food is really nice here." Fridge temperatures were also in place to comply with food hygiene regulations; evidence of daily checks was also obtained.

We looked at the design of the buildings. The main unit where the registered managers office was appeared to require some modernisation, and family surveys had also suggested this. There were steps in walk ways

and very thin/narrow corridors where people used wheel chairs independently, and this could become problematic in the future making access around the home difficult. The registered manager told us this would be looked into in accordance with their maintenance plans for the future.

## Is the service caring?

### Our findings

People told us they liked living at Gateholme. One person told us, "I like it here." Another person said, "I love everyone here." A third person said, "I like all the staff they are all lovely."

A family member we spoke with told us, "I am happy [name of person] is here, there is good communication used in the home and my relative communicates well. We go away on holiday and they really enjoy that. I am allowed to take [name of person] myself, they appear happy and that is what matters. The staff know how to meet [name of person] mental health needs, and they promote choice. I too am kept up to date. The staff here are lovely."

On observation and through discussion with staff, they knew the people they cared for well. Kind, caring and therapeutic interaction was observed throughout the duration of the inspection and families were spoken very highly of with keen engagement being described as sought at all times around the care of their loved ones. Staff were passionate about their job, they were observed delivering care with compassion, and empathy.

People said they were involved in making decisions about their care and support. We saw people had input into their care plans and were involved in their reviews. Information was provided, which included pictorial formats, to help people understand the care and support required. Where required, staff were respectful of people's cultural and spiritual needs.

People told us staff respected their privacy and dignity. One person told us, "They knock on my door." Another person said, "They help me get ready. I try doing most things myself but sometimes I need more support which they help me with." Staff told us how they supported people to be as independent as possible with all their daily living skills. On one occasion we did not see this and we spoke to the registered manager who addressed this straight away with staff.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable.



# Is the service responsive?

## Our findings

We spoke to one person who told us, "Staff support me to attend college, I am completing an a level in maths." Another person told us, "Staff help me to do my charity shop job every week for half a day." Another person told us, "I am supported to go to drama group every week." A fourth person told us that they are involved in working with the maintenance man from the service to undertake the weekly fire checks, they said, "I like going around and making sure it all works."

We saw evidence of two people's behaviours had also decreased over a 12 month period. One person told us, "I still have some behaviours where I get up there but nothing like what I did when I came here over a year ago, and in the place before I came here I used to be restrained because my behaviours were that bad." Staff confirmed that incidents of aggression had decreased; the deputy manager praised people in our presence and stated, "They have decreased because we work together, and people know we are here to support them and sometimes that is through a bad time, but we are here for them."

Throughout the day it was evident that the service met the needs of people they supported when promoting inclusion and social participation. Although the service acknowledged there was still some development to be considered for some of the people recently moved into the home. Staff were very proud of some of the activities they supported people to engage in. For example, a number of people accessed an outreaching group. This was developed to help disabled people enjoy the great outdoors. On a weekly basis, people were supported to access the group and engage in conservation work or weekly walks. Not only promoting inclusion and participation but also maximising opportunities to promote a healthy lifestyle.

Each person had a care plan tailored to meet their individual needs which included people's life histories, health action plans and hospital passports. Staff kept daily records which gave sufficient information about people's daily lives. Care plans seen contained information on people's preferences, likes and dislikes, how they wanted to be cared for and their level of involvement they liked in their care. We saw where some people had been involved in their end of life care. The service was looking at new ways and accessibility for people's individual accessible information.

We saw the service had in a 'voice activated' service user guide in place. This not only had appropriate pictures and written guidance in large format for people but you could also access the voice activated buttons which read through the guidance for you. This was accessible for people living at the service. The registered manager told us, "We are looking at more accessible technology for the service."

People using the service were encouraged to develop and maintain relationships that were important to them. Relatives of people using the service often visited the home where people were residing, whilst also being encouraged to be involved in support planning for their family members. People had daily activity planners and one person told us, "I see my mum and dad all the time; they are coming today to take me to see a friend that I used to live with. It was clear through observation that people using the service were supported to follow the planners which involved activities in and outside the home."

We saw an effective complaints process in place which were investigated and responded to appropriately. We saw many compliments, which included; 'Thank you for all the care and support over the years'. And, 'thank you for the courses you sorted for people'. A visiting professional also left feedback to the service, 'I continue to be impressed by the high standards you set yourselves regarding medication handling and your positive attitude with regard to working together to improve the working relationship with the store staff'.

# Is the service well-led?

## Our findings

At the time of this inspection there was a registered manager in place. 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.

Throughout the inspection staff we spoke with said, "I like my job." On observation people are supported very well, it was evident that staff enjoyed their work, and worked to maintain an open, supportive and transparent culture.

The registered manager demonstrated a commitment to sharing practice however acknowledges that to widen this discussion it should be an agenda on staff meeting minutes which take place monthly with action plans and evidence to highlight how learning and shared responsibility is being promoted. There was evidence that the registered manager was always seeking ways to improve the service and enhance the involvement of the people that used the service.

The registered provider sought feedback about the service through surveys, newsletters, meetings and reviews, involving other professionals, relatives and people who used the service. We saw feedback dated 2016 with overwhelming support for the service and acknowledgement to the staff for the support they provide to people. The service was waiting on feedback from a recent survey completed in 2018.

We observed a monthly 'your voice meetings' and saw these were well attended. They covered business from the last meeting and looked at standing items, for example, health and safety, maintenance and fire safety were discussed. Every month people agreed which day-to-day tasks they were willing to be involved in as part of running the service. One person said, "We have a meeting once a month and talk about how we would get out if there was a fire or what to do if the weather is hot." People were interested and participated in this, however it was noted by the inspector to the registered manager how noisy this was and not everyone could hear what was going on. The registered manager told us they would look at ways to improve this.

There was evidence to the registered manager conducted and was involved in a range of quality audits to ensure the service was of a high quality. We saw extensive audits in place to support the service including; accident and incidents, maintenance, medication and care plans. We saw a process of analysis to look at improvements to the service and the registered manager told us this was something they were looking into to making the care plans more information accessible for people.

The service had been nominated two years running in the 'making a difference awards' which is an award from the provider to acknowledge staff and the work they do. Staff told us they were proud to work in the service and this showed through our observations on both days of inspection.

We found relevant notifications had been submitted to the CQC by the registered provider.