

South West Independence Limited

Gordon Villa

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Gordon Villa provides accommodation with personal care for up to 3 people. The home specialises in providing a service to adults who have a learning disability or autistic spectrum disorder. The home is staffed 24 hours a day.

At the time of the inspection there were 3 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People continued to receive safe care. Risks were well managed which meant people had control over their lives in a safe way. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. People told us they felt safe. One person told us "I am very happy here. This is the best place I have ever lived." Another person said "I am very safe here. The staff take good care of me."

People continued to receive effective care. People were supported by staff who were well trained and competent in their roles. People's health care needs were monitored and met. Staff worked in accordance with the Mental Capacity Act 2005 which ensured people's legal and human rights were respected.

The home continued to provide a caring service to people. One person told us "It's a really nice place to live and the staff are great." Another person said "I like living here and I like the staff." Another person told us "All the staff are very nice to me."

People received care which was responsive to their needs and preferences. People were supported by a small team of staff who knew them well. People were fully involved in planning and reviewing the support they received. This meant people received support which was tailored to their personal needs and preferences.

The service continued to be well led. The registered manager was committed to enabling people to live their lives to the full. Staff told us the registered manager was very supportive and approachable. There were systems in place to monitor the quality of the service people received.

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

Gordon Villa

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 an unannounced comprehensive inspection carried out by one adult social care inspector. The inspection took place on 23 May 2017.

At our last inspection of the service in April 2015 we did not identify any breaches in our regulations and the service was rated as good in the five key questions we report on.

The registered manager told us they had not been asked to complete a Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Prior to the inspection we looked at previous inspection reports and other information we held about the home. We looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

We met with each person who lived at the home, two care staff and the registered manager. We looked at a number of records relating to individual care and the running of the home. These included three care and support plans and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe at the home and with the staff who supported them. One person told us "I am very happy here. This is the best place I have ever lived." Another person said "I am very safe here. The staff take good care of me."

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff were available when people needed them.

People were protected from harm or abuse because all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks to people were reduced because there were systems in place to identify and manage risks. These included accessing the community, using public transport, environmental risks and managing finances. Staff discussed risks with people to help them understand the ways in which they could be minimised. There were plans for supporting people when they became anxious or distressed. Some people carried a mobile telephone so they could call staff if they were out on their own. Episodes of anxiety were recorded to help staff identify possible causes or trends. Circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these events.

People received their medicines when they needed them. Medicines were managed and administered by staff who had received training and had been deemed competent to carry out the task. Medicines were stored securely. Records provided a clear audit trail of medicines entering the home, administered to people and those returned to the pharmacy.

Specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance to ensure the environment was safe for people. The service had a comprehensive range of health and safety policies and procedures to keep people safe. The staff team also carried out regular health and safety checks.

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service. Staff were positive about the training they received. One member of staff said "The training is brilliant. It's all face to face. I certainly feel well equipped to support the [people who lived at the home]."

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for.

People were supported to maintain good health and wellbeing. Each person had a 'hospital passport'. This is a document containing important information to help support people if they were admitted to hospital. Care plans showed that people had received annual health checks by their GP and saw other healthcare professionals including opticians and dentists. People also saw professionals to meet their specific health needs such as diabetes and epilepsy. Staff recorded the outcome of people's contact with health care professionals in people's care plans.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes and dislikes. Menus were based on the preferences of the people who lived at the home.

Staff sought people's consent before they assisted them. One person told us "I like it. I can come and go as I please." Another person said "I can do as I please here." Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. We were informed the people who lived at the home had capacity to make decisions. A member of staff told us "We will always support the guys to make the right decision but at the end of the day, it's their decision."

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). There was nobody living at the home who required this level of support as all were able to consent to living at the home.

Is the service caring?

Our findings

The home continued to provide a caring service to people. One person told us "It's a really nice place to live and the staff are great." Another person said "I like living here and I like the staff." Another person told us "All the staff are very nice to me."

People were supported by a small team of staff who knew them well. There was a relaxed and happy atmosphere in the home and people enjoyed friendly banter with staff and their peers. When staff spoke about the people who lived at the home they did so with great passion and respect. A member of staff said "The guys are just great. You feel like part of a family here."

Staff treated people with respect. Staff communicated with people in a very kind and respectful manner and people responded positively when staff interacted with them. We saw people chose how and where to spend their day and staff respected people's privacy. Before we met with people staff checked that they were happy to talk to us.

The service had received many written compliments about the care provided to people. A relative had commented "The staff team do an amazing job with [name of person] and are so very patient with him." A person who lived at the home had written "I am really happy. The standard of caring for me is excellent. I am happy with the care staff and management of the home."

Is the service responsive?

Our findings

The home continued to provide a responsive service. People received care and support which took into account their needs and preferences. Staff knew people well and knew what was important to them. For example what activities people enjoyed, how they liked to spend their day and people who were important to them.

People were fully involved in planning and reviewing the care and support they received. Staff had discussions with people each day and recorded information in their daily record book. People read and agreed what had been written and were able to make their own comments. The daily record book also included a reflection record which detailed discussions about what had gone well for the person and what had not gone so well. This helped the person to evaluate a particular situation and how they had responded to it.

Each person had a key worker and they chose which member of staff they wanted to support them. A key worker had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff and that people had everything they needed. One person told us their keyworker was taking them shopping for clothes.

People told us staff supported them to spend time in the community and participate in a range of social and leisure activities. This included holidays, trips out, visits to relatives, college courses and voluntary work. One person showed us photographs of a holiday to Paris they had enjoyed last year. They said "Paris is my favourite place and [name of staff member] is taking me again this year." Another person told us how much they were looking forward to a holiday with their key worker. They said "It's a survival holiday which I have always wanted to do and can't wait."

The registered manager operated an open door policy and was accessible and visible around the home. People knew the registered manager well and looked relaxed and comfortable in their presence. People knew how to make a complaint and we saw the registered manager had taken concerns seriously and had fully investigated people's concerns.

Is the service well-led?

Our findings

The service continued to be well led. There was 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.

The registered manager was very visible in the home and it was evident that people were comfortable in their presence. The registered manager had an excellent knowledge about the needs and preferences of the people who lived at the home. They spoke passionately about people and were committed to ensuring people enjoyed a happy and fulfilling life.

The registered manager told us they had an exceptional staff team who shared the same commitment to people as they did. We found this to be the case though our observations and discussions with staff. The registered manager said "I want my staff team to be the best that they can be so they can give [people who lived at the home] the support they need to live their lives to the full."

Staff told us the registered manager was very supportive. One member of staff said "I feel really well supported. [Name of registered manager] is fantastic and we have an amazing staff team. I have regular supervisions. You can request a supervision anytime. I just love working here"

There were monthly meetings for people where their views were sought and responded to. The minutes of a recent meeting sought people's views about activities, house rules, maintenance and their general well-being. One person had asked for their bedroom door be repaired. The registered manager was aware of this and was in the process of arranging for this to be done.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. Staff morale was good.

The provider was also the registered manager. They had comprehensive quality assurance system which monitored and improved the quality of the service provided. The registered manager carried out monthly inspections of the service which looked at all aspects of the running of the home and the quality of care people received. A detailed report was produced which clearly identified any action points. Staff carried out weekly and monthly health and safety checks and daily checks on people's finances.

Significant accidents and incidents were recorded and, where appropriate, were reported to the relevant statutory authorities. We have no reason to believe we have not been informed of significant incidents which have occurred within the home.

