

# 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, and both were looked at during this inspection.

Gatwick House accommodates 14 people in one shared house and a number of individual units known as bungalows, each of which have separate 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 had not always been protected from the risk of infection, including COVID-19. Staff were not wearing face masks in accordance with current government guidance.

People were supported to have choice about their living environment and were being encouraged to personalise their accommodation.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were receiving their medicines as prescribed.

### Right Care

People's care, treatment and support plans covered their range of needs, however people's support plans had not been fully updated in 2022. People's care records sometimes provided conflicting information, however staff understood people's needs and the support they required.

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 provider had not always operated robust recruitment procedures in accordance with government legislation.

There was no a registered manager in post. The last registered manager left in February 2022. Staff told us they felt supported, however expressed some difficulties due to changes in management and management being stretched. A new manager had been recruited, however, had only been in post for a couple of weeks.

The manager and representative of the provider recognised improvements were needed at the service and were positive about improving the service.

The provider had sought support from an social care consultant who was planning to implement new audit systems to help improve the support people received at Gatwick House.

#### Rating at last inspection

The last rating for this service was Good (published 17 December 2021).

#### Why we inspected

We received concerns in relation to the management of Gatwick House and the quality of care people living at Gatwick House received, including supporting people with behaviours of distress that others might find challenging. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement.

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 good governance, safe care and treatment and safe recruitment practices 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

Three Inspectors 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.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had recently been appointed in September 2022, they are planning on registering with CQC.

#### 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 April 2022 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 one person who lived at Gatwick House. We spoke with eight 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 manager, deputy manager, administrator, three senior support workers, five support workers and a representative 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 three 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 Good. At this inspection the rating had changed to requires improvement. 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.

### Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. Care staff were not wearing face masks in accordance with government guidance around COVID-19 in health and social care settings. A representative of the provider told us that staff stopped wearing masks as it caused people distress. This decision had not been communicated to the local Integrated Care Board (ICB) and there was no documented risk assessment related to this decision.

Staff were not 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.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff. Prior to our inspection the manager had tested positive to COVID-19, they followed government guidance before returning to work at Gatwick House.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- People's relatives confirmed they had been able to visit.

During the inspection we made a referral to ICB Infection prevention control specialists.

### Staffing and recruitment

- New staff were not always comprehensively vetted to determine their suitability to provide care to people. The required pre-employment checks had not always been fully undertaken. Reference checks from staff's previous social care or health employers were not always sought to gather assurances about staff conduct.
- Interview records were in place to support the provider's decisions to employ staff, however, recruitment records did not always show that recruiting managers had explored the previous employment histories of

staff. There were gaps in some staff employment histories without explanation.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff deployed to meet people's needs, which included consistent agency staff where necessary. Staff told us they had enough staff to support people, including people who received periods of one to one care and support. Comments included: "I definitely feel we have enough staff to meet people's needs;" and "Things are improving, we had some struggles. We are always safely staffed."
- People's relatives told us there were enough staff to meet people's needs at Gatwick House. Comments included: "There is always a staff member with them whenever we visit. There never seems to be a staffing issue;" and "Well, sometimes I think there should be more staff on, but that is funding rather than anything else. That has just been rectified over the last year, and since that they are pretty good."
- Staff were receiving training and support to meet people's needs. Further training was being arranged in relation to positive behaviour support recognised by the Restraint Reduction Network (a registered charity including a range of social care services and training providers focusing on reducing restrictive practice). Staff training in use of restraint had been given by an unaccredited training provider. However, no one living at Gatwick House required this support at the time of our inspection.

#### Assessing risk, safety monitoring and management

- Staff we spoke with were aware of people's needs and the support they required. People's care and risk assessments reflected their needs, however, old and conflicting information had not always been archived. We discussed this with the manager and a representative of the provider, who were developing a plan to ensure people's care plans only contained current information.
- Where people showed distress behaviours there were detailed risk management plans in place to guide staff on the support they required. 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 with their prescribed medicines.
- People's relatives told us that staff understood how to meet people's needs. Comments included, "Yes they do and that is one of the very positive things, they understand where [person] is coming from, what they are doing and why they are doing it. They can respond appropriately and kindly" and "I do think the staff that have been there a while do. They do have agency staff in too who obviously don't know them as well, but all the staff that have been there a long while know them really well."

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People's relatives told us they felt Gatwick House was safe. Comments included "Yes, we have always felt it was an environment that suited [relatives] needs. They can't just go wandering off, it is a secure environment but done in a caring and friendly way" and "Yes definitely the whole thing, they manage really well and keep [relative] safe." One person, when asked, confirmed they felt safe living at Gatwick House.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour. One staff member told us, "I feel it is safe. Anything that is raised is dealt with really well."
- The manager had notified CQC and local authority safeguarding of an allegation of abuse. Appropriate action had been taken by the management to promote people's safety.
- The management team were open to learn from incidents and concerns. They explained work they were



carrying out to improve the service following concerns raised by the local authority. The management team used daily handovers to ensure staff were given information and guidance following incidents or concerns.

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. The management maintained a record of where applications had been approved and when authorisations were due to expire.

#### Using medicines safely

- Medicine administration records (MARs) confirmed people received their medicines as prescribed. The deputy manager had implemented new systems to ensure people received their medicines as prescribed.
- People had protocols in place in relation to their 'as required' medicines, such as pain relief. Action was being taken to ensure protocols were detailed and reflective of the support people received.
- People's medicines were stored in accordance with recommended best practice. Senior staff were responsible for administering and managing medicines.

# 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 changed to requires improvement. 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.

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

- Systems to monitor and improve the quality and safety of the service had not always been operated effectively in the absence of a registered manager. A representative of the provider and senior staff managed the service between February 2022, when the registered manager left, and September 2022 when the new manager started. While the new manager planned to apply to register with CQC, management told us lack of a manager during this period had delayed progress on improvement actions required by the local authority and had impacted completion of provider audits.
- Systems to assess and monitor the quality of people's care and the safety of the service were not robust. Environmental safety audits, including fire and water checks, had not been carried out in accordance with the providers own policy and expectations. The management were not aware these checks had not been completed, however took immediate action to rectify this. Infection control audits and health and safety audits had not been carried out routinely.
- Concerns identified at this inspection had not been picked up through the providers own governance systems. For example, concerns around recruitment had not been identified. Additionally, the provider had not ensured relevant health care professionals were involved in the decision to stop adhering to government COVID-19 policies.

Quality assurance and monitoring systems were not fully effective at identifying and addressing shortfalls. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had implemented medicine management audits prior to our inspection. These audits had led to a reduction in medicine administration errors. Senior staff spoke positively about these changes. One member of staff told us, "Things have definitely improved. We can pick up issues quickly."
- The provider had sought the input of a social care consultant. The consultant was implementing new audits and systems to help the service improve. This included audits in relation to health and safety, fire safety and training.

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 management team were aware of the importance of duty of candour. The management had notified CQC regarding incidents which had occurred during 2022.

- People's relatives felt the management were approachable and informed them of events in accordance with the duty of candour. Comments included, "If there has been a hiccup I speak to [representative of provider], it is always resolved, it is never left on going" and "They email me with certain things, I can get in contact with them if I need to, I ask things, it works both ways."

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

- People's relatives told us they were engaged and involved by the management team and staff, however were looking forward to increased communication now a new manager was in post. Comments included, "Yes, but it is mainly due to [representative of provider], they have the capacity to form a connection with all of the families, we have benefited greatly from the role they have played in [relative's] life at Gatwick House" and "Yes, I think so, I am involved, whether they listen to me all of the time I don't know."
- The management team and provider were planning to implement surveys and meetings for people, their relatives and stakeholders. They gave a reasonable explanation as to why they had not had the opportunity to carry out such activities in 2022.
- The new manager had sent a letter to staff and people's relatives as an introduction. One relative told us, "I have had a letter from the new manager and hopefully I will see her when I next visit."
- Staff shared mixed feedback on their support and engagement. Some staff spoke positively of the support they had received, whilst others felt that communication about decisions and management arrangements could be improved. The management team acknowledged these comments and aimed to effectively engage staff to understand their views.

Working in partnership with others

- The service was working with funding local authorities to develop safe care practices for people. Health and social care professionals were visiting the service and working with staff striving to achieve good outcomes for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People were not always protected from the risk of infection. Staff did not follow government guidance in relation to COVID19.
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 systems to monitor, assess and improve the quality of service they provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.