United Response

Gombards

Inspection report

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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

Summary of findings

Overall summary

The inspection took place on 05 July 2017 and was unannounced. Gombards provides accommodation and personal care for up to eight younger adults who live with learning and physical disabilities. At the time of our inspection eight people lived at the home.

At the last inspection on 29 July 2015 we rated the service Good. At this inspection we found the service remained Good.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People who lived at home had very limited verbal communication skills and could not talk to us. However we observed staff communicating effectively with a person and easily interpreting the person`s body language and the sounds they made.

People`s care plans were personalised and described in detail their body language and facial expressions for staff to be able to ascertain if people consented to the care they received and how they expressed sadness, happiness or pain.

Staff had received training in how to safeguard people from abuse and knew how to report concerns both internally and externally. Safe and effective recruitment practices were followed. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

People`s relatives told us they were overall happy with the service people received and they felt people were safe and well supported to live an active life.

People had a busy lifestyle and they were encouraged and supported to access the community, go on holidays and helped do other activities they enjoyed. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Relatives and healthcare professionals were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles and had regular supervisions and meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

We saw that staff had developed positive and caring relationships with the people they cared for. Relatives were involved in the planning, delivery and reviews of the care and support provided.

The registered manager and the provider had a regular programme of audits to assess the quality and the safety of the service.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Gombards

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 05 July 2017 by one Inspector and was unannounced. Before the inspection, the provider to completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

Most people who lived at the home were unable to communicate with us so we observed how staff communicated and cared for a person in the communal area. During the inspection we spoke with four staff members and the registered manager. We also received feedback from two relatives following the inspection. We looked at care plans relating to two people and discussed recruitment processes with the registered manager.

Good

Is the service safe?

Our findings

Relatives of people who lived at the home told us they were confident that their family members were kept safe and well protected from the risks of abuse and avoidable harm. The relative of one person told us, "Quite simply we feel content in the knowledge that [person] is being cared for in such a safe and caring environment." Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally to local safeguarding authorities.

There were enough staff to meet people`s needs on the day of the inspection. Some staff were supporting people to enjoy a trip to the seaside and others were involved in de-cluttering the environment whilst people were out and about. The registered manager told us they were currently recruiting to fill staff vacancies; however these vacancies temporarily covered by agency staff who were regularly working at the home. Safe and effective recruitment practices were followed to help make sure that all staff were of good character, physically and mentally fit for the roles they performed.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as nutrition, medicines, mobility, health and welfare. Staff adopted a positive approach to risk management to ensure that people's independence was supported and promoted wherever it was possible and safe to do so. For example, one person liked to stretch and relax on the floor. Staff made sure they had a mat available for the person to do this safely.

People were helped take their medicines by staff that were trained and had their competencies checked and assessed in the workplace. However the arrangements for the storage of medicines needed improvement to ensure appropriate temperature control and compliance with current legislation. Staff were administering medicines to people safely signing the medicine administration records (MAR) after they gave medicines and counting the remaining tablets three times a day. We found that the medicines we counted corresponded with the amount recorded on the MAR`s.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example fire safety. Regular checks were carried out to help ensure that both the environment and the equipment used were well maintained to keep people safe. The provider was looking to install a sprinkler system to further mitigate the risk of harm for people in case of a fire.

Good

Is the service effective?

Our findings

People were supported by appropriately skilled and knowledgeable staff. A relative told us, "I do feel [person] is well cared for and is happy and comfortable with staff who understand their needs."

Staff received the training and support they needed to carry out their role effectively. Staff told us that they were offered the opportunity to request training in addition to the training offered by the provider. They told us they received appropriate supervision and appraisal which focused on encouraging and supporting good practice. A staff member told us, "The [registered] manager is very supportive I can talk to them any time." Staff also told us they had regular meetings where they could openly discuss what they wanted and they felt they were listened.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been submitted to the local authority and some were pending authorisation at this time. Discussions with staff and observations demonstrated they understood MCA and DoLS and how this applied to the people they supported. Staff supported people to make decisions and consent to the care they received.

Staff were very knowledgeable about people's nutritional needs and what they preferred to eat and drink. The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Records showed that people's weights were stable and staff were able to tell us about individual's specific dietary needs.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals as needed. Appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. A relative of one person told us, "Both management and staff are extremely caring of all the people who use the service."

One relative told us, "All the staff are kind and attentive and this is very obvious to any visiting parties. Resident's privacy is regarded; they are invited to participate in laundry/cooking and daily tasks - shopping and given choice. Respect for everyone [people] is very evident." Throughout our inspection we saw that staff helped and supported a person with kindness. They demonstrated a very good understanding of how to protect people`s dignity and privacy at all times. They had developed positive and caring relationships with people and were very knowledgeable about their individual personalities, characters and the factors that may influence their moods and behaviour.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. Information about key dates and important anniversaries, such as family members` birthdays, was made available to staff who helped people to buy presents and write cards to their loved ones.

Relatives told us they had been fully involved in the planning and reviews of the care and support provided. One relative said, "I am involved in planning at the annual review level. I do also usually receive a monthly 'newsletter' about [person`s] activities. Key workers were responsible for ensuring that the guidance provided about how to care for people safely and effectively was updated to reflect people's changing needs and personal circumstances. There were also senior members of staff who communicated and arranged reviews with people`s family members.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure.

Good

Is the service responsive?

Our findings

One relative told us, "All staff are very clued up on my relative`s needs and management require staff to continually research a variety of activities and trips to ensure stimulation and community participation." Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual health and social care needs and preferences. This included information about people's preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences. Care plans also detailed what body language or signs people used to express their consent, happiness, sadness or pain.

Opportunities were provided for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. Key workers were encouraged to identify, plan for and deliver specific activities that best suited the needs and preferences of the people they cared for. There was a sensory room with stimulating lights, sounds and musical instruments relevant to people`s needs. The garden had been adapted to meet the needs of the people living in Gombards and further work was being planned to ensure people could fully enjoy outdoor activities.

People who lived at the home had the opportunity to take part in trips and holidays. On the day of the inspection people were taken on a trip to the seaside to enjoy the sunshine. Staff had helped to decorate people's bedrooms and these were reflective of peoples` personalities and their hobbies. For example one bedroom had the ceiling covered with wallpaper showing the sky with stars at night.

People's relatives told us they were consulted and updated about the services provided at Gombards. They told us they knew how to complain and that they were confident in raising issues with staff and the registered manager.

Good

Is the service well-led?

Our findings

People's relatives and staff were positive about how the home was managed. One relative told us, "Life for us now is near as normal as it can be with [person] in care. There will always be issues and nobody will ever look after [person] as we would but at Gombards they do a superb job of trying to give each individual the highest standard of care possible."

The registered manager encouraged and empowered staff to deliver the best possible care to people. They worked closely with a reputable professional care provider association to help them source and obtain additional training and support for staff to obtain the skills, knowledge and experience necessary for them to perform their roles effectively.

The registered manager and staff formed strong and meaningful links with the local community, to create opportunities for people to experience different activities and develop new relationships. They had involved volunteers to improve the outdoor garden area and create a suitable environment for people to enjoy themselves. Staff also involved people and organised fund raising events to contribute towards organising more outings, trips and holidays for people.

The registered manager and staff were very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and family relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them.

We found that the views, experiences and feedback obtained from people's relatives and stakeholders about how the service operated were actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home.

The registered manager and the provider had a regular programme of audits to assess the quality and the safety of the service. These included medicine audits, environment, health and safety and others. The provider was looking into improving the environment people were living in. They were planning to install a sprinkler system, change the flooring in the kitchen and also to replace the kitchen unit to ensure these were safe and fit for purpose.