

# Parkcare Homes (No.2) Limited

# Gatehouse Cottages

## Inspection report

Stallingborough Road  
Immingham  
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Website: not stated

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

Gatehouse Cottages is registered with the Care Quality Commission [CQC] to provide accommodation for up to 24 people who may have learning disabilities. The service is situated in open countryside near Immingham. There is a main building and a unit called The Lodge where three people reside. There is a car park for visitors to use. Staff are available 24 hours a day to support people.

This inspection was undertaken on 29 April 2015 and was unannounced. The service was last inspected on 12 August 2013 and was compliant with the regulations looked at.

This service has a registered manager in place. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people who lived at the home had complex needs which meant they could not tell us their experiences. We used a number of different methods to help us understand the experiences of the people who used the

# Summary of findings

service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We saw that staff understood how people communicated their needs, likes, dislikes and preferences which ensured people's needs were met.

Staff were aware of the different types of abuse that may occur. Staff knew what action they must take to protect people from harm. Issues were reported appropriately to the local authority and to the CQC.

The CQC is required by law to monitor the operation of the Mental Capacity Act [MCA] 2005 Deprivation of Liberty Safeguards [DoLS], and to report on what we find. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. These safeguards protect the rights of adults by ensuring if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager and staff understood their responsibilities in regard to this and they made appropriate requests for people to be independently assessed. This helped to protect their rights and prevent people being deprived of their liberty unlawfully.

Staffing levels were appropriate to meet people's needs. People's individual needs and risks to their health and wellbeing were assessed and monitored, and known by the staff.

Staff recruitment processes were robust. The staff were provided with training, supervision and appraisal which helped to support them and maintain their skills.

People were treated as individuals with dignity and respect. People were seen to make their own decisions about how they wished to spend their time, what they wanted to do or where they wanted to go. People had time to think about their responses and they communicated their wishes in their own way. This communication was listened to and was acted upon by the staff to ensure that people lived the life they chose.

People's dietary and fluid needs were known and were monitored by the staff and the chef. Food was home cooked and a balanced healthy diet was promoted. Patient attentive staff assisted or prompted people to eat and drink. Adapted crockery and cutlery were used to promote people's independence. Advice was gained, where necessary from relevant health care professionals to ensure people's nutritional needs were met.

The main building had wide corridors and spacious, airy communal areas. People chose how they wanted their bedroom to be decorated and chose the furniture they wanted to make them homely. Pictorial signage assisted people to locate the lounges, bathrooms and toilets. The buildings were maintained and service contracts were in place to ensure all areas remained pleasant and safe for people to live in.

There was a complaints procedure in place which was available in a format that met people's needs.

The registered manager undertook regular audits to help them monitor, maintain or improve the service. People's views were asked for on a daily basis by staff and through residents meetings or by using surveys. Any feedback received was acted upon by the staff to ensure people remained satisfied living there.

# 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 safe. People told us they felt safe living there.

Staff were aware of the different types of abuse that could occur and knew how to report issues.

People's support plans and risk assessments contained detailed information for staff about how to protect people's health and wellbeing.

Medication systems in operation were robust.

There were enough skilled and experienced staff provided to support people safely whilst in the service and during outings. Emergency information was present for staff to use.

Good



### Is the service effective?

The service was effective. Staff monitored people's health and gained advice from relevant health care professionals to help maintain people's wellbeing.

People's mental capacity was assessed and reviewed to ensure they were not deprived of their liberty unlawfully.

People were provided with a balanced diet. Their food and fluid intake was monitored to ensure people's nutritional needs were met.

Staff were provided with training and support to maintain and develop their skills.

Good



### Is the service caring?

The service was caring. People were treated by staff with dignity and respect.

Staff knew people's likes, dislikes and interests and they respected people's individuality and diversity. Staff assisted people in a gentle and enabling way to promote their independence and choice.

There was a calm and welcoming atmosphere within the service.

Good



### Is the service responsive?

The service was responsive. People's experiences were taken into account in the way the service was provided and delivered in relation to their care and changing needs.

People's preferences for activities and social events were known by staff. A full range of life skills, social activities and events were planned for people to take part in. People were supported to visit their relations and events were held at the service for people's family to attend.

The complaints procedure was provided in different formats so people could understand it.

Good



### Is the service well-led?

The service was well led. The home had a registered manager in place who monitored the service to ensure people received good standards of care and support. Staff were supported by an effective management structure.

Good



# Summary of findings

The ethos of the service was positive; there was an open and transparent culture. People living there, their relatives and staff were asked for their views and these were listened to.

Auditing of the service took place regularly along with general maintenance of the buildings. This ensured that the quality of the service provided was maintained or improved.

# Gatehouse Cottages

## 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 registered 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 was unannounced and was undertaken by two social care inspectors on 29 April 2015.

Prior to the inspection the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications and reviewed all the intelligence the Care Quality Commission [CQC] had received to help inform us about the risk level for this service. We reviewed all of this information to help us to make a judgement. We spoke

with the local authority safeguarding and commissioning teams prior to our visit to see if they had any information or concerns to share with us about the service. They informed us they had no concerns.

During our inspection we undertook a tour of the buildings. We used observation in the communal areas of the service to see how people were treated by staff. We watched lunch being served and observed a medication round being undertaken at lunch time. We looked at a variety of records; these included four people's care and medication records. We also looked at records relating to the management of the service including policies and procedures, audits, maintenance records, quality assurance documentation and complaint information. We inspected staff rotas, three staff files which included training, supervision and appraisal records and information about staff recruitment.

We spoke with the registered manager and deputy manager. We interviewed three staff and the chef. We spent time with people who live at the service and spoke with those who were able to talk with us or communicate with us by using gestures, verbalisation or body language.

# Is the service safe?

## Our findings

We observed during our inspection to this service that there was a calm atmosphere. We saw that staff acted quickly to offer help and support to people if they appeared to be unsafe or were placing themselves at risk of harm. We asked people if they felt safe living at the service and we received the following responses: “Yes” and “I do.” We received a ‘thumbs up sign’ from one person.

We spoke with two relatives by phone during our inspection. They both confirmed that they did not worry about their relatives because they knew they were safe and well cared for. One relative said, “I rest assured knowing my relation is in safe hands.” The other said, “[Name] is safe and secure there.”

Policies and procedures were in place to inform the staff about how to protect vulnerable people from the risk of harm or abuse. Staff we spoke with knew about the different types of abuse that may occur and said they would report any issues straight away. A member of staff we spoke with said, “If I saw abuse I would report this to the nurse and make a statement, the manager would be informed and the safeguarding team. I have never seen anything to worry about.” The registered manager reported issues to the local authority appropriately so that people were protected from abuse. There was a whistleblowing policy in place [telling someone] for staff to follow.

Staff received training about how to divert people’s attention if they were agitated and in ways to support people without using physical. The registered manager informed us that restraint was not used within the service.

The registered manager monitored accidents and incidents that took place. These issues were investigated and action plans were put in place to help to prevent further incidents or accidents from occurring.

We saw during our inspection that there were enough trained and suitable skilled staff on duty to support people. There were enough staff provided to take people out to social events. People received support from staff after their needs had been assessed, if people needed one to one care this was provided to help maintain their safety. Staff we spoke with confirmed there were enough staff to be able to look after people safely.

Staffing levels were monitored by the registered manager to make sure there were enough staff on duty to meet people’s needs. A member of staff we spoke with said, “There’s enough staff, we have quite a few new ones, we work as a team to cover holidays or absence.”

Risks to people’s health and wellbeing were identified. This information was detailed and covered a wide range of potentially harmful situations, for example: the risk of falling, choking, skin damage due to immobility, social isolation, crossing the road or going on outings. The level of risk for each person had been identified and detailed information was in place for staff to follow to help minimise risks but allow people to live their life. The risk assessments were reviewed and updated regularly as people’s needs changed.

The registered provider had emergency plans in place for staff shortages, flooding, extreme weather conditions and power failures. The registered provider had another home in the area where people could be evacuated to if necessary. People had personal evacuation plans in place to help advise staff and the emergency services of their needs. Emergency lighting, fire safety equipment and fire alarms were tested regularly to ensure that they were in good working order.

Recruitment processes at the service were seen to be robust. Staff files we looked at confirmed that appropriate checks were completed. We saw evidence that prospective staff were interviewed, references were gained and a Disclosure and Barring Service [DBS] check was undertaken before new staff were allowed to start work.

Medicines systems in operation in the service were robust. We spoke with the member of staff who was responsible for these systems. They told us how medicines were ordered, administered, recorded, stored and disposed of. There was a monitored dosage system [MDS] in place. MDS is a medication storage system designed to simplify the administration of medication and it contains all of the medicine a person needs each day.

We observed the member of staff undertaking a medicine round at lunchtime. They were skilled and competent. When people could not speak they explained to the person what their medicine was for, they knew how each person preferred to take their medicine and when administering this, the member of staff took prompts for the people’s body language and face. One person indicated they did not

## Is the service safe?

wish to take their medicine so it was not given at that time. If people were going out and needed to take their medicines with them, the MDS system allowed this to be done safely.

We checked the medicine systems in operation in both buildings and counted the balance of some controlled medication, this was found to be correct. There was a medicine fridge provided for the cold storage of heat sensitive items. The treatment room temperature was monitored so that it remained within the correct parameters to ensure the medicines remained effective.

The registered manager told us that no one's behaviour was controlled by the use of medicines. The medication administration records [MARs] that we looked at confirmed this.

Medicines were only administered by suitably trained staff. A member of staff said, "I undertook the Boots medication training." Systems were in place to ensure medicines which were no longer required were destroyed appropriately or were sent back to the pharmacy.

The service was clean and infection control measures were in place throughout the service.

# Is the service effective?

## Our findings

People we spoke with told us the staff looked after them and gave them the help and support they wanted to receive. A person said, “[Name] is my keyworker. I like it here.” Another person was asked if the staff looked after them well and they nodded to show the answer was yes.

Relatives we spoke with confirmed that their relations needs were met by the skilled staff. One relative said; “I am quite happy with my relations treatment. They take him out shopping, to dine out and take him to Cleethorpes. He likes his food really liquidised. I am told by the carers he eats quite well. Things seem to be okay. They [staff] generally keep me informed.” Another relative said, “Things are okay at the moment, there are enough staff now.”

During our inspection we saw that the registered manager assessed people before making a decision if their needs could be met. Only then were people offered a place at the service. We observed staff delivering care and support to people in the communal areas. The staff understood people’s needs, dislikes and preferences and they were skilled at encouraging people to do what they could for themselves which promoted their independence.

Evidence in people’s care records confirmed that they had access to health care professionals and services. People were seen by GPs, consultants, opticians, chiropodists, mental health nurses, and the community learning disability team, speech and language therapists and dieticians. People’s changing health care needs were acted upon to maintain their wellbeing. People had ‘health action plans’ in place. These provided information about people’s health and about how people communicated their needs. This helped to inform the staff and visiting health care professionals about the support people required.

The registered manager told us that sometimes when people had to attend hospital or the dentist, even though the staff had discussed and informed the person what this entailed and gained their consent, the person may then change their mind. An example of this was shared with us. The registered manager told us how the staff had again explained what the appointment was for so that the next appointment was attended and the person then had the treatment they needed.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people’s best interests and did not deprive people of their liberty unlawfully. Staff received training and they were aware of their responsibilities in regard to The Mental Capacity Act 2005 [MCA] and DoLS. Appropriate policies and procedures were in place for staff to refer too. There was an easy read version of the MCA displayed within the service to help inform people. Two people had DoLS in place with the correct documentation.

Staff we spoke with knew who had the capacity to make everyday decisions for themselves. During our inspection we saw that staff obtained people’s consent before they gave support to people. Care records that we looked at confirmed that best interests meetings were held when people lacked the capacity to make informed decision for themselves. People’s representatives were involved in this process with the local authority safeguarding team. This ensured that any potential deprivation of liberty was acted upon which helped to protect people’s rights. The registered manager told us that advocates were provided for some people. Information about this service was displayed.

Staff undertook a programme of induction when starting work. Regular training in a variety of subjects was provided, this included; moving and handling, medicine administration, safeguarding, first aid, infection control, autism, DoLS, MCA and fire safety. Non abusive psychological and physical intervention training was provided to all the staff. Staff we spoke with said that the training was on-going and had to be completed which helped to develop and maintain their skills. A member of staff said, “I’ve always got training to do, there’s lots in house, I have done mental health, food hygiene, and I am doing ‘foundations for growth’ at present.” A programme of supervision and appraisal was in place. This helped to support the staff who were able to give and gain feedback about their skills and practice.

People had their nutritional needs assessed in detail. Information about each person’s likes, dislikes and food allergies were known by the staff. The chef had undertaken a nutritional course and knew people’s dietary needs well. The chef considered people’s individual needs when



## Is the service effective?

producing the menu and promoted a balanced diet. People chose what they wanted to eat and drink. The chef said, "Some people can make a choice either from pointing, facial expressions or by being shown items or asked what they want." Special diets; soft and finger foods were provided. Puree foods were placed in different shaped moulds to make them look appetising. Fortified foods and high calorie drinks called 'smoothies' were available to people losing weight.

The chef told us she monitored people's nutritional needs and made changes as people's conditions changed. She said, "I am able to see what people continue to like or if their tastes have changed. [Name] walks all the time so I give him high calorie foods, pasta and rice. [Name] is also very active he eats large meals in order to keep his weight maintained, he loves a big English breakfast." Drinks and snacks were offered at regular periods of the day and supper was provided. A member of staff said, "If someone is off their food, we monitor and tempt them with things they like. If someone only eats half their lunch, we check the next meal to see if they eat this; they may have gone off something. We continue to monitor this and talk to the nurse and make a GP referral if necessary." People's views were gained about the food at residents meetings.

We observed lunch being served and saw people could eat where they chose. The dining room was spacious, people ate together and listened to music. Pictorial menus were

available. Staff showed people the food to help them decide what they wanted to eat. Staff assisted and encouraged people to eat and time was taken not to rush them. People residing at The Lodge came across to the main house for some of their meals. The chef said, "Two people have diabetes, so when they come across I always check what they have had at The Lodge to ensure their diet is balanced and their blood sugar is within a health range."

We saw the main building was suitable for hoists and for special equipment such as hospital beds with pressure relieving mattresses. These were provided to people who had been assessed as requiring this equipment. Pictorial signage was displayed provided to help people find their way around. The Lodge was an adapted cottage; rooms were decorated and arranged as people wanted them and were personalised. Some people had their names or photographs or pictures on their bedroom doors to assist them to find their room. People had chosen their own bedroom furniture and chose how they wanted their bedrooms decorated.

Furniture in the communal areas had been arranged to help people to get around. Televisions were wall mounted to help people see them. There was a sensory room provided where people could listen to music, watch coloured light and relax. The registered manager told us this room was used a lot by people.

# Is the service caring?

## Our findings

People we spoke with told us they were happy with the care and support they received. A person we spoke with said “I’m happy here.” Another said, “[Name] is my keyworker, he is nice.” We observed that staff treated people with dignity and respect.

Relatives we spoke with told us they felt the staff cared for their relations and said they were made welcome when visiting the service. They said that the staff understood people’s needs and knew them well enough to know if their relation was unhappy or did not feel well. One relative said, “[Name] is always quite happy, the staff are very good and he is looked after well. He is happy with the care he receives.”

The registered manager told us that the staff cared for the people using the service. They said the staff put themselves out to provide the care and support people needed because they genuinely cared for the people who used the service. A member of staff told us they were about to leave the service but had put off resigning because they felt upset at the thought of leaving their residents behind. Another member of staff said, “I love the clients, you come in and they always welcome you.”

People’s care records gave detailed information to staff about how they wished to be cared for. They also provided good information about behaviours that may challenge the staff or other people who used the service. We saw that if someone became agitated, staff acted promptly in a caring and effective way to defuse the situation.

People looked relaxed and happy in the company of the staff there was some friendly banter observed. This made the atmosphere relaxed. Staff addressed people by their preferred name and knocked on their bedroom doors before entering to respect their privacy.

Staff told us they treated people as they would wish to be treated. A member of staff said, “We have a good relationship with everyone.” The registered manager encouraged staff to spend quality time with people, for example, staff sat and talked with people in the lounges. If people were unable to vocalise, staff approached them, offered them eye contact and used toys and other equipment to obtain a response from them and acknowledge their presence.

Staff were mindful of people’s wellbeing within their environment. For example; we observed a member of staff approach a person who was sat in the sunlight, they asked him if he was okay, checked his temperature with the back of their hand and asked if he would like the blind adjusted so the sun was not shining in his eyes.

The registered manager told us that if a person had to be admitted to hospital staff would always go with them so that they could help to alleviate the person’s fear.

People enjoyed caring for the pet cat they were encouraged to look after it. People we spoke with told us they loved having a pet to look after because they had something to care for as well as the staff.

# Is the service responsive?

## Our findings

People who used the service and who could talk with us told us the staff responded to their needs and they said they were looked after well. One person said, “I like being here it is my home with fellow friends, I have trips out daily and activities. When I want I keep in contact with my mum. When I want I visit or phone, the carers support me.”

Relatives told us they were kept informed of their relations current and changing needs by the staff. One relative told us they were invited to care reviews and attended when they could. This helped to involve people and keep them informed. A relative we spoke with said, “The manager always says ‘any issues at all don’t wait for reviews, raise issues anyway. [Name] care plans were gone through at the review, I could not believe how many there were, they were very good indeed. Staff ring and tell me of any issues or problems. They keep me well informed.” Another relative said, “Staff try and take [name] away if other people are agitated and they do this quickly.”

Staff took their time to understand the communication methods that people used. For example, a person was asked where they would like to spend their time, in the lounge or their bedroom. Staff waited whilst the person thought about this then the person moved their hand to touch the member of staffs hand to indicate their choice.

The staff and registered manager constantly asked people if they were alright or if they needed anything. Staff listened or observed the person’s body language to understand their needs before acting upon this.

People had detailed care profiles in place known as support plans. The care records were well organised and some were in a pictorial format or large print so that people were able to understand their content.

People’s care records that we looked at contained pre admission assessment information. The senior staff at the service had undertaken an assessment of people’s needs prior to them being offered a place, this ensured that people’s needs were known and could be met. Support plans detailed the care people needed to receive and their preferences for how their care and support were to be provided. People’s goals and fears were recorded and were reviewed. Care reviews were held with people and their chosen representatives or funding local authority to make sure people’s needs were met.

The care records contained detailed medical and social backgrounds as well as information about people’s daily routines. This informed the staff and helped them to treat people holistically which ensured their diversity was respected.

Peoples care records included written and pictorial information which described how they wanted to be treated as individuals and how to keep them safe. Information about people’s family and friends, forming relationships and their communication skills were recorded this information was updated when things changed. People’s personal objectives were recorded and staff assisted people to achieve these goals. One person’s objective was to: ‘enjoy my life, maintain physical and emotional wellbeing and social interaction’. Staff we spoke with told us how people had achieved their goals or were working towards them. The staff were very proud of the independence and goals people had achieved.

People had a communication dictionary in place. This informed staff about how people who were unable to speak made their wished known. They detailed the gestures people used and what they meant, for example when saying ‘no’ the person will push things away. This helped the staff to understand what people’s body language was saying.

People were supported to make decisions for themselves and communicate their needs in their own way. We saw staff spent time with people and responded to their wishes. People who could not communicate were brought into the general conversations with other people and the staff. A person showed a member of staff a new top and a person who could not speak pointed out of the room. The staff knew that this meant they had some new tops, so the staff asked them if after lunch they would like to go to their room and show them their new clothes.

We observed that activities were provided within the service and in the local community. For example, some people had gone out for the day to a leisure centre where an open day was being held whilst others were taken swimming. Each person had their own individual programme of life skills, hobbies and activities scheduled in but we saw if people changed their minds and did not want to take part in these activities their choice and

## Is the service responsive?

decision was respected. People were seen going out shopping, going for a coffee, to social events and relaxing in their bedrooms listening to their favourite music or watching films.

There was a pictorial notice board of all the activities provided. This included, bowling, sewing, attending college, pedicure, painting and using the sensory garden, singing, discos, massage and cookery. This helped to inform people what was available to them.

Staff told us that people were encouraged to maintain their relationships with their family and friends. Social events, birthday parties and BBQ's were provided and family members or people from other services were invited to

attend. The chef cooked 'foods from around the world', for example; Chinese and Italian food so people could sample and taste different foods and flavours. Fish and chip meals from the chip shop were provided for people to enjoy. Staff took people on home visits, they were also taken on holiday and some people had been to Disneyland Paris.

A complaints procedure was in place which was available in an easy read format to help people understand it. We saw that issues raised were investigated and resolved to people's satisfaction. The registered manager told us that no matter how small issues were they were taken on board to make sure people remained satisfied with the service they received.

# Is the service well-led?

## Our findings

People we spoke with said everything was alright for them. We observed that people's views were gained and were acted upon by the staff. A person we spoke with said, "She [the manager] is alright. Another person gave a thumbs up sign to indicate that they were happy.

Relatives we spoke with told us that their views were important to the registered manager. A relative said, "The manager is good; she is very much for the residents, she keeps a good eye on what is happening and controls things." Resident and relatives meetings were undertaken and relatives told us they gave their views to the staff over the phone if they were unable to attend. The registered manager had an 'open door' policy in place so that people could make their views known about the service at any time.

The ethos of the home was to encourage people to make their own choices and promote people's independence, where possible. Staff understood the values of the service and promoted them. The registered manager said, "I have a good team of staff who put these people first." There was a photograph board displayed showing the management and staff team with their names to help inform people about the management structure in place. The registered manager told us they were committed to providing the best service possible to people and their relatives.

The registered manager monitored the quality of service provided. They completed a full range of audits which covered: accidents and incidents, health and safety, staff training and recruitment, care and medicine records. Where any issues were found we saw that an action plan

was put in place to make sure they were dealt with. Policies and procedures were in place such as: safeguarding vulnerable adults, infection control and person centred care. We found these reflected current good practice. The registered manager was supported by a deputy and a senior manager visited the service regularly to monitor the quality of service provided.

All the staff we spoke with told us they loved working at the service and felt there was an open and transparent culture in place, good teamwork and a family atmosphere. They said the registered manager was approachable and they could speak with them at any time. The staff told us issues raised no matter how small were dealt with appropriately by the management team. Staff meetings were held and the minutes of the meetings were available for staff who were not able to attend, which helped to keep them informed.

We saw that thirteen pictorial quality surveys had been sent to people in 2015. The responses that had been returned were all positive. 'Your voice' meetings were held for people who lived at the service. The last one was held on 26 March 2015. Outings were discussed, a request for fishing was made when the weather improved, and people were asked what was important to them. One person wanted to attend a concert, this was being looked into. Suggestions received were acted upon.

We received notifications about accidents and incidents that occurred which helped to keep us informed. The registered provider had companies in place to be able to gain professional help and advice about any issues that may occur.