

Severn Care Limited

Gatwick House

Inspection report

Gatwick House
Upper Rodley Road
Bollow
Gloucestershire
GL14 1QU

Tel: 01452760164

Date of inspection visit:
10 May 2016

Date of publication:
06 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 10 May 2016 and was unannounced. The home was last inspected on 24 June 2015 to check on breaches of regulation found at a previous inspection on 19 and 20 November 2014.

Gatwick House provides care for up to 14 people with learning disabilities. At the time of our inspection visit there were 13 people using the service.

Gatwick House had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken and their medicines were safely managed. People's individual needs and were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were enabled to be actively involved in the planning and review of their care and support.

Staff received support in the form of training and supervision to develop knowledge and skills for their role. Staff described good effective team working. The management were accessible to people, their visitors and staff. They aimed to provide a quality service to people through engagement with them and their representatives. People and their representatives were asked for their views about Gatwick House. Where areas were identified for improvement, appropriate action was taken.

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.

People were safeguarded from the risk of abuse and from risks in the care home environment.

There were sufficient numbers of staff. People were protected from the risk of the appointment of unsuitable staff because robust recruitment practices were operated.

There were safe systems in place for managing people's medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People's ability to make decisions and consent to care was protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People's meal preferences were known and they were supported to eat a varied diet in response to their needs.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with the staff team.

The service ensured people were enabled to be at the centre of regular reviews of their care and support. People's representatives were also consulted about the support provided to meet their needs.

People's privacy, dignity and independence was understood,

promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support.

People were enabled to engage in suitable activities of their choice.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good ●

The service was well led.

The service had a vision for the future delivery of the service.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

Required information in the form of notifications had been sent to CQC.

Quality assurance systems which included the views of people using the service and their representatives were in place to monitor the quality of the care and support provided.

Gatwick House

Detailed findings

Background to this inspection

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

This inspection took place on 10 May 2016 and was unannounced. The inspection was carried out by one inspector. We spoke with two people using the service, one visitor, the registered manager, the responsible individual and three members of staff. In addition we reviewed records for two people using the service, toured the premises and examined records relating to the management of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also received feedback about the service from three healthcare professionals.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Thirty-four out of forty-two staff had received safeguarding training. The training record indicated which staff were due to receive this training or receive updates. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. These were clearly laid out in a safeguarding checklist in each person's support plan which included contact details for reporting a safeguarding concern to the local authority. An adult protection policy was in place and additional information about developments for safeguarding adults. One person using the service told us Gatwick House was a safe place to live. A person's relative stated "(the person) feels safe here". People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People were protected from harm by a thorough approach to assessing risk. People had individual risk assessments in place. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. For example one person had risk assessments for their safety in relation to the environment and for behaviour in communal areas. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans. Individual information had been prepared for use in the event of a person going missing. People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. We carried out a tour of the premises and noted the care home was clean and well maintained. The latest inspection of food hygiene by the local authority took place in August 2015. This resulted in the highest score possible.

The registered manager explained how the staffing was arranged to meet the needs of people using the service. Most people required one to one support and sufficient staff numbers were provided to meet these needs. Agency staff had also been used at times to cover while new staff were recruited. Staff described the effect of recent departures from the staff team although acknowledged enough staff were deployed for people's needs. The registered manager explained how the same agency staff were used to ensure consistency and familiarity for people. People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. Medicines were stored securely and the temperatures of storage areas were monitored. Records showed storage temperatures had been maintained within correct limits. People's medicines were stored within the house or bungalow where the person lived, this enabled medicines to be given to people promptly. Staff responsible for administering medication had received training and competency checks.

Medication Administration Records (MAR charts) showed there were systems in place to record administration of medicines appropriately and accurately. There were no gaps in the recording of

administration on the MAR charts we examined. Where hand written directions had been written on the MAR these had been checked for accuracy and signed by a second member of staff. Medicine audits took place on a monthly basis. Individual medication protocols were in place to guide staff giving the medicines prescribed to be given as necessary. These had been agreed by representatives of community services for people with a learning disability. People's preferences about how they liked to take their medication were recorded for staff reference. Medicines not requiring a prescription known as 'homely remedies' had their use agreed by people's GPs.

Is the service effective?

Our findings

People were cared for and supported by staff with appropriate knowledge and skills. Staff received training in subjects such as food hygiene, infection control, first aid and moving and handling. They also received training specific for the needs of people using the service such as positive behaviour support and management, epilepsy and autism. Where relevant, staff had completed the care certificate qualification for staff new to the work of caring for and supporting people. Staff told us the training they received was adequate for their role. Staff also told us they worked well together as a team. Staff had regular individual meetings called supervision sessions with the registered manager. One member of staff described these sessions as useful.

One health care professional told us about how staff were effective in dealing with an incident they witnessed with one person. They stated "The staff training is obviously working and there is no doubt that the dedication needed to work with challenging people is present at Gatwick House. Although this incident was actually very small, it was dealt with very quickly and calmly by the staff." We received positive comments from relatives of people using the service who described staff as "very, very good" and "pretty efficient".

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. Assessments had been made in relation to people's capacity to consent to personal care and issues around health care and safety issues. One person had recently received extensive dental treatment which had been completed following a review of their mental capacity and a 'best interests' review.

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. The application procedures for this in care homes are 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 were being met. Four people had authorisations in place to deprive them of their liberty with applications for renewal waiting for a further six people. There were no conditions in place for these authorisations. Staff had received training in the MCA and DoLS and were able to describe the important principles to us.

The registered manager described how appropriate meals were provided based on knowledge of meals that people liked but with a view to providing a healthy diet focused on people's needs. We observed lunch being provided to a small group of people in the main house. One person was supported by staff in helping to prepare their own lunch. This was served in an informal but organised way. People were offered a choice of dressings to complement their meal. People had a four week menu adjusted for their individual needs that changed twice a year to reflect the change of seasons. When we visited the summer menu had recently been introduced. Meals were prepared in the kitchens of people's individual bungalows and in the kitchen of the main house for people living there.

People's healthcare needs were met through regular healthcare appointments. One person told us how hospital appointments had proved successful in treating an ear problem. During our visit a chiropodist was visiting Gatwick House to provide treatment to people. Support plans were in place to guide staff in supporting people to access services such as dentists and opticians. People had hospital assessments completed, these described how people would be best supported in the event of admission to hospital. The registered manager showed us documents for people's health action plans which were being completed. The information was already included in people's support plans but was being brought together in a new format. Information about any allergies was clearly marked for staff reference in people's support plans.

Is the service caring?

Our findings

People had developed positive relationships with staff. One person told us staff were "nice and kind". During our observation in the main house at lunchtime we noted staff using an attentive, respectful and warm approach to people. For example checking on their wellbeing, engaging them in conversation and using touch appropriately. Staff spoke with people to check on their enjoyment of activities they had taken part in that morning and echoed the humour used by one person in the conversation. On one occasion staff intervened promptly to ensure a person enjoyed their meal without incident when they incorrectly removed the top to a mayonnaise bottle. Staff also responded to greetings from people, listened to their comments and engaged in conversation based on these.

People were enabled to play a central role in decisions about the care and support they received. Gatwick House used a system of "person-centred reviews" to ensure people received the support they needed. People were involved in the process from start to finish and the approach was to create an environment where they felt relaxed and comfortable about participating. Photographs we saw of people's review meetings showed the use of flip charts and the active participation of the person, family members staff and management. The Provider Information Return (PIR) stated "These reviews will be held every six months and involve service user, parents, staff and if available other external professionals for example CLDT (community learning disability team). To help the service user feel comfortable we ensure that there are items, objects, music, food that the service user enjoys at the meeting, we will always strive to encourage the service user, parents and staff to contribute to the review process where possible". The review meetings started on a positive note with a discussion about what people liked and admired about the person. The meeting then explored the support given to people under such headings as what's working/not working for the person, how best to support the person and what's important to the person now. Actions were recorded based on decisions at the meeting about the support provided. People were also asked to comment on how the review meeting went from their point of view.

We received positive comments from the families of one people about the review process. A family member told us "We recently came along to his personal care plan meeting and (the person) was included in this meeting which was excellent, a few new ideas were discussed and implemented, one was (the person) now has a bike to ride on around the grounds and the local bike trails". A relative of another person commented positively about how the person was able to contribute to reviews of their support. Another person's relative described how issues raised for action at review meetings were either completed or in hand by the time the next review meeting came around. An example was the issue of staff using Makaton sign language with the person. It had been identified at the review the person would benefit from more staff being able to use this. The relative told us this had been put in place with a system of 'sign of the week' to enable staff to increase their use of Makaton and communicate more effectively with the person.

The review process had resulted in an innovation to help one person express their feelings through the use of an 'emotion key ring'. This was a key ring with symbols attached to indicate different emotions the person may experience. The key ring was used as an extra communication tool to help support and encourage the person to communicate their emotions more effectively when they were feeling anxious or upset. Another

person was also using the emotion key ring and a third person used an electronic device using pictures and corresponding recorded words as an aid to making their needs known to staff.

Aside from the review meetings, staff were able to record improvements and suggestions for people's support plans which would be considered and responded to by the registered manager. Monthly questionnaires were used to gain people's views about the support they received. These were presented in a suitable format using pictures, symbols and plain English. These checked people's views on activities, meals and what they would do if they were unhappy with anything.

People had access to advocacy services. The registered manager told us they had information about suitable advocacy services for people and one person had been referred to a lay advocate.

People's privacy and dignity was upheld by the actions of staff. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support such as ensuring doors were closed and covering people appropriately when supporting people with personal care. This approach was reflected in people's support plans. People were able to develop their independence and this was highlighted in their support plans, for example one person's support plan for communication highlighted areas of independence as well as areas where support was required. Staff gave examples of how they would promote people's independence with personal care for example and how they would check people's support plans to ensure their interventions promoted independence. Comments about people developing their independence emerged strongly from the feedback we received from people's relatives such as "(the person) has benefitted from the level of care, little bit of independence and making their own choices" and "it's a lovely unique place that gives (the person) the independence that he needs".

People were also supported to maintain contact with family. The Provider Information Return (PIR) stated "service users have time with their families when they come to visit and if required for the staff to step back and allow family time without staff being there". A relative of one person told us "We are always welcomed and feel comfortable when visiting (the person)". Visits including overnight stays were frequently made by people to their families. One person's relative told us about the benefits of having a member of staff accompany the person on home visits. Another person's relative commented that the person enjoyed home visits but was always happy to return to Gatwick house afterwards. Records of family events such as birthdays were kept in people's support plans so they could mark the occasion accordingly and keep in touch with family members.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People had detailed support plans called "My plan" to guide staff in providing individualised support. In addition people had one page profiles which provided a brief overview of important information about a person such as "good things about me" "what's important to me" and "what I like doing". Support plans contained detailed information for staff to follow to support people. Staff described the principles of personalised care such as "tailored for the individual". They told us the expectation they should read and understand people's care plans. One person's relative spoke positively about how the person had responded to the support they had received at Gatwick House and how they were "much improved" since moving to the service. One support plan detailed how staff would support a person if they became distressed including signs indicating they had become more anxious and triggers that may increase the person's anxiety.

Aspects of the environment of Gatwick House had been adapted to suit people's preferences and needs. For example one person had pink walls in their bungalow and a pole erected outside for containers to grow flowers. A sensory garden was being further developed with raised beds to enable people to grow and tend plants. The garden already contained water features and a sand pit which were suitable for people using the service.

People were supported to take part in activities and interests both in the home and in the wider community. The Provider Information Return (PIR) described the approach to assessing the suitability of activities for people. "Activities are based on what the service user may like, shows an interest in or shows any positive response to, any activities that are new to a service user would need to be risk assessed if appropriate, to see the risk level before attempting it, measures can be put in place to lower the risk e.g. having another staff member, changing the time of the activity". Activity timetables were available for people and staff to refer to. One person's relative told us how the person was aware of their planned activities programme and how this had been of "real benefit" to them. Activities included, walks, horse riding, swimming, church services and social events. Support plans gave specific actions for staff to follow to support people to participate in activities. Holidays had also been organised in the past and pictures in the main house showed people enjoying these. These were in a suitable format using pictures, symbols and plain English. A health care professional was positive about the activities provided for people living at Gatwick House. One person enjoyed mowing the grass and the possibility of them taking this up as work in the community was being investigated.

There were arrangements to listen to and respond to any concerns or complaints. The PIR stated. "A compliments and complaints folder is used to record all compliments and complaints, both are normally received via email and logged if a compliment and responded to and actioned if a complaint". Examination of the complaints folder showed complaints received had been recorded, investigated and an appropriate response given with any areas for action noted. The registered manager explained the response to one complaint which included a meeting to review a person's care and support. One complaint received a positive comment about how it had been responded to with the complainant being "very impressed with the speed with which the concerns I raised have been addressed." Service user discussion forms were used

as a way of identifying people's views about the service. These were completed by staff during a discussion with a person using an appropriate communication method and aimed to check their views and their care and support and the service provided to them.

Is the service well-led?

Our findings

The registered manager described the vision and values of the service as "Pushing service users forward in a positive way with support, guidance and encouragement to be more independent." They gave an example of how one person was being considered for a change in their environment at Gatwick house to reflect the move to a more independent lifestyle. The registered manager acknowledged that this type of change may not be realistic for all people using the service and for others, exploring new activities would be important to prevent them becoming "stagnant and stationary in their lives". They described the 'person-centred reviews' and service user discussion forms as the key to identifying suitable activities for people. They also described their aim to work closely with health and social care professionals and service commissioners. To this end they described a proactive approach to facilitating commissioner's reviews of people using the service. We saw evidence of the close working relationships with health professionals where for example protocols for giving people medicine when prescribed on an 'as required' basis were agreed by professionals. The director shared with us their vision of developing a further service where people could move on to from Gatwick House to live more independently. The registered manager described the current challenges around staffing, recruiting and maintaining a staff team with the right skill level.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Gatwick House had a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The registered manager was supported by the lead coordinator. Arrangements were made to ensure that they covered each other's leave to ensure there was always an appropriate level of management working.

We heard positive comments about the registered manager and the management of Gatwick House from people's relatives and staff such as "approachable and supportive", "very approachable" "nice people" and "responsive, positive and caring". The registered manager kept up to date with current practice developments through contact with forums for providers of services for people with learning disabilities.

Surveys of the views of people using the service were carried out to gain views on the quality of the service provided. These were produced in a suitable format for people using pictures and plain English. Compliments and complaints were also monitored to gauge the quality of the service. A number of regular checks and audits were in place covering areas such as health and safety, infection control, fire safety and records. These were carried out by a person who although associated with the registered provider, did not work at Gatwick House. The report of the health and safety annual audit carried out in January 2016 included areas for action such as security, food storage and maintenance work. The infection control audit

resulted in an action plan which had been signed by the registered manager to indicate that all actions had been completed.

Gatwick House had recently emerged positively from a quality improvement plan with the local authority as the registered manager explained in the Provider information return (PIR).

"Over the past 12 months we have been concentrating our efforts with GCC [Gloucester County Council] to get signed off our PIP [Performance Improvement Plan] and I am delighted to say that as of December 2015 we have achieved this. Included within the PIP we had to show and demonstrate that we have greatly improved on service user documentation including care plans and behavioural management plans". A social care professional commented positively about the outcome of the improvement plan "The new manager has put in place a number of improvements and did a lot of work working with us to improve the service, the records are now at a good standard, staffing was changed to more reflect the individuals needs and person centred plans introduced."