

Community Homes of Intensive Care and Education Limited

Gosford Lodge

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

Gosford Lodge is a care home which provides care and support for up to eight people who have learning disabilities, autistic spectrum conditions or additional needs. At the time of our inspection, five people were living there. The service is in a detached property and consists of communal living areas and individual en-suite bedrooms.

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.

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

People were safe and protected from avoidable harm or abuse. Staff understood their responsibilities in relation to safeguarding. The service had systems in place to notify the appropriate authorities when concerns were identified. Where risks had been identified, assessments were in place and action was taken to manage risks where possible. Staff were aware of people's needs and followed guidance to ensure they were safe.

People were supported by enough staff and vacant posts were being filled. Staff were safely recruited and received training which equipped them to effectively carry out the requirements of their job. Staff felt supported and received regular supervision.

People's needs and preferences were assessed before they came to the service and these were regularly reviewed. Care plans gave guidance to staff about what people could do for themselves and how best to provide support.

People were supported to have choice and control in 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support now focused on

them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to eat and drink enough to meet their individual needs and preferences and to remain healthy. People had access to routine and specialist healthcare services. Staff worked with other agencies and professionals to ensure people received effective care which met their needs.

The feedback we received reflected recent improvements in the service. The staff we saw were positive and caring and treated people with dignity and respect. Staff knew people well, and spent time finding out how they could best meet their individual needs. People were encouraged to participate in meaningful activities and maintain relationships with friends or families.

The management team provided consistent leadership. This had enabled improvements to be made and supported the service in continuing to develop the care and support people received. The registered manager had worked in collaboration with colleagues and other professionals to continue to improve the service. Systems were in place to monitor and review quality and performance, and actions were taken when shortfalls were identified.

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

Rating at last inspection

The last rating for this service was good (report published 01 July 2017).

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.

Gosford Lodge

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 inspector.

Service and service type

Gosford Lodge 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Some people living at the service were unable to communicate verbally and some chose not to speak with

us. We used observation throughout our inspection to help us understand people's experiences. We spoke with eight members of staff, including support workers and members of the management team.

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

We considered this information to help us to make a judgement about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The manager provided additional details, such as policies, and additional information. We spoke with four relatives to find out more about their experience of the care provided at Gosford Lodge. We received feedback from three professionals who had contact with the service. Their comments have been incorporated into this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to keep people safe from abuse or harm. A current policy provided guidance and information.
- Staff were clear they would report any concerns. They told us each staff member had been given a card which included telephone numbers and guidance about what to do if they had any concerns. One staff member told us, "I just wouldn't stand for it," and another added, "I would report anything. Absolutely, without a doubt."
- Care plans and systems were in place to ensure people were supported safely if they displayed behaviours which may challenge others. Situations which could cause an individual to become anxious were outlined, and guidance was provided about how best to support the person. This information helped to protect people from unnecessary risks or avoidable harm.

Assessing risk, safety monitoring and management

- A programme of daily, weekly and monthly checks was in place. This included regular checks of fire and maintenance issues to ensure the service and equipment were safe.
- Plans were in place to support people in emergency situations. These included up to date individual personal emergency evacuation plans (PEEPs) and a business continuity plan.
- Care records contained individual risk assessments which reflected people's needs. This included risks associated with choking, epilepsy and medicines. These gave staff guidance about how to support people safely.

Staffing and recruitment

- People were supported by enough staff to meet their needs. Staff rotas were planned in advance, and these were flexible according to changes in activity or need. During the inspection, staff had time to spend with people and did not appear to be rushed. Staff told us they felt there were enough staff, and they were able to carry out their roles fully, although they all stated they were keen to see more staff recruited. One relative said, "There seems to be consistency of staff," although another relative felt there were not enough male staff working at the service. They told us they had discussed this with the manager, and new staff were being recruited.
- Several new staff had been recruited recently, and staff and relatives told us this had made a significant difference to consistency and the quality of care provided. Comments included, "It was turbulent when there were staff changes, but now it's settled" and, "They've built a good, mature team now."
- Safe recruitment and selection procedures were in place. Staff files had pre-employment, criminal record and other checks in place. These confirmed staff were suitable to work with vulnerable people.

Using medicines safely

- Staff supported people to take prescribed medicines and this was managed safely. All staff who administered medicines had completed training, and they received regular update training to ensure they were competent in this area.
- Medicines administration records were very clear, and there had been no errors in recording or managing medicines.
- Policies and procedures supported the safe management of medicines, and an audit had been carried out to monitor standards and ensure any risks were managed.

Preventing and controlling infection

- The service was clean and tidy when we visited, and staff were knowledgeable about the principles of infection control.
- Checks were carried out to ensure tasks were regularly completed and standards maintained to manage any infection control risks.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. The service aimed to learn from incidents that had happened and made changes where necessary. This ensured staff were able to keep people safe and protected from avoidable harm.
- A positive behaviour support advisor regularly attended the home. Following incidents where people's behaviour had challenged, ongoing observations and learning took place to improve care and reduce risks while supporting people in the least restrictive way.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Assessments were completed before people moved into the service to ensure it was suitable and their needs could be met. This included assessing people's physical, mental health and social needs.
- Assessments and care plans were regularly reviewed with people and their families to ensure the service provided continued to meet their needs.
- Relatives gave mixed views about how involved they felt. One relative said, "There have been huge steps in communication in the past few months", but another added, "They don't share information with us."

Staff support: induction, training, skills and experience

- People's needs were met by staff who had the knowledge, skills and right attitude to effectively carry out their role. The registered manager had taken action to ensure the staff team were confident and competent in what they did. Relatives told us, "The staff team are very capable," and, "It's better than it was before. In the past, lots of staff left. These staff need to get to know them now."
- New staff received specific training and induction when they started in post. Staff told us they could have as much support as they needed when they were new to this type of work. One member of staff said, "It was scary at first, knowing there was potential risk [from behaviours which challenge] but the training was helpful, and we shadowed staff at first. That really helped."
- Staff received regular training to ensure they remained up to date and able to provide effective support. Staff were positive about training. One staff member said, "I've been well trained. The training is continuous."
- Staff received supervision which enabled them to discuss aspects of their work and any development needs with a manager. They told us they found this helpful.

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

- Staff were able to meet people's needs and preferences and support them to eat a balanced diet and drink enough. Staff were aware of people's specific needs.
- Staff prepared meals that people particularly enjoyed, and we observed staff trying different ways of encouraging people to eat healthily. For example, discussing what ingredients to add to a salad to would make it more appealing to people.
- One relative said they were pleased because they felt their loved one looked healthier and fitter recently.
- One person enjoyed cooking, and often helped staff with meal preparation. Staff told us, "I could make the lunch much more quickly by myself, but it's important for [them] to be able to do it. [Name] does really well, and they really enjoy doing it."

- Staff told us they had recently changed the furniture in the dining room so that people could sit at smaller tables. This had reduced the risk of incidents and given people more choice during mealtimes.

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

- The service worked with other agencies and professionals to ensure people received effective care which met their needs. During the inspection, staff from another provider visited to discuss the support needed to best meet one person's specific needs.
- People were supported to access routine and specialist healthcare services. A health professional told us that previously people had been brought to health appointments by staff who did not know the reason for the visit. They said this had improved recently.
- Care records showed that people had accessed doctors, dentists, opticians and neurology services.

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

- The registered manager told us they had made changes to the environment and décor to make the service homelier and more comfortable for people. This included consulting people about wall colours and observing seating preferences to be able to better meet people's needs.
- The building and equipment met people's needs. As well as a large communal living area, a smaller lounge gave people space indoors. Equipment such as a trampoline, scooters and a sensory room in the garden were all well used.
- Bedrooms were decorated as people chose and reflected their hobbies and needs. One person had removed or destroyed everything in their room, but staff balanced the person's needs and rights to ensure they remained safe and comfortable. Damaged items were replaced or repaired as necessary.

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.

- People's capacity to make particular decisions was assessed. Assessments were discussed with relevant parties and outcomes recorded.
- The registered manager had submitted appropriate DoLS applications for people. Some had been authorised, and others were being processed by local authorities. The manager followed these up and information was available in people's individual care records.
- Staff understood the principles of the MCA and had received training to ensure they knew how to apply these in practice.

- Staff offered choice to people and asked for their consent when offering support whenever possible. For example, regarding food, activities and routines.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were not able to tell us if they felt well treated and supported, but one person's relatives said, "I can't speak highly enough of staff. [Name] is doing really well. They've come on so much in the past year." Other comments from relatives included, "Everything is as it should be," and, "It has improved from disastrous."
- The staff we saw were kind and caring towards people. They spent time with people, encouraged them and knew people well. One staff member told us, "Staff have amazing connections with people who live here. I've never seen connections like they have here." Another staff member said, "Everyone really cares here. We want to make people's lives as good as possible. We do our best for that."
- People's needs under the Equalities Act 2010 were considered and respected and were reflected in care records. Information was recorded about people's preferences relating to identity, culture and faith. One care plan noted, "[Name] is a non-practising Christian, but staff should offer full support if [Name] expresses any interest in religion."

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

- People had limited capacity to be actively involved in care planning or formal reviews of their care. People were supported to express their views where possible and had regular planned meetings with named staff members.
- People's achievements were documented by keeping photographs and art work in individual scrapbooks. Staff added written comments such as, "[Name] loved sticking the ingredients together in this matching game – they were laughing and chatting", "[Name] really enjoyed colouring this picture," and, "This was a good day for [Name]."
- Some relatives we spoke with told us they were involved in decision making and kept informed about changes affecting their loved one, but others had a different experience. One relative said, "We spend a long time talking with staff. They show us photos and things [Name] has done." Another told us, "We never hear about things or about what [Name's] been told and I don't always have time to chase things."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person routinely removed an item of clothing, and staff prompted the person consistently in a way that they understood in order to preserve their dignity.
- Staff spoke with pride about how they respected people and supported them. Staff told us they had time to spend with people and encouraged them to be independent where possible. Staff told us about ways in which they respected people's dignity, such as by knowing the ways in which people preferred to be

supported in personal care tasks. They described how a plan was developed to support one person who would not tolerate personal care routines or wearing clothes. A gradual approach was used consistently over time by all staff so that the person now had a quality of life and routines that they were happy with. This enabled them to engage in more activities in the home and community and supported them to develop new skills.

- One staff member told us, "I love the freedom people have here. We don't do things for them, we don't look after them like that, we support them and make sure they're safe and happy."
- Care plans provided guidance for staff about how to support and encourage people's independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 care plans were personalised and identified what was important to them, including their likes and preferences.
- Care plans were regularly reviewed to ensure they continued to meet people's care and support needs. Care plans considered aspects of the individual's care and health needs, and reviewed their support needs, risk issues, capacity and consent, and outlined some goals. This meant staff had up to date guidance about how best to meet people's needs in a range of areas. Staff told us they had learned a lot about people from individual care plans especially when they first started working at the home.
- Changes in people's needs were responded to wherever possible. For example, one person was being supported to look for alternative accommodation because the service no longer met their specific needs.
- Relatives felt their loved ones had choice and control about the support they received where possible.

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 carers.

- Staff had a good understanding of people's information and communication needs. Information was available in different formats including easy to read and pictorial documents. Some people used signs, writing, gestures or picture exchange communication systems to express themselves.
- Care records contained individualised information about how to communicate with each person. For example, one care plan described which signs a person used to indicate they wanted to do a particular activity.
- During our inspection, staff spent time with a person who had recently moved to the home to find out more about their reading and language abilities.

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

- People were supported to take part in activities which were appropriate and meaningful to them in the wider community. For example, outings, trips, day centres and holidays. Activities were also provided in the home. On the day of our inspection we saw people involved in reading and writing activities, sound making, colouring and pumpkin carving. After carving the pumpkins, people were encouraged to enjoy the sensory stimulation provided by handling pumpkin seeds and pulp in bowls.

- People had attended a Halloween disco the day before the inspection, and a party at the home was being planned for the following day. Comments from staff included, "People are busy and fulfilled. They do things they like doing and we help find new things to do," and, "I think they have loads to do. Really good activities."
- Ideas about activities were discussed in team meetings, and staff were encouraged to suggest new opportunities.
- Care records provided information for staff about different aspects of activities. For example, noting that one person disliked busy places, the safest position for them to sit in in the car, and describing how the person would indicate when they wanted to end an activity.
- People were encouraged and supported to maintain relationships with people that mattered to them. One person's care record stated, "[Name] likes to give cards and presents to people for their birthdays." Staff were prompted to note key dates and support the person to buy or make cards. This enabled the person to maintain relationships with people who were important to them.
- During our inspection, one person returned from a visit to their family home. Relatives told us they had regular contact with their loved ones, both at Gosford Lodge and in the wider community. One relative told us they visited once or twice a week, and another person had overnight stays with family members every week.

Improving care quality in response to complaints or concerns

- People's learning difficulties and complex needs meant most were unable to make formal complaints, but people made their needs and preferences known to staff on a day to day basis.
- The provider had a policy in place for dealing with concerns or complaints. An easy to read version of the policy was available for people. Formal complaints had been investigated promptly and in line with policy. Actions had been taken as necessary and there was appropriate communication with complainants.
- Relatives told us that they know how to raise concerns or make a more formal complaint if necessary. Some relatives had raised minor concerns with the registered manager, and had been satisfied with the response they had received. One relative said, "I find this staff team so much more responsive than previous teams. With this team, you only have to mention something once and they act on it." Another relative had been less satisfied when they had raised concerns in the past, but they were hopeful this had improved more recently.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection. If a person needed such care, the provider told us they would seek specialist support on an individual basis.
- Care records contained information about people's wishes after death. One person's care plan contained an easy to read document which had been completed with family support. This included information about preferences, personal effects and funeral arrangements.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People appeared comfortable in the company of staff. There was a relaxed atmosphere, and people were given the support they needed promptly.
- The provider had a vision which was reflected in the practice of staff during our inspection. The registered manager told us, "I am currently looking forward to continuing my vision for Gosford Lodge in providing somewhere that is safe, caring and stimulating for all. For all service users to be living their best lives and for staff to develop and progress throughout the company."
- Staff told us that they were aware of the provider's vision and values. One staff member said, "I was given a card that has the company's core values on it. I know about them."
- The registered manager valued and respected the staff team. This had created a well-motivated and positive team, and staff were enthusiastic and focussed on providing the best outcomes for people.
- Staff felt supported by the registered manager, deputy manager and colleagues. Comments included, "All the staff have such a good relationship with each other," and, "The managers are all really approachable."
- Relatives were positive about the management team. They reflected that there had been many positive changes and improvements in the previous few months. One relative said, "Now, if there are any issues, [registered manager] is on the phone immediately, and she was open and honest about what had happened." Another relative was less positive but felt there had been improvements more recently.

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 provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was honest and transparent when lessons could be learned and improvements in service provision could be made. One staff member told us, "If we [staff] think something could be done better, we just have to say. The managers are always open to ideas."

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

- A registered manager was in post and was supported in their role by a deputy manager. They demonstrated knowledge of and commitment to people, staff and the service.
- The registered manager was empowered to make changes and improvements within the service. They understood their role and responsibilities and worked with staff and senior managers to meet regulatory

requirements.

- Some relatives expressed concerns because they had learned the registered manager had recently begun providing management support at another home. They were concerned that this would lead to a drop in standards and consistency at Gosford Lodge. After the inspection, the provider shared information about measures they had in place to ensure standards and consistency were not negatively affected.
- The provider had effective quality assurance processes in place to monitor and improve standards. Audits were carried out regularly, and an action plan was in place and reviewed to ensure improvements were achieved.

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

- Most of the people living at Gosford Lodge could provide limited views about the service. Where possible, people were regularly asked their opinion about matters which affected them.
- Relatives and professionals who had contact with the service were asked for feedback through regular surveys from the provider.
- Staff meetings took place regularly. These ensured staff felt involved and informed and enabled two-way communication to be in place. Issues discussed at recent staff meetings included training, team working and how best to support people who used the service.
- People accessed a range of community facilities regularly and the service had established connections with a range of resources including charity shops, leisure facilities and specialist day services.

Continuous learning and improving care

- The management team were open and responsive during our inspection. They were keen to continue to improve the service.
- An apprenticeship programme was in place and apprentices were able to combine working with studying. This enabled them to gain skills and knowledge to provide high quality support to people.
- One staff member had recently won a regional 'employee of the month' award because of the ways in which they had supported change in the service.
- The registered manager told us there had been a lot of changes at Gosford Lodge. They reflected that standards had been improved for people who lived at the service, good relationships built with staff and families, and positive feedback had been received from people who hadn't visited the service for some time.
- One professional told us they felt the service was, "Being better run", and another said, "There has been lots of work done to get it to the stage where it is now."
- One relative told us, "They've taken huge steps recently. It's the best it's ever been." Although another relative was concerned that, "They get the boxes ticked, but when nobody's watching them, that's when the standards start slipping."
- The registered manager had received compliments recently from families. One family stated that they felt their loved one was "the happiest they had seen them" since they had moved to Gosford Lodge.

Working in partnership with others

- The service worked with a range of stakeholders and professionals to ensure people's needs were met. This included GPs, social workers, safeguarding teams and health care staff.
- The registered manager worked closely with the area manager and positive behaviour support advisor to review quality assurance, learning and best practice.