

Severn Care Limited

Gatwick House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

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 thirteen people using the service.

People's experience of using this service and what we found

People were supported by staff who understood how to keep them safe from the risk of abuse. Appropriate safeguarding procedures were in place and staff had been trained in how to protect people from abuse.

Risks to people were assessed and managed safely. Risks were monitored regularly, and routine checks were made to ensure people were receiving the care they needed to mitigate risk. Risks associated with premises safety were managed but there were some areas of the home which required development, investment and modernisation. The registered manager told us that they were working with the provider to develop the environment in accordance with people's needs and preferences.

At the time of our inspection there were staffing vacancies which had been managed by block booking agency staff. The registered manager had already identified staffing as a high priority. They were putting measures in place to reduce the risk whilst developing systems to reduce staff turnover and retention, and provide greater consistency for people.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and staff followed the providers guidance and expectation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was well led by a management team who were committed to improving care at Gatwick House and delivering a good 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.

Based on our review of Safe, Responsive 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. Care was person centred and staff understood people's preferences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We received concerns in relation to the management of medicine and finance, staff conduct, IPC practice, supporting people with choice, and 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, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well led sections of this full report. The provider had taken action to mitigate the risks identified. They were developing their systems through their internal quality assurance process.

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.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

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 Care Act 2014.

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

The inspection was carried out by one inspector.

Service and service type

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and we used the information the provider sent us in the provider information return in April 2021. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, staff and rota manager, care manager, team leader,

assistant team leader, support worker, housekeeper and agency staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We gathered feedback from four professionals who regularly visit the service. We gathered feedback from five relatives of people who used the service about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

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

- People were protected from the risk of abuse and there was a safeguarding lead in place at the service. Policies and guidance were available, and training had been provided.
- Records confirmed allegations of abuse had been investigated and acted upon appropriately. These included the outcomes of the investigation which supported lessons learned moving forward.
- Risks to people were assessed and managed safely. Risk assessments were in place which clearly guided staff in caring for people in a safe way. The rota was developed to reflect people's needs and consideration was given to skill mix to promote safety.
- People were supported in accordance with the restraint reduction network which aims reduce reliance on restrictive practices and make a real difference in the lives of people. Physical intervention was monitored to ensure that it was the least restrictive and any restraint was used for the minimum amount of time necessary. There was a clear plan to implement proactive pre-emptive measures and reduce responsive measures and interventions. The registered manager could benefit from facilitating a refresher of training for all staff to ensure that they remain up-to-date and act in accordance with recommended practice.

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from risk. Personalised risk assessments had been written for people covering a range of risks including eating and drinking, mobility, activities and supporting people when they were distressed.
- People were consulted about how they wished to be supported considering any perceived risk.
- Staff we spoke with were knowledgeable about the risks to the people they supported and how they could keep them safe from harm.
- The provider had a fire risk assessment and the people living there had personalised emergency evacuation plans, identifying their needs in the event of an emergency. These plans were tested with regular fire drills.
- The environment was clean and there was a clear maintenance record in place. There were some areas of the home which required development, investment and modernisation. The registered manager told us that they were working with the provider to develop the environment in accordance with people's needs and preferences.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.

Staffing and recruitment

- Staff had been recruited safely. Records showed that pre-employment checks had been completed to ensure staff were suitable to work with people. However, further evidence of the registered manager's decisions to employ some staff was needed when there was limited information about their previous employment histories and character.
- People told us, and we observed, there were enough staff deployed to meet the needs of people living at the home. One staff member said, "We have time to spend with [people]."
- The registered manager spoke about the challenges of recruiting staff throughout the pandemic. The provider was developing systems to reduce staff turnover and retention, and provide greater consistency for people.
- Agency staff had been block booked to provide greater consistency for people whilst they recruited for a permanent consistent staff team. We spoke to an agency staff member who confirmed that they were solely working at Gatwick House. They told us, "I feel well supported and part of the team."

Using medicines safely

- Medicines were received and disposed of safely and in line with national guidance. Medicines were stored securely and at the right temperature. We saw evidence temperatures were checked regularly.
- Medicine administration records (MARs) confirmed people receive their medicines as prescribed. The registered manager was developing a system to more clearly evidence what action had been taken as a result of any errors identified through their audit process.
- Staff followed clear guidance on when and how to administer people's PRN (as required) medicines.
- People's preferences around how they like to take their medication was considered, reviewed, and clearly documented for staff to follow. This demonstrated how staff were meeting some of the underpinning principles of Right support, right care, right culture, as people had choice and control over how their medication health and care needs were met.
- Staff completed appropriate training and had their competencies assessed to make sure their practice was safe.
- People accessed specialist health and social care support to develop individualised medicines protocols.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture as the care provided to them was according to their individual needs and wishes. One staff member said, "People are treated as individuals. They are treated with great humanity and respect and given a lot of choices."
- People's likes, dislikes and preferences were recorded in their care plans and reviewed and updated when required. One staff member said, "We are on point with everything, even down to specific items of clothes."
- People were encouraged to make their own decisions and choices and told us they were involved in decisions about their day-to-day life. A staff member said, "We have a good understanding about people's likes and dislikes. I have set people [that I work with] and so I know them well [and can encourage choice]."
- Staff recorded daily notes and communication logs about each person to share important information about people and their mood and preferences on that particular day.
- Staff completed daily handovers to communicate clear and up to date information about changes in people's needs and any actions to take.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the ongoing care planning process so that information was given in line with their needs. We saw an example of where staff had developed an individualised calendar for one person so that they could have a good understanding of their meaningful dates and events.
- There were examples throughout Gatwick House of easy read and pictorial formats used for information. For example, updated information about COVID-19 had been displayed accessibly for people to raise awareness and understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed and were protected from the risk of social isolation. Staff and managers told us that the restrictions throughout the pandemic had been difficult to manage as people's activities had changed significantly. The care manager told us, "I'd love to see us get back to where we were pre pandemic. We are building back slowly with activities."

- People were supported to maintain contact with their loved ones and we saw examples of face to face visits, telephone contact and virtual meetings.

Improving care quality in response to complaints or concerns

- Gatwick House had a complaints procedure for people or their families to use if they were not happy with the service they received. The complaints procedure was displayed within the home.
- We saw that where a complaint had been made, these had been acknowledged, investigated and responded to appropriately and in line with the provider's policy and procedure.

End of life care and support

- No end of life care was required at the time of the inspection. However, the registered manager had liaised with people's families so that, if they wanted to, they could complete the advance care planning document to capture people's preferences at the end of their life.

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 now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care. We found people were happy with the support they received and felt comfortable and relaxed in their surroundings. One relative said, "We feel they are good at taking a person-centred approach to the care they provide according to each [persons] individual needs, interests and capabilities." One staff member said, "We treat people as individuals here. We treat people as people, and not someone with autism."
- The registered manager was open and transparent throughout our inspection and were clearly committed to providing good quality care.
- Staff were knowledgeable about the people they supported. They told us they felt valued and supported in their role. One relative said, "The service is well led, and the senior staff are experienced with dealing with [my relatives needs]. The staff are caring and have gone above and beyond during the pandemic."
- People benefited from a positive culture at Gatwick House. One professional said, "Staff are always professional and respectful to myself and [people they support]."

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 registered manager told us they were clear about their role, including their CQC registration requirements. Statutory notifications about key events that occurred had been submitted and the registered manager was aware of and adhering to the duty of candour.
- The provider displayed their CQC rating within the service and on their website.
- Concerns and complaints were listened to and acted upon. One relative said, "We feel that generally as a provider they have been responsive to any concerns we have and have recently addressed some issues." Another relative said, "Management deal swiftly and effectively when complaints are made."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was developing and strengthening their governance systems to strive for quality care and continuous development and improvement.
- There was a clear management structure in place, consisting of the registered manager, care manager and staff and rota manager. They were clear about their roles and responsibilities and led by example.
- Staff told us that they felt supported by the management structure at Gatwick House. During our inspection we saw the management team adopted a 'hands on' approach to leadership and management

at the service. One staff member said, "Managers are very good. If I had an issue I would always go to [them]. I feel very supported."

- Audits were in place to monitor the service and ensure people received safe care. When audits were embedded, they were working well. However, we spoke to the registered manager about further developing their systems and processes to more clearly evidence the action that had been taken as a result of concerns identified.
- The registered manager felt supported by the provider and told us they had regular contact.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback about communication at Gatwick House from relatives and professionals. The registered manager told us that they were in the process of developing communication systems in accordance with the changing needs of the service.
- The staff liaised with specialist health and social care professionals for guidance and took on board any advice given. One professional said, "I believe the service appears to do a good job of supporting [people] safely and appears person-centred. The team there have a good knowledge on the [people] we have worked with previously and it appears they care for [people]."

Continuous learning and improving care

- The staff and registered manager were committed to providing high quality care despite the challenges that they faced with staffing.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.