Keys Hill Park Limited

# The Gables

## Inspection report

34 Church Road
Hoveton
Norwich
Norfolk
NR12 8UG

Tel: 01603784203

Date of inspection visit:
11 August 2016
12 August 2016

Date of publication:
30 September 2016

## 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

This inspection took place on 11 and 12 August 2016 and was announced.

The Gables provides accommodation and support to a maximum of three people with a learning disability, autistic spectrum disorder or mental health needs. It does not provide nursing care. Accommodation is provided in three self-contained flats. Each flat has a bedroom, living room, kitchen, and bathroom. On the day of our inspection there were three people living in the home.

The provider has another service, Keys Hill Park, which is situated about a mile away from The Gables. Keys Hill Park was inspected by the same inspector and in the same week as The Gables. This is because the two services operate closely together. They have the same management team and some staff who work across both services. Some records for both services are also held at the offices in Keys Hill Park.

There was a registered manager in post. 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 safe living in the home. Risks to people were identified and well managed. There was a clear reporting structure and oversight of incidents and accidents. Staff understood their responsibilities regarding adult safeguarding.

Risks relating to the premises were managed. Medicines were managed safely. Staffing levels were sufficient in order to keep people safe and meet their needs.

Staff spoke highly of the training they received. They were supported to provide effective care through management support, good team work and effective training. New staff were provided with a detailed induction that gave them the skills and knowledge to undertake their new role.

Staff understood the basic principles of the Mental Capacity Act and ensured people were supported to make decisions.

People's nutritional needs were supported. Staff supported people to maintain good health; this included supporting people to eat healthily. People were supported to access healthcare services where required.

People were supported by kind and caring staff, who encouraged people to be involved in decisions about their care. There was a strong emphasis on independence. Staff supported and encouraged people to be as independent as possible.

People were involved in the planning and reviewing of their care. This helped ensure the support, and

activities, provided were responsive and individual to people's needs.

The complaints process was distributed to all people, so they knew how to complain. The provider took action to address any concerns.

Staff enjoyed working at the home and spoke positively of the support the management team provided. Quality audits were in place which helped the provider monitor the quality of the service delivered and take action when needed.  The provider had introduced a culture and values programme which aimed to encourage staff to take accountability and display key values and actions. This had had a positive impact on staff morale and on how staff carried out their roles.

## 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.

Risks to people were identified and managed; this included the reporting and management of specific incidents or accidents.

Staffing levels were sufficient to meet people's needs and keep them safe.

Medicines were safely managed.

### Is the service effective?

Good

The service was effective.

Staff received good training and support from their colleagues and the management team which helped them to provide effective care.

Staff understood the principles of the MCA and ensured people were supported to make decisions.

People's healthcare needs were supported, this included people's nutritional needs. Health care services were accessed when required.

### Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff, who involved them in decisions about their support.

People were encouraged to be as independent as possible.

### Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to their needs.

Activities were varied and tailored to people's needs and preferences.

The provider took action to address concerns raised.

## Is the service well-led?

Good

The service was well led

Staff spoke positively regarding the support provided by the management team.

Staff were encouraged to display key values and behaviours through the development of a specific programme. This had had a positive impact in the service.

Quality audits were in place which helped ensure the service was promoting good quality care.

# The Gables

**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 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 11 and 12 August and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. This inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with two people who used the service and four members of staff. This included a team leader, a house leader and two support workers. The registered manager was on annual leave and not at the home on the days of our inspection. We spoke with another member of the management team.

We looked at one person's care records, two staff recruitment files and staff training records. We checked the medicines records for one person. We looked at quality monitoring documents and accident and incident records. We also looked at records of compliments and complaints.

Good

# Is the service safe?

## Our findings

The people we spoke with indicated that they felt safe living at The Gables. One person said, "It's a nice place." A member of staff told us the service ensured people's rights were respected. They said, "They're always treated as equally as everyone else."

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. There was a safeguarding policy in place that set out staff's duties and responsibilities. Staff we spoke with demonstrated they knew what these were. The key safeguarding principles and the number to contact the local authority safeguarding team were printed on the back of staff ID cards. This meant staff could be easily reminded of what they should do if they had a safeguarding concern.

Risks to people were identified and well managed. We looked at one person's care plan and it showed risks were clearly identified and were specific to the person. There was detailed and clear guidance for staff on how to manage these risks. These covered areas such as specific health conditions, eating and drinking, mobility, behaviour that may challenge others, and accessing the community. The staff we spoke with demonstrated they understood the individual risks to the people they supported and how to manage these. For example, we saw that staff had identified a possible breakdown in skin for one person and had ensured this was assessed by a health professional. A member of staff told us following this they were ordering a number of pieces of equipment to help minimise the risk.

There was a clear system in place for the reporting of incidents and accidents. Incident report forms asked staff to reflect on the incident and if they could have done things differently. Staff emailed reports when incidents occurred so these could be reviewed as soon as possible by the management team. We saw that the management team met on a weekly basis to review any incidents and accidents that had occurred. The minutes showed they would discuss the risks involved and what actions needed to be taken to manage these. The provider also used an incident tracker to help them identify any patterns in increases or decreases of incidents.

We looked at the records relating to premises management. Regular up to date checks and servicing had been carried out on areas such as electrical equipment. We saw regular health and safety checks were carried out. This included checks on water temperatures, fire alarms, and the condition of the house and garden.

A member of the management team told us staffing levels were worked out based on people's individual needs and were flexible. They told us staffing numbers would be increased depending on what activities and one to one support people needed.

One of the people we spoke with told us staffing could sometimes be an issue. They said that sometimes the designated staff for a shift could change which caused them anxiety. They had asked that they were told which staff member was supporting them beforehand but this did not always happen. The staff we spoke

with told us they felt there were enough staff to meet people's needs. However, they mentioned that they were aware staffing was an issue and more staff were needed. One member of staff told us covering shifts could be challenging and sometimes this meant they worked more hours than they would like. Another member of staff told us there had also been periods where they had worked a high number of hours. They told us this had been identified and they received a letter acknowledging this and thanking them for their commitment. They went on to say if cover was required, "We've gathered together as a team and sorted the shifts."

We discussed the staffing issues with the operations director. They acknowledged there were some issues regarding staffing, however had strategies in place to deal with this. These involved using their own bank staff and tightening up their recruitment practices, so they ensured they employed staff who were committed to working in the service.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the person was suitable to work in the home.

Each person had a lockable secure cabinet in which their medicines could be kept. Whilst these were secure one person had some additional stock which could not be stored in their secure lockable cabinet. These were currently being stored in a filing cabinet in the office which contained other files and folders. Although the filing cabinet and office door were kept locked, this was not the most suitable manner in which to store medicines. We raised our concerns regarding the safe and appropriate storage of these medicines. A member of the management team and member of staff told us this was a temporary solution. A bigger secure lockable cabinet had been ordered to all the medication could be stored in this. We looked at two medicines administration records which were correctly completed. There was clear guidance in people's personal plans on how to administer medicines; this included 'as required' medicines.

The staff we spoke to who administered medicines confirmed they had received training and their competency to do this task was assessed. Regular weekly audits of medicines were carried out to help ensure medicines were managed safely and issues were identified.

Good

# Is the service effective?

## Our findings

The staff we spoke with felt supported by the service to provide effective care. Staff told us they received regular supervision and appraisals. Staff we spoke with felt there was good team work and support from the management team which helped them provide care to people. One member of staff told us, "Any issues, even if anything little, we can pick up the phone and ask."

Staff spoke very highly of the training and the provider's in house trainer. They felt this equipped them with the skills and knowledge to carry out their role. One person told us, "The level of training is nothing short of fantastic to be honest." Another person said training was, "Absolutely brilliant, there's always training we can do." Identified mandatory training included topics such as supporting people with mental health needs, learning disabilities and autism, de-escalation techniques, and adult safeguarding. We saw the provider arranged a monthly programme of courses held at their training rooms off site. They told us this meant staff had a protected space where they could concentrate on their learning. The monthly programme of course consisted of some mandatory courses but also additional training in topics such as personality disorders, self-harm, and dignity in care. This meant courses were regularly and easily accessible so staff could ensure they remained up to date and had the information they required.

New staff were supported with a comprehensive induction. We spoke with a new member of staff who told us they felt supported and colleagues regularly checked they were okay. They told us their experience of their induction so far had been really positive. The operations director told us the induction consisted of three days of face to face training and up to forty hours of shadowing other staff. New staff were also supplied with an induction pack, this gave them written information about the core staff team and people they would be working with. It also set out key areas and policies the new staff member needed to cover, read, and tick off before they could work on their own.

New staff also undertook the care certificate. The care certificate covers the minimum standards that should be covered as part of induction training for new staff. We saw new staff had their competency assessed six weeks in to starting their induction and a final review after twelve weeks. This showed the service aimed to ensure new staff felt confidant to work independently and any issues could be identified and addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The staff we spoke with demonstrated they understood the basic principles of the MCA and its impact on the support they provided. For example, one member of staff told us how they needed to support one person's anxiety so they could make decisions regarding their care. They gave us examples of strategies they had in place for talking about difficult decisions.

We saw an application for a DoLS authorisation had been made for one person. However, there was no evidence that a formal mental capacity assessment or best interest's assessment had been carried out prior to the DoLS authorisation being applied for. We also saw there was some conflicting information regarding whether the person had capacity to make decisions relating to their diet. Their personal plan stated that they had been assessed by a speech and language therapist as not being able to make this decision. However a separate specific eating and drinking support plan indicated this was not the case. There was no specific mental capacity assessment or best interest's documentation in place in relation to this. This meant the MCA was not followed consistently.

People were supported to cook and eat meals individually in their own houses. We saw people were supported to plan what they wanted to eat and write weekly menu planners. Some people were able to cook independently and other people were supported where required. We saw one person's planners used pictures to help the person understand what was on their plan that week.

People at nutritional risk were identified. For example, we saw one person required fork mashable food. We saw there was clear guidance in place to staff to ensure this was followed and associated risks were managed. Records showed specialist professionals had been consulted so staff could ensure they were providing the right support and diet.

People were supported to maintain good health and access healthcare services. On the days of our visit we saw several people were supported to access various health care services. The care record we looked at showed people were supported to access a range of health care professionals when required. This included opticians, dentists, doctors, chiropodists, as well as any specialists regarding any particular health conditions they had.

Good

# Is the service caring?

## Our findings

The people we spoke with told us they liked the staff that supported them. One person told us, "It's a nice place." They went on to say they felt comfortable contacting a member of the management team if they needed to.

The staff we spoke with talked in a respectful and caring way regarding the people they supported. They appeared committed to providing good support to people living at The Gables. One member of staff told us, "Here it's all about the resident." Another member of staff said, "What [the provider] stands for, staff take that to heart, it's personal to them." Another member of staff told us staff were dedicated to people living in the home. They said staff came in on their own time and used their own equipment, such as DJ equipment, for activities and parties.

We observed during our visits that staff had a good rapport with people they supported. People appeared comfortable with staff and able to ask for their support. Staff demonstrated they knew people well. They were able to tell us about the people they supported including their history, family, likes and dislikes. The personal plans we looked at included very detailed personal information that showed staff knew people well and listened to their preferences.

Staff made sure they involved people in decisions about their support. One staff member told us, "They are always involved." Another staff member told us when they supported one person to make decisions; they worked with other staff members to think about the best way of presenting information and involving the person. We saw this person also had a picture board in their flat, which showed photos of the staff that would be supporting them each day alongside pictures of chosen meals and activities. We observed during our visit that staff consulted people on day to day decisions.

We saw the service had a service user guide which provided people with information about the service. We saw that this included what rights people could expect to have in relation to the care provided. This included things such as a right to privacy and a right to have their views known.

The management team told us supporting people's independence played a central part of the service they provided. Staff told us this was really important to them. One member of staff told us, "We want [Name] to do as much as they want to do." Another staff member said they wanted to ensure they helped people grow and develop. We saw people had independence plans that linked to the goals they had identified as wanting to achieve. These were carefully planned steps that supported people to become more independent on a gradual basis. One person we spoke with told us that staff had supported them to be more independent and complete some tasks on their own. They said they had, "Got more independence and freedom."

We saw evidence that suggested staff did respect people's privacy and dignity. For example, staff did not stay in people's flats if this was not what the person wanted. Instead they would use the office and arranged with people that they would visit them when the person requested support. One person told us they felt staff were respectful of their space.

Good

# Is the service responsive?

## Our findings

The service had a strong ethos of delivering person centred care. A staff member told us, "I've not ever worked for a company that is so person centred." They went on to say, "Here, it's all about the resident." We saw through our discussions and observations that the support provided to people was individualised and responsive. For example, we saw that people living at The Gables had different routines and their different preferences were accommodated. It was clear that people in the home were able to choose how they wanted to spend their day. Another member of staff said, "They decide what to do."

We also saw that people had a range of support needs and staff ensured these were met in a timely and individualised way. For example, one person had developed a specific health condition which meant the complexity of their needs had increased. We saw the service had ensured they accessed specialist advice and support in order to meet the person's changing needs.

We saw each person had support delivered to them in line with their personal preferences. Some people preferred staff to stay with them in their flat, whilst others preferred to call staff over from the main office for support when they needed it. We saw staff responded promptly to these calls so that each person got the support required at the time they choose.

Staff we spoke with told us they involved people in planning and reviewing their support. The care record we looked at supported this. Care records detailed people's individual needs and included their personal preferences. This included topics such as what the person liked to do, their life history, religious beliefs, important relationships, and preferred daily routine. The level of person detail captured demonstrated that staff had listened and involved people in their care plan. We saw plans were reviewed and updated when changes occurred, this ensured they remained current and provided staff with the correct guidance.

People were supported to complete weekly activity planners. However, we saw these could be changed and were flexible if people changed their mind. For example, at the time of our visit we saw people were asked what activities they wanted to participate in that day. People could also access, on top of this, regular social events such as tea and cakes, barbeques or parties held at the provider's other home nearby. People were also supported to go on a yearly summer holidays. We saw people had chosen to have different holidays and participate in different activities. This demonstrated activities were tailored to their own personal needs and interests.

We saw staff supported people to maintain important relationships. Staff gave us examples of how they did this. For example, by supporting relationships between people at The Gables and in the provider's other home.

The provider told us each person was given a copy of the service user guide. We saw this had information for people on how to raise concerns or complaints. This included contact numbers for external agencies. We spoke with one person who said they had raised an issue recently, they said they had been listened to and prompt action was being taken to resolve it.

Good

# Is the service well-led?

## Our findings

Most of the records we looked at were up to date and accurate. However, there were several areas that required more detailed and specific documentation. Audio monitors were being used in the home but there was a lack of documentation regarding the use of such equipment and how this should be managed in relation to people's privacy. Where such equipment was being used there was no clear record of the person's consent or what other less restrictive measures had been considered. There was also a lack of documentation regarding MCA and best interest decisions. We discussed this with the management team who acknowledged that this was an area they needed to look at in more depth. We were confident action would be taken to resolve this concern.

The staff we spoke with told us they enjoyed working in the home. They said they felt the service was inclusive and person centred.

The provider had introduced a culture and values programme. This aimed to encourage staff to take accountability and display key values and behaviours. These included values such as commitment to my team as well as ownership and accountability. Under each value were certain behaviours to show staff how they could demonstrate them. For example, by taking accountability for the own learning and owning up to any mistakes made. If staff saw their colleagues exhibiting these values, they could write down what the person had done and gave them feedback. This could be posted in a specific box kept in a communal area in the home. At the end of staff members would receive their written feedback. The staff member who received the most would be rewarded. The operations director told us since the programme had been introduced they had seen an improvement in performance across most areas.

We spoke with staff regarding this approach and were told it had had a positive impact on morale and how they did their jobs. One staff member told us, "Gives your morale a boost if things have been difficult." Some people who lived in the home had also chosen to participate in the programme. The provider told us they recognised this was beneficial and were looking at introducing a specific values programme for people across their services.

Staff and people living in the provider's other home wrote a newsletter together that also covered The Gables. This was sent every quarter to people, relatives, and staff. They detailed any changes to the service and what had been happening in the service. This helped ensure everybody knew what was going on in the provider's services.

We saw members of the management team worked at The Gables alongside staff on occasions. A staff member told us they appreciated the help and support. They said this helped the management team have insight in to their roles. It also meant issues could be more easily identified.

All of the staff we spoke with spoke positively of the management and the support provided. One member of staff told us, "The management team are always there if you need anything." Another staff member said, "The management team are very accessible."

There was a clear staff structure in place with clear delegated responsibilities. Staff demonstrated they understood their roles and the management structure. We saw there were regular staff house meetings as well as a large staff meeting across the provider's services. The minutes of these showed that the management team clearly communicated their expectations and staff responsibilities.

The provider had contracted an external quality lead to undertake regular quality audits. The advisor that undertook these told us they aimed to audit one to two houses on the site each month. We saw the audits covered areas such as premises, care records, activities, medication, finances, staffing, and supervisions. The audits covered looked at paperwork as well as speaking to staff and people living in the home. This demonstrated that audits were thorough and sought to gain people's views on the service on a regular basis. Where actions were identified we saw there was a clear action plan and actions were followed up in order to check they had been completed.

The home's external adviser told us the provider aimed to keep up to date with best practice through a number of means. This included receiving relevant newsletters from other agencies, involvement with the local provider association, attending conferences, and sharing information and expertise across their services.