

Severn Care Ltd

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on the 19 and 20 November 2014 and was unannounced. The home was last inspected in May 2014 and at this time all standards inspected were being met.

Gatwick House provides accommodation and personal care for 14 people with autism and learning disabilities. At the time of our inspection there were 14 people living in the home.

The home had a registered manager. 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.

People were protected by staff and management who understood safeguarding and staff recruitment procedures were generally robust. However people were at risk of infection because of the condition of the laundry in the main house. Wall surfaces were in need of remedial work.

Summary of findings

People were supported by staff that were suitably trained to carry out their role. There were sufficient numbers of skilled staff to meet the needs of the people they supported. Staff were supported in their work and could raise any concerns with the management team.

Care was not always provided in people's best interests. Staff were not always following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make certain decisions. 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

People's privacy, dignity and their choices about daily activities were respected by staff. People benefited from access to a range of activities both at the home and in the wider community. The approach to managing any risk from activities ensured safety but also supported people's independence and choice.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 as safe as it could be.

The laundry was in need of attention in order for a clean and hygienic environment to be maintained with wall surfaces in need of remedial work.

Staff recruitment procedures were generally robust.

Staff had the knowledge to safeguard people from abuse and there were safe systems in place for managing people's medicines.

Requires Improvement



Is the service effective?

The service was not always effective.

People were not always protected when they could not make a decision independently or had their freedom restricted by staff.

People were supported and cared for by staff who had received training appropriate to their role.

Requires Improvement



Is the service caring?

The service was caring.

People were given opportunities to express their views about aspects of living at Gatwick House.

People's privacy, dignity and their choices about daily activities were respected by staff.

Good



Is the service responsive?

The service was responsive.

People took part in a range of activities in the home and the community.

Complaints were investigated and responded to.

Good



Is the service well-led?

The service was not consistently well led.

Staff were supported by senior staff and the management team.

Quality assurance systems were in place to monitor the quality of care and safety of the home. However these had failed to identify areas where we found breaches of the regulations.

Requires Improvement



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 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 inspection took place on 19 & 21 November 2014 and was unannounced. Our inspection team consisted of two inspectors. We spoke with person using the service and one

relative. We also spoke with the registered manager, the deputy manager, the training coordinator, one of the directors, five members of support and care staff, the maintenance worker and a visiting health care professional. We carried out a tour of the premises, reviewed records for six people using the service and records relating to the management of the service.

We weren't able to gather detailed information from the service prior to our inspection because the inspection was brought forward in response to information we had received.

Is the service safe?

Our findings

People were at risk of infection because of the condition of the laundry in the main house. The laundry was not well organised. Mops and buckets were stored in the laundry and presented a cross infection risk from being stored in the same room as the dirty laundry. The mops and buckets were stored directly in front of the hand wash basin and along with an adjoining shelf unit which restricted staff access to the hand wash basin. It would have been difficult for staff to wash their hands before leaving the laundry which may have put people using the service and staff at risk of infection.

Although the laundry floor surface had a washable surface, We found some areas of the walls in particular the area adjacent to one of the washing machines had cracked and blown plaster. Therefore these areas were not easy to clean in order to maintain a hygienic environment.

This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

Before the end of our visit the registered manager reported that mops, buckets and shelving had been moved away from the hand wash basin to allow staff access. We checked another laundry room in the building opposite to the main house. This had been maintained in a clean and tidy manner with easy to clean wall and floor surfaces.

Six out of the seven staff recruitment files showed all required checks had been made prior to employment including identity checks, Disclosure and Barring Service (DBS) checks and health questionnaires. However one member of staff had been employed without checks of their conduct during previous employment or their reasons for leaving previous employment which involved caring for vulnerable adults. In addition a risk assessment had not been carried out in relation to any potential risks to people using the service where the person had volunteered information relating to a police caution.

People were kept safe from abuse by staff who had the knowledge and understanding of safeguarding policies and procedures. The majority of staff had received training in safeguarding vulnerable adults. Those who had not received the training were booked for training in November 2014. When we spoke with them, they were able to tell us the arrangements for reporting any allegations of abuse relating to people using the service. We checked records

relating to a safeguarding investigation carried out by the registered manager. Appropriate action had been taken and a record kept using a safeguarding checklist with details of all actions completed.

People's money was stored securely and there were appropriate systems in place to manage how people's money was spent to protect people from financial abuse. We carried out checks on people's money held in safekeeping by the registered manager and found that amounts tallied with records.

A whistleblowing policy was in place and staff were aware of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The registered manager explained to us how staffing was arranged and we examined the current staff rota. Three staff confirmed there were enough staff to meet the needs of people using the service. One person said "Staffing has been low recently and we have been using quite a lot of agency staff. It is hard work introducing them and teaching them about people here and their specific wishes, but we have to have the number of people to keep everyone safe. We have some people that are on an apprenticeship and will be able to work independently soon, so that will help." We observed staff spending time with people both around the home and outside of the home escorting a person on a walk.

People's medicines were managed safely. Medicines were stored securely and the temperature of the storage area was monitored and recorded. Storage temperatures had been maintained within correct limits.

Staff responsible for administering medication had received training. Medication Administration Records (MAR charts) showed there were systems in place to record administration of medication appropriately. There were no gaps in the recording of administration on the MAR charts. Individual medication protocols were in place to guide staff giving the medicines prescribed to be given as necessary for example to control seizures.

No one in the home was managing their own medicines at the time of the inspection. People's medicines were stored within the house or bungalow where the person lived. This enabled medicines to be given promptly. People's preferences about how they liked to take their medication were recorded for staff reference.

Is the service safe?

Risk assessments were in place in all of the care files we looked at. Risks were managed in a way that minimised restrictions on people's freedom and choice. For example a comprehensive risk assessment was in place for one person using the service who enjoyed making use of a petrol lawn mower. The recently reviewed files contained a more comprehensive system and the Registered Manager told us he was going to be putting this system into all of the care plans. We could not look into how often these assessments were reviewed as they were relatively new documents. Appropriate environmental risk assessments had been completed including for fire and Legionella. The latest water sample testing had found no legionella bacteria present.

The maintenance worker explained how the maintenance of the environment was managed. There was evidence of the maintenance and servicing of heating and fire alarm systems. Checks on portable electrical appliances were scheduled for December 2014. Regular checks were completed on water temperatures for safety and on the cleanliness of the environment.

People were protected in the event of a disruption to the normal service provided through business continuity plans. These described arrangements for keeping people safe whilst dealing with disruption to the service by such events as loss of utility services, adverse weather and fire.

Is the service effective?

Our findings

People's rights were not always protected by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom.

One person's care plan made reference to staff being allowed to restrict their movement outside the environment of the home if their behaviour was to escalate. This description lacked clear guidance to staff around which situations this would be suitable for, which professional had identified this management plan to be appropriate, or any information about a "best interests" meeting being carried out, or if a DoLS application had been made.

We were told by the registered manager many of the people living at Gatwick House did not have capacity to make decisions. We saw evidence of mental capacity assessments for specific decisions in care plans. We asked five staff what they understood about the MCA and DoLS. All of the staff told us that they had received training in "MCA & DoLS", and we saw evidence of this on the training matrix in the home. Staff said if they thought someone's liberty was restricted they would inform the manager.

Minutes of review meetings with people using the service were often called "Best Interest" meetings, and staff confirmed this to us in conversation. However the term "Best Interest meeting" is used where a group of health and social care professionals and people that matter to the person meet to discuss a particular issue affecting a person and plan the care according to their best interest. The minutes of the review meetings only included staff from the home, people who used the service and their relatives. Staff did not identify the need for the involvement of other professionals in decision making for people who lacked mental capacity.

We saw two examples where staff had followed relative's requests about the care and treatment of the people using the service without first holding a best interest meeting with other health care professionals. A person's care plan made reference to the fact that staff should put medication

into their beaker of drink, and that the person must not see staff doing this or the person will refuse to drink it. We were unable to find further information in the care plan regarding the source of this recommendation. There was no evidence of a decision taken under the MCA or in the person's best interest. This showed that people were at risk of receiving care that may not have been in their best interests.

In addition, one care plan instructed staff to give a person a salt bath three times a week for a particular condition. The care plan did not contain evidence based information about this procedure or further direction to the staff around when to seek professional medical assistance. It was not clear if the salt bath was in the person's best interests.

This was a breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

A Community Nurse told us, "The staff listen to the advice that is given and it is always acted upon. Nowhere is perfect, but if we suggest that something is done it has usually been carried out by the time we revisit. We have a very good working relationship."

People's meal and food preferences were recorded in individual support plans. During our visit one person had been supported to make gluten free cakes suitable for their dietary requirements. At the time of our visit winter menus had recently been introduced to add some seasonal variety. Specific dietary likes and dislikes were listed in care plans for example one care plan reminded staff to "remove gherkins from their burger if they attend a fast food restaurant".

People were supported and cared for by staff who had received training appropriate to their role. Staff had received training in positive behaviour management, epilepsy and autism which was relevant to the needs of people using the service. A staff member told us "I feel confident in my job, I have had behaviour management training and it has helped me understand the service users and the ways I can help them to calm down when I notice them becoming agitated." One member of staff had achieved accredited training in autism.

New staff had received induction training to nationally recognised standards. The policy of the service was that all staff would receive this training regardless of whether they had previous experience in providing support and care for people or not. Staff recruited through apprenticeships

Is the service effective?

shadowed other more experienced staff before they were allowed to work alone with people. Staff received supervision sessions and made positive comments about these.

Staff told us that they felt the training provided by the service was useful and gave them confidence in managing the complex needs of the people living in the home. Staff were able to tell us methods of distraction, and redirection

in order to de-escalate situations specific to the people they cared for. They knew each person's personalities in depth. Staff understood what specific situation could trigger anxiety or distress in each person they supported. One staff member said "I feel confident in my job, I have had behaviour management training and it has helped me understand the service users and the ways I can help them to calm down when I notice them becoming agitated."

Is the service caring?

Our findings

Staff spoke to people in a respectful manner. Staff checked with people if they were happy for us to view the part of the home where they lived. People's wishes were respected if they did not wish us to enter. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. We saw some clear guidelines for staff around treating people with respect, for example one care plan reminded staff 'never to rush (name) to drink their tea or eat their biscuit'.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Staff told us how they would respect people's choices if they did not wish to take part in a particular activity. We were also told "I have helped service users pick colours for the redecorating of their room, and we took some to see the new minibus before we bought it so that they were involved in the decision making." Minutes of 'residents meetings' demonstrated how people using the service were able to express their views about aspects of the service. People were asked their views about menus, activities and the environment of the home. Where action

was to be taken in response to people's views this was also recorded. People who did not attend the meeting were spoken to individually to check if they had any views to contribute.

We were told about an example of the home working with a local church to meet the religious needs of a person. The home had liaised with a local church the person attended in order that suitable adjustments could be made to enable the person to attend church services. This enabled the person to follow their religious beliefs and maintain social contacts.

We spoke to a family member of a person who lived in their own one bedroomed bungalow at Gatwick House. We were told "the staff really know (name), changes in routine can be very difficult and they are aware of it. Staff keep us informed of any news with (name) and they have set up his iPad so that we can see the pictures he takes on it from our computer at home." We spoke to the person using the service and saw that they were pleased to have a space of their own. They smiled and gave us the "thumbs up" when we asked them if they liked living at Gatwick House.

We saw information about advocacy services displayed in the main house. Although we did not find any examples of the use of advocates by people at Gatwick House.

Is the service responsive?

Our findings

People were supported by detailed care and support plans with comprehensive behaviour plans and management instructions for staff to follow. In addition risk assessments were in place in all of the care files we looked at. The recently reviewed files contained a more comprehensive system and the registered manager told us he was going to be putting this system into all of the care plans. We could not look into how often these assessments were reviewed as they were relatively new documents.

People were supported to take part in activities and interests. Care plans clearly identified where people had been consulted about their interests and contained photographic evidence that the people using the service enjoyed these hobbies. Care plans included instructions to staff to support people in attending the activities. People had been involved in choosing the new mini bus for the service. One member of staff told us “I have helped service users pick colours for the redecorating of their room, and we took some to see the new minibus before we bought it so that they were involved in the decision making”. This showed that people were involved in some aspects of the running of the home.

Individual activities timetables were on display in the dining area of the main house. During our visit people spent time outside the home taking part in horse riding and swimming. Staff described a range of other activities they supported people to take part in such as personal shopping, trips to pubs and walks. A sensory garden had been created at the home although due to the poor weather we did not see this in use during our visit. Staff told us how one person was able to follow their passion for playing the drums. A drum kit was available in an outbuilding. Consideration had been given to the position of the outbuilding to minimise disturbance to other people.

We saw two comprehensive examples of investigations into complaints or allegations. Formal meetings were held and documented clearly which demonstrated that the provider had taken these issues seriously and where necessary led to disciplinary action. A booklet explaining how to make a complaint was available in a format suitable for people using the service using pictures and plain English.

One relative of a person that used the service had complained in an email. Although this complaint was not listed in the complaints log, it had been promptly responded to although no action was required in respect of the service provided.

Is the service well-led?

Our findings

The home had a manager who had been registered since July 2014. The registered manager was supported by a deputy manager. Management had recently held a 'meet and greet' afternoon at a local church hall to enable relatives of people using the service to meet the management team for an informal chat. We also saw evidence of how the management of the service had kept relatives informed about an investigation at the home that had come to their attention. This also provided information on changes and improvements to aspects of the service. In response the service had received some positive comments from relatives.

People were able to receive consistency of care through communication of important information about their needs between staff at shift handover. Information had been recorded for reference between each shift.

Staff said they were supported by the management and team leaders. One staff member told us, "They are always there if you need any support." Another said "I have no concerns about the way things are run here. I have been here a while so my views are respected and my suggestions are sometimes used. If I have a complaint I can approach anyone in the company easily and I know I will be listened to. I haven't had a reason to complain though."

People benefitted from checks to ensure a consistent service was being provided. Audits covered a range of areas, including people's money, medicines and checks around the outcomes of the essential standards of quality and safety. Actions were recorded where maintenance issues were found. Spot checks were also carried out and recorded by the deputy manager on records, cleaning, completion of the fire register, medicines and peoples activity timetables. We saw how these checks ensured that records were kept up to date, areas of the home were cleaned and activities provided when usual planned activities were not available. Management ensured people were adequately supported with safe and appropriate activities through regular checks on activities taking place away from the home.

However weekly Infection control audits had not highlighted any of the areas we found in the laundry during our visit. In addition the management had not identified where decisions about care and treatment were not always being taken in people's best interests.

The registered manager was unclear about some information that we were required to be notified about. Notifications are a way that a home informs us about important events relating to people using the service or the running of the service. We did not find that the service had breached any regulations and have correctly received notifications since our inspection visit.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The laundry had not been maintained in such a way that a clean and hygienic environment could be achieved.</p> <p>Regulation 12 (2)(c) (i) & (ii)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>How the regulation was not being met: Decisions about care and treatment were not always being taken in people's best interests.</p> <p>Regulation 18 (1) (a) (b)</p>