

# Severn Care Limited

# Gatwick House

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gatwick House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided both were looked at during this inspection.

Gatwick House accommodates 14 people in 1 shared house for 3 people and has 11 individual units known as bungalows, each of which have separate entrances and adapted facilities. At the time of our inspection visit there were 11 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Based on our review of safe and well-led the service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

### Right Support

People were supported to have choice about their living environment and were being encouraged to personalise their accommodation. Refurbishment was being carried out to improve Gatwick House, this included creating bespoke accommodation for people. People, their relatives and professionals were being involved in these decisions.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were receiving their medicines as prescribed; however the provider did not always have effective systems to manage people's prescribed medicines.

### Right Care

People's care, treatment and support plans had been updated and reviewed since our last inspection. Each person had a detailed positive behaviour support plan.

Staff understood people's needs and the support they required and knew how to support people when they were anxious.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise

and report abuse and they knew how to apply it.

#### Right culture

The provider did not always operate effective systems to monitor the quality of the service they provide, including in relation to fire safety, legionella's and general maintenance.

The registered manager and representative of the provider had a clear plan of improvement for Gatwick House. They had arranged for support from an external consultant to help drive a positive and empowering culture.

People's relatives and staff spoke positively about changes at Gatwick House and discussed the positive impact these changes had on people who lived at Gatwick House.

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 11 November 2022). At this inspection the rating has remained the same.

#### Why we inspected

We carried out an unannounced inspection of this service on 4 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when, to improve people's care records and their good governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have identified breaches in relation to safe care and treatment, good governance and notification of other incidents at this inspection.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gatwick House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

**Requires Improvement** ●

# Gatwick 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gatwick House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gatwick House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered the feedback from the local authority and professionals who work with the service. We used the information the provider sent us in March 2023 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 3 people who lived at Gatwick House. We spoke with 7 people's relatives and a professional about their experience of the care and support provided by the service.

We spoke with 12 staff including the registered manager, deputy manager, administrator, 2 senior support workers, 4 support workers and 3 representatives of the provider. We also spoke with a consultant who had been contracted by the provider to provide support to Gatwick House.

We reviewed a range of records. This included 4 people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At this inspection while we found improvements had been made, however further improvements were required to ensure the service was compliant with Regulation 12.

### Assessing risk, safety monitoring and management

- People were not always protected from the risk of their environment. Staff carried out environmental checks including water temperatures and fire safety checks. However, staff did not have the necessary training to identify concerns. For example, we identified 2 fire extinguishers had evidence they had been tampered with, however this had not been identified.
- Staff had not raised concerns when water temperatures were outside the suggested temperatures stated by the provider. There were no effective risk assessments in place in relation to water temperatures and how people were going to be protected from the risk of scalding, while remedial action was being taken. Following the inspection, the provider and registered manager were carrying out individual risk assessments for each person living at Gatwick House.
- On the first day of the inspection we identified a clinical waste bin was not secured and maybe accessible to people and visitors. The management took immediate action to address this and were moving waste bins to a secure area to reduce the risk to people.

Staff did not always ensure appropriate action was taken to protect people from the risks associated within their environment. We found no evidence that people had been impacted by these concerns. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a refurbishment plan for Gatwick House. This included creating a new bungalow and refurbishing other bungalows and the main house to provide bespoke homes for people living at Gatwick House. People, their relatives and healthcare professionals were involved in planning how people's individual spaces would look and what facilities they would include. One relative told us, "We've been involved. The provider is investing in [Gatwick House]."
- Improvements had been made to people's care and risk assessments. Each person had a detailed Positive Behaviour Support Plan. This documented the support people required from staff and the actions staff should take when people were anxious. Staff could describe people's risk management strategies and understood how to keep people safe when they become anxious.
- Where people had specific health needs, care plans detailed the support they required. One person we case tracked was living with epilepsy. There were clear guidelines for staff to follow to support the person, including assistance with their prescribed medicines.
- People's relatives told us that staff understood how to meet people's needs. One relative told us, "The

quality of care has been up & down over time but it's in a good place at the moment."

#### Using medicines safely.

- There were not always effective systems in place to safely manage people's medicines. We found medicines for 2 people which had expired (in accordance with manufacturer guidance) however remained in stock. A senior support worker removed these from stock immediately and explained that neither person had received these medicines since their expiry.
- Some people were prescribed medicines that were to be administered 'as required' when they could be anxious, distressed or were in pain. Protocols contained clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of their prescribed medicines.
- Staff had systems to safely administer people's medicines. Where concerns had been identified they sought advice from people's GPs to ensure people's health and wellbeing were maintained.

#### Staffing and recruitment

At our last inspection we found the provider was not always ensured safe recruitment practices had been followed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the registered manager and provider had made improvements to recruitment processes and was no longer in breach of the regulation.

- Staff were recruited safely. All required checks were made before new staff began working at the service. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. Staffing levels were based on people's contracted hours to ensure people had the support they required. The service used agency staff to ensure these staffing levels were maintained. One person's relative told us, "I think the staffing levels have increased under new management & therefore more 1 to 1 and they are doing more with him."
- Staff spoke positively about staffing at Gatwick House. Comments included, "It feels we have more time and support now" and "I think it is well staffed, I enjoy coming to work here."

#### Preventing and controlling infection

At our last inspection the service were not always following government guidance in relation to PPE usage to protect people from the risk of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Since this inspection guidance in relation to the use of PPE and face masks in residential settings has changed. The provider was no longer in breach of this aspect of Regulation 12.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.

#### Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt the home was safe. Comments included: "Yes, I think she's safe" and "[Person] definitely feels safe and secure there."
- The registered manager and provider ensured concerns were appropriately raised to local authority safeguarding and action taken to protect people from the risk of avoidable harm.
- Staff knew how to raise concerns in relation to people's safety. Comments included "If I have a concern I would raise it to the [registered manager]" and "I haven't had to here, however I'd go to the management and safeguarding if needed."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Learning lessons when things go wrong

- The management team reflected on incidents and accidents to make improvements to people's care. Following a safeguarding concern, the service took appropriate action and provided clear guidance for staff to follow.
- Staff were supported to reflect on incidents, accidents and near misses. Where concerns had been identified staff were given clear guidance. Management carried out appropriate checks to ensure this guidance was being followed.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found that quality assurance and monitoring systems were not fully effective at identifying and addressing shortfalls. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we identified improvements had been made, however further actions and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager had failed to consistently send the required notifications to the Care Quality Commission (CQC) without delay since January 2023. This impacted on the ability of the CQC to effectively monitor the safety of people as information was not available at the time of the events. CQC monitors important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

The provider did not always notify the Commission without delay of the incidents which occurred as a consequence of the carrying on of the personal care to people. This was a breach of Regulation 18 (1) of the Care Quality Commission (Registration) Regulations 2009.

- The provider and registered manager did not operate effective systems to ensure CQC were appropriately notified as per the regulations. The provider and registered manager were unaware that notifications had not been submitted and had no system to ensure notifications had been sent appropriately.
- The provider and registered manager did not always operate effective systems to ensure concerns were identified and appropriate action taken in relation to the environment. Staff followed systems however had not always identified concerns in relation to the environment. Additionally, there were not effective systems to ensure these checks were appropriate and effective.
- There were not always effective systems utilised to ensure people's medicines were managed effectively. Medicine management audits had not identified concerns we identified at this inspection in relation to the management of people's medicines where medicines had expired or where a short-term course of medicine had ended.

The provider and registered manager had not always operated effective quality assurance and monitoring

systems. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had sought the support from an external consultant to provide additional support to support workers. This support was planned to take place after the inspection and would support staff and promote their skills and competencies.
- Since the last inspection the provider had been taken over by a new provider. They had supported a manager to register with CQC and implemented support systems and structures to improve the quality of service people received.
- New systems had been implemented in relation to staff rota, staff training and areas of governance. Staff spoke positively about changes at Gatwick House. Comments included, "I think things are improving. There is a lot more going on and the lives of people are better" and "There are a lot of improvements at the moment. It really has changed since [provider] took over."

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

- People's relatives told us the registered manager and provider followed the duty of candour. Where incidents occurred people's relatives were informed and also told about the actions the service were taking. One relative told us, "We have honest & transparent conversations when things aren't right."
- People's relatives discussed the changes at the service and spoke positively about the communication they received from the management. Comments included, "Things are beginning to improve. We are being consulted" and "New director seems really onboard. [Director] is in and out all the time."
- Staff told us they felt supported and actively engaged with the service. Comments included, "I feel more supported" and "I feel we're listened to. When I raised a concern, it was acted on and improvements happened."
- The registered manager and provider had involved staff in changes at Gatwick House. This included supporting staff with new electronic systems and supporting them with competency checks.
- The views of people and their relatives were sought. The registered manager and management staff engaged with relatives on a regular basis. Relatives spoke positively about the communication they received from management, however felt that communication between staff was an area for development.

Working in partnership with others

- The service worked with professionals to ensure people received appropriate care and support. Healthcare professionals spoke positively about their working relationship with Gatwick House staff.

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

- Staff spoke positively about improvements being made to promote a person-centred culture at Gatwick House. The provider was providing staff with additional training and support to help promote a person-centred approach.
- People were starting to benefit from activities in accordance with their needs and preferences. People were being supported to access the community and activities away from Gatwick House which was important to them.
- People and their relatives were informed and involved with changes at Gatwick House. Their views were being taken into account and acted upon.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not always notified CQC without delay of notifiable incidents at the service. Regulation 18 (Registration) Regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always protected from the risks associated with their environment. Regulation 12.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always operate effective good governance systems. Regulation 17 (1).