

# 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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 1 and 4 September 2017. The last comprehensive inspection of the service was on 5 May 2016 and there were no breaches of regulations at that time.

Gatwick House is a residential care home and provides accommodation and personal care for up to 14 people with learning and physical disabilities. At Gatwick House there is one main house with three people living there and ten individual bungalows with their own outside space. At the time of our inspection there were 13 people living at the home. The service had a large geographical area with many different and separate buildings. If there was an incident or altercation staff used radios to communicate with each other.

The inspection was prompted in part by notification of an incident. This incident is subject to a separate process and as a result this inspection did not examine the circumstances of that incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk in relation to people's agitation and associated behaviour. This inspection examined those risks.

People did not always receive a service that was safe. People received enough to eat and drink. One person's Speech and Language therapy (SALT) guidelines for safe eating and drinking could not be found during our inspection. This meant that staff would not have the documentation or guidelines to follow to ensure this person was safe when eating and drinking. Improvements were needed to ensure the night time safety arrangements would be reviewed regularly. This would ensure they remained effective in enabling people to request staff support in the event of an emergency or if they felt unwell.

Staff had not received suitable training and supervision to enable them to effectively support the people living at Gatwick House such as people living with autism or with behaviours that may challenge. Some staff still needed to attend mandatory training courses such as adult safeguarding, manual handling, MCA and DoLS, and infection control.

The service was not always responsive to people's needs. We found some people's daily notes lacked detail on what care was being provided or needed. If people were feeling anxious or upset this was not always clearly documented. This meant that staff and the registered manager would not know from people's records whether they had been supported to meet their aspirations and had received their care as required.

The service was not well led. The registered manager and provider had governance systems in place to monitor and improve the quality of the service provided. However, these systems had not identified the concerns we found around recording of information, identifying staff training needs, staff supervision and appraisals and assessing risks. Some relatives and staff we spoke with stated communication between management and themselves was poor.

There were some positive comments from relatives and health professionals about the care provided and

the staff members who cared for their family members.

People had sufficient activities to support them to lead an active and fulfilling life. Complaints had been dealt with appropriately

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not safe.

Improvements were needed to ensure all staff would receive safeguarding training to enable them to identify potential abuse.

Improvements were needed to ensure guidance would always be available to staff to know how to support people at risk of choking to be safe whilst eating and drinking.

Safety incident systems were not effectively operated to ensure all incidents would be investigated so that action could be taken to prevent recurrences.

People had received their medicines as required. Some improvement was needed in the recording and auditing of medication.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff were not supported through regular supervision and appraisal to develop their day to day practice. Staff did not receive adequate training to always know how to deliver effective care.

People's care records showed relevant health and social care professionals were involved with people's care.

Everyone at Gatwick House had an assessment of their mental capacity and deprivation of liberty safeguards (DoLS) applications had been made to the relevant authority.

### Is the service caring?

**Good** ●

The service was caring.

There were positive comments from relatives about the staff who

were caring for their family members.

Staff were observed providing care in a manner which maintained people's privacy.

We saw staff smiling and speaking to people whilst taking part in activities.

### Is the service responsive?

The service was not always responsive.

We found some people's daily notes lacked detail on what care was being provided or needed. This meant that staff and the registered manager would not know from people's records whether they had been supported to meet their aspirations and had received their care as required.

People had sufficient activities to support them to lead an active and fulfilling life.

Complaints had been dealt with appropriately.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Robust and effective systems or processes were not in place to assess, monitor and improve the quality and safety in the service.

Some staff did not always feel that their views were valued.

There were conflicting views on the leadership of the home from staff and relatives and we received feedback from three relatives that communication could be improved.

**Inadequate** ●

# 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.

Prior to the inspection, we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

The inspection took place on 1 and 4 September 2017. This was an unannounced inspection, and was carried out by two adult social care inspectors. The last comprehensive inspection of the service was on 10 May 2016 and there were no breaches of regulation at that time.

As part of our inspection, we spoke with seven care workers, a lead co-ordinator, one human resources manager, two team leaders, the registered manager and four relatives. We spoke with, or had feedback via email from two health and social care professionals.

During our visit, we briefly spoke with two people using the service. As we were unable to speak to everyone because of their communication needs we spent time observing staff interacting with people in the home.

We looked at the care records for five people living at the service, six staff personnel files, organisational records, staff rotas and other records relating to the management of the service.

# Is the service safe?

## Our findings

Risks to people's health and safety had not been assessed appropriately and the provider was not doing all that was reasonably practicable to mitigate any such risks. Two people had incidents of choking in August 2017. One person's Speech and Language therapy (SALT) guidelines for safe eating and drinking could not be found during our inspection. This meant that staff would not have the documentation or guidelines to follow to ensure this person was safe when eating and drinking. The registered manager later informed us that these guidelines were in place for the individual and it was unfortunate that they could not be found during the inspection. Only some staff were able to explain to us how to support this person appropriately when eating and drinking in accordance with their SALT guidelines. The other person's choking incident report had not been scrutinised promptly to consider whether Speech and Language therapy (SALT) guidance needed to be sought and whether the person's risk management strategies remained appropriate. This delay was due to the registered manager being on annual leave for two weeks. The service used some agency worker's at the service at the time of these choking incidents who needed up to date guidance on managing people's risk. This meant staff might not always know what support people required to reduce their risk of choking.

Robust safety arrangements were not in place to ensure people would always be safe at night and were able to raise the alarm if they felt unsafe and needed assistance. People were having intermittent checks from staff throughout the night but there were times when people would be alone and unable to get staff attention if they required support.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The provider did not operate an effective accident and incident reporting and investigation system. We reviewed incident and accident reports for eight people. One person had five body maps for August 2017 showing bruises, cuts and marks. There was no evidence recorded on these body maps or in the person's care records to indicate how these injuries had occurred or if any incident or accident had taken place. We could not be assured that the registered manager had investigated all safety concerns that could indicate people's health and safety were at risk. They had not assessed whether there were any patterns or trends that might identify when or why people had injured or bruised themselves. As a result patterns in safety incidents had not been identified and steps to mitigate risks to people might have been missed.

People's medicines were stored safely and given as prescribed. Staff had been trained in the safe handling, administration and disposal of medicines. There was clear guidance for staff on how to support people to take their medicines. One person's support plan said, 'I like to take my medicine with a glass of water'. However, systems to ensure people's medicine stock could be monitored effectively were not in place. For example, medicine boxes were not being dated as they were opened so that staff would be able to check whether the stock corresponded with the medicine that had been administered. Care staff were also putting people's medicine from two boxes into a single box. One person had a box with a prescription label saying it contained 63 doses when it actually contained 122 doses. One person's 'as required' medication was not

clearly recorded and there was a potential risk of overdose as staff could not judge from this person's medicine administration record whether they had received this medicine. This increased the risk of medicine errors occurring as effective stock monitoring was being compromised.

Some medicine audits had been carried out but these were not always effective. A controlled medication audit had been completed in July 2017. In addition to some internal medicine audits, there was also an annual external audit carried out by the pharmacy. The last external audit had taken place five months prior to the inspection and the pharmacy had not found any major concerns with the management of medicines at the service. However, the subsequent medicine audits completed by the registered manager had not identified that best practice guidelines in relation to effective medicine stock monitoring had not been implemented.

Systems in place to monitor quality and risk in the service were not operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Staff told us they knew how to raise safety concerns and understood their responsibility to keep people safe from abuse. However, two staff were not clear in their understanding of the safeguarding process. Training records showed some staff had not been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Some improvement was needed to ensure all staff would receive this training to be confident in identifying and reporting potential abuse.

Staff rotas showed the number of staff required for each shift. During the daytime shift, each person living at Gatwick House had a member of staff each meaning there were 13 members of staff on duty. During the night time hours, the number of staff reduced to seven. We explored this with the registered manager who told us that this figure had been based on funding agreements for people living at home. This had not changed in three years. The registered manager analysed the requirements for each shift every day to ensure they had sufficient staff. Each shift was planned as to who can drive, administer medication and lead the team.

Some agency staff were being employed by the service. The registered manager told us they used consistent agency staff where possible to ensure continuity for people living at Gatwick House. We were told agency workers were never working alone with people who had more complex and needs and that permanent staff members were available at all times. One staff member said, "Agency staff are not always understanding of people's needs". Relatives confirmed people who had more complex needs and required behaviour support tended to have permanent staff more regularly. However, they also told us that they felt all people would benefit from a consistent staff team that understood their needs.

We were assured new employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. The records detailed whether a person had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for six staff members who all had references from previous employers and a DBS check.

Health and safety checks were carried out. Fire checks and fire evacuation drills had taken place. However, not all of fire extinguishers were secured properly and were not always accessible as they were hidden behind doors or furniture. The registered manager told us this would be done with immediate effect. There were policies and procedures in the event of a fire and each person had a personal emergency evacuation plan (PEEP) to ensure their support needs were identified in an emergency situation. A health and safety and



environmental audit had taken place in May 2017. An action plan had been implemented and was being completed at the time of the inspection.

Some areas of the premises were in need of decoration and were not always clean. One person's bedroom window handle was broken and could put the person at risk as the window was overlooking a roof of another building. There was a strong smell of urine in one person's bungalow. The laundry area posed a risk to staff and people's health and safety as the boiler and fuse box were unlocked which meant they were accessible. The registered manager took immediate action to address these concerns. However, improvements were needed to ensure shortfalls in people's environment would always be identified and prompt action taken to make the required improvements.

## Is the service effective?

### Our findings

Training records confirmed that not all staff had received the appropriate training to support people effectively. Some staff had not received training in adult safeguarding, MCA and DoLS, first aid, epilepsy, autism, infection control, positive behaviour support (PBS) and positive behaviour management (PBM). One staff member who had been working in the home since April 2017 had not had training in any of the areas listed above. One staff member said, "If there is an incident there can be a delay as we are not all PBS and PBM trained". Positive behaviour support and management are training courses designed to de-escalate situations and use physical interventions as required to support people to manage their behaviour safely. Another staff member said, "It's mostly all e learning. I haven't done any face to face training yet although I am booked on my PBS and PBM in October 2017".

Staff supervision had lapsed and staff had not received support from the registered manager through regular one to one meetings to develop their day to day practice. Individual supervision and appraisals are an opportunity for the line manager and staff to evaluate performance and plan to improve their effectiveness in providing care and support to people. Records and an email from the registered manager confirmed there had been no appraisals for any staff within the last 12 months. The registered manager told us the Human Resources manager was responsible for providing staff supervisions. One staff member had not received supervision since November 2016. This meant the registered manager was not systematically monitoring staff performance, supporting the staff to work together as a team and allaying their concerns. One staff member said, "We don't have formal supervision, we can sit and talk to the HR or registered manager".

Staff completed a one day face to face induction when they first started working at the home. Staff then had three months of on-going induction training and shadowing more experienced members of staff. The Care Certificate had been introduced and newer members of staff were completing this as part of their induction. Records showed that newer members of staff had not completed their Care Certificate within the agreed 12 week timescale. This meant that newer members of staff may have had limited knowledge of core areas such as keeping people safe, understanding specific diagnosis for people and the care standards. One staff member said, "There is only so much training you can do online. My team leader taught me everything I know. You learn through experience".

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 people lack the mental capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). One staff member was able to describe the principles of the MCA and said, "We encourage people to make choices, even down to which pair of socks. It depends on the person. Everyone can make bad decisions". If someone was to leave, we encourage them to come back. We won't force them as long as they are safe".

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for some people and the registered manager was awaiting further contact from the local authority regarding the outcomes.

People were able to choose what they liked to eat. We received mixed feedback from people and relatives about the menus and food and drink at the home. People's likes and dislikes with regard to their individual food tastes were documented in their support plans. One person liked fish pie and chicken and disliked spicy foods and tomatoes. One person gave us a thumbs up when we asked about the food at Gatwick House. One relative told us they were concerned about their loved one's weight. When we spoke to the registered manager about these concerns they told us [The person] was encouraged to keep fit and food intake was monitored. The provider had also carried out blood screens to rule out any other causes for weight gain. Another relative said, "The food is lovely and I often see them preparing a Sunday lunch. No concerns about the food".

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians and members of the community learning disability team (CLDT). We saw people's changing needs were monitored, and changes in health needs were responded to in most cases. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One health professional said, "I have visited Gatwick House twice recently. I have no concerns. They manage well. They will always get in touch if unsure about anything

Some people had a separate health file which gave extra information on appointments that had been attended and any extra support required with regard to health issues. The registered manager had identified that people's health files required improvement prior to our inspection. These were being introduced for everyone and were in the process of being completed. We could see that these would include a record of all health appointments attended and any outcomes.

# Is the service caring?

## Our findings

People, relatives and health professionals gave us some positive feedback about the staff employed by Gatwick House.

There were some positive comments and feedback from people and relatives who told us that staff were caring. One person said "Yes it's good". One relative gave feedback stating, "Thank you for the exceptional care you provide. I walked around the gardens and I was pleasantly surprised at the improvement in [The person's] mobility. Their balance was much better and seemed much more stable on her feet. I know she does daily walks and swimming which seems to be helping". One health professional said, "The staff know people well and are caring and knowledgeable". One relative said, "Not all staff are familiar, there are a lot of new faces. Staff are friendly enough though".

Staff communicated effectively with people. We observed staff chatting with people throughout the day. Where people were unable to communicate verbally, staff were able to communicate in a way that met their needs. Staff told us they enjoyed working at Gatwick House and they cared for the people who lived there. Staff were able to describe people to us in a very detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Gatwick House and specific details about their likes and dislikes. One staff member said, "One person is quite complex but we all know them really well. We know how to support [The person] with personal care and how they like things to be done".

Staff told us they enjoyed their job and were enthusiastic about providing good quality care and celebrated people's achievements. Staff were passionate about supporting people to maximise their abilities. Their comments included "It is very exciting when people achieve something they have been working at for a long time, like making their own breakfast" and "It is satisfying when you see people have had a good day". One staff member said, "It's my first job in care and I love it. The fact it's one to one with people is amazing, I work pretty much with everyone. The support from our teams is great".

People's bungalows and bedrooms were personalised and decorated to their taste. Some bungalows were pleasant and homely; however others required some attention. One person's living space had areas of broken furniture. Some people showed us their living space, and were pleased to talk to us about their hobbies and interests. One person said, "I like cutting the grass here". This was documented in care and support plans. We saw [The person] cutting the grass on the second day of our inspection. One staff member told us they were exploring a voluntary or paid job for this person as they loved cutting grass and did a good job.

People chose where they spent their time. We observed one person going into the courtyard and pacing around in the sunshine. Staff members were in the vicinity but allowed the person space and time to be outside. The person appeared calm and content. One person was watching television in their living room and another person enjoyed sitting on the veranda outside their front door. On the second day of our inspection we saw three people and their staff going out of the front gates and off for a walk down the lanes.

People and their staff were talking about the day and everyone appeared happy and content.

People were treated with dignity and respect by staff. Staff explained to us that an important part of their job was to treat people with dignity and respect. One staff member told us "One person uses the back bathroom but has epilepsy so we have to be with them when bathing. As they are female we make sure it's only female staff that do this job. Any males are out of sight; however can be called in an emergency". Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred names and spoke with them in a kind and patient manner.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. All of the relatives we spoke with told us they were able to visit when they wanted to and were made to feel welcome by the staff that were on duty. One relative said, "I always phone twice a week and are always made to feel welcome when we visit".

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to, and when moving to Gatwick House. Relatives told us they had been consulted and had been able to discuss their views with the service. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs. One relative said, "We have regular reviews and are asked for our points of view on things".

## Is the service responsive?

### Our findings

Each person had a support plan and a process in place to record and review information about their needs and support. The support plans detailed individual needs and how staff were to support people. Each support plan gave staff guidance to support people in specific areas, such as; personal care, communication, mobility, support needs and included people's likes and dislikes. One person liked to go horse riding and for coffee in a local café and disliked tomatoes. This gave staff the information to be able to support people effectively.

Staff confirmed any changes to people's care were discussed regularly through the use of the shift notes and handover checklists in place to ensure they were responding to people's current care and support needs. Handover checklists contained information on people's activities, appointments and any challenging behaviours that had taken place on the previous shift.

Some members of staff had been working at the service for some years. Permanent members of staff knew people, understood their needs and they received care in line with their individual wishes. Relatives were given the opportunity to be involved in planning people's care and attended an annual person centred review. We had positive feedback from relatives about the reviews however; all relatives we spoke to stated that more regular weekly and monthly communication would be appreciated.

Staff completed daily notes for each person to show what people did with their time and whether they had a good day so that staff would know how people were feeling and if they needed any emotional support. Some daily notes contained information around what support had been provided to people, what they had to eat and drink and any activities they had taken part in. However, we found some people's daily notes lacked detail on what care was being provided or needed. If people were feeling anxious or upset this was not always clearly documented. Some daily notes were not fully completed and had several gaps. This meant that staff and the registered manager would not know from people's records whether they had been supported to meet their aspirations and had received their care as required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

The service had a large geographical area with different and separate buildings. If there was an incident or altercation staff used radios to communicate with each other. As all staff had not been trained in positive behaviour support and positive behaviour management there could be a delay in people receiving support whilst waiting for a trained staff member to respond. However; there was mixed feedback from staff about how this impacted on people living at the service. One staff member said, "When there are things like behaviours, not everyone is trained. Some people don't get involved. Everyone should be trained. I've come out of situations where I've been on my own, team leaders are doing medicines. Everyone can be challenging". Another staff member said, "We respond by radios, it works sometimes".

People were supported to participate in a range of social and leisure activities in line with their personal

interests. These included activities to stay healthy like walking and visits to the local gym. Social activities included trips out, attending church, going bowling and social events. One relative told us "[The person] doesn't have a bad timetable They go out quite a lot. They like trampolining, swimming, horse riding and the gym. The service ensured staff were employed who could drive so that people could attend their chosen activities. The provider was making improvements to the recording of people's daily activities to evidence what people had done and look at patterns and trends. One staff member said, "There is a good range of activities. All activities work well with each other".

People did not have regular house meetings due to their communication difficulties but had one to one staff every day to talk to and voice any concerns or discuss their care and support. We saw one person visit the main office on the second day of our inspection to have a cup of tea and talk to the registered manager and staff about their day. We were told this happened every week and the person enjoyed the space and time with senior staff.

Complaints were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the records, it was evident complaints had been dealt with appropriately and there had been learning from complaints. One relative had made a complaint regarding one person spending a large amount of money on specific items they already had. The registered manager had reiterated the importance of spending habits to staff members. Staff were encouraged to put ideas or thoughts into a suggestions box which was placed in the foyer of the main house. When we asked about the box and any suggestions that had been made, the registered manager told us this was empty and no suggestions had been made by staff.

## Is the service well-led?

### Our findings

People, staff and relatives knew who the registered manager was and we received conflicting comments about the management of the home. Some told us the home was run effectively and others told us communication was poor and the service had deteriorated in the previous eight months.

The registered manager and provider had governance systems in place to monitor and improve the quality of the service provided. However, these systems had not identified the concerns we found around recording of information, identifying staff training and supervision needs, monitoring and investigating safety incidents and assessing people's risks.

Care planning audits had been completed to ensure people's care assessments were up to date and accurately reflected their care needs and risks. However, the provider had not identified that guidance that had been provided for staff to know how to support people at risk of was not always readily available to them.

The provider and registered manager had not identified that the concerns we found in relation to the lack of supervision, appraisal and training staff had received to enable them to carry out the duties they are employed to perform. They had not ensured there was an effective system in place to identify and mitigate the risk to people being supported by staff that were not sufficiently supervised and trained.

The service did not operate a comprehensive safety incident reporting system to ensure the provider and registered manager would be informed of all incidents that could indicate people's health and safety were at risk. For example, when unexplained bruising had been identified on people or behaviour incidents had occurred these were not always investigated. It had not been determined how these might have occurred and whether any action needed to be taken to remedy the situation, prevent further occurrences and make sure that improvements were made as a result.

An effective system was not in place to review night time staffing ratios or the potential for emergency situations during the night time. Night time safety arrangements had not been monitored or reviewed in three years and/or when people's needs had changed to ensure arrangement were sufficient to keep people safe at night and enable them to raise the alarm. This meant risks to service users requiring support during the night time hours had not been assessed appropriately.

The provider's medicine audit did not identify the concerns we found in relation to the management of people's medicine stocks so that action could be taken to make the required improvements.

Systems in place to monitor quality and risk in the service were not operated effectively. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Some staff did not always feel that their views were valued. Some staff we spoke with told us they felt



communication between the management and staff was poor and this had resulted in low morale amongst the staff." After the inspection we spoke to the registered manager who told us there is always positive communication through staff handovers, one to one meetings and that he was available to staff should they need support. The registered manager told us they take part in activities on a regular basis.

Staff team meetings were being held fairly regularly and minutes were available for those staff who could not attend however staff told us these were not always effective. We raised these concerns with the registered manager after the inspection who told us only one team meeting had been cancelled. We were reassured that team meetings were held regularly

The majority of relatives we spoke with told us they felt the quality of the service being provided to people living at Gatwick House had deteriorated since January 2017. They told us that they felt communication could improve. The registered manager told us they continue to have high quality and open communication with relatives on a regular basis.

Staff overseeing the service in the registered manager's absence had not ensured the Care Quality Commission was notified when specific incidents occurred. These included safeguarding concerns. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been three incidents since July 2017 which should have been reported to us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notifications of other incidents.

There was some positive communication and input about the registered manager and senior team from other professionals including the Community learning disability team (CLDT). One health professional said, "I've been going there for 18 months and never had any issues. There have been some staff changes recently. Report writing by staff is questionable but they are passionate".

The registered manager and senior managers were responsive to our concerns during our feedback and assured us they would take action.

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 registered person had failed to notify CQC of incidents as required.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014. Safe care and treatment.</p> <p>The registered person had failed to assess risks to the health and safety of people living at Gatwick House and they had not always been assessed or reviewed.</p> <p>The provider had not done all that was reasonably practicable to mitigate risks.</p> <p>Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008. ( Regulated activities) Regulations 2014. Safe Care and Treatment.</p>

### The enforcement action we took:

We imposed a condition on the provider's registration in respect of the regulated activity, Accommodation for persons who require personal care they carry on at Gatwick House. They are required to undertake regular audits to monitor quality and risks in relation to the management of the service and staff, and support of people. They must send a monthly report to CQC detailing the audit dates, the outcomes of these and any actions taken or to be taken as a result.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>People's care records did not accurately reflect the assessment and progress of their care needs, risks and treatment.</p> <p>Effective governance including assurance and auditing systems were not always in place.</p>

Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008. ( Regulated activities) Regulations 2014. Good Governance.

### **The enforcement action we took:**

We imposed a condition on the provider's registration in respect of the regulated activity, Accommodation for persons who require personal care they carry on at Gatwick House. They are required to undertake regular audits to monitor quality and risks in relation to the management of the service and staff, and support of people. They must send a monthly report to CQC detailing the audit dates, the outcomes of these and any actions taken or to be taken as a result.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the Regulation was not being met:</p> <p>The registered person had not ensured staff were receiving supervisions and appraisals.</p> <p>Regulation 18 (2) (a) of the Health and Social Care Act 2008. ( Regulated activities) Regulations 2014. Staffing.</p>

### **The enforcement action we took:**

We issued the provider with a warning notice in relation to Regulation 18. This notice is to be complied with by 4 November 2017.