

Keys Hill Park Limited

The Gables

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

About the service: The Gables is a care home service. It is registered to provide personal and nursing care for up to three younger adults who are living with a learning disability. At the time of our inspection one person was living in the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include choice, control, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Staff had not completed all of the mandatory training set by the provider.

We received positive comments about the care provided in the service. People were involved in the planning of their care and their care records reflected their personal needs and wishes.

People were made to feel safe by staff who understood how to safeguard people from abuse.

Individual risks to people's health and wellbeing had been identified and plans put in place to manage known risks.

People were supported to maintain their independence and were given choice and control about their care and treatment.

Staff adhered to the principles of the Mental Capacity Act 2005 and best interest decisions were clearly documented.

Medicines were managed safely by staff who had received ongoing assessments in relation to the safe management of medicines.

People were encouraged to maintain their interests and partake in activities and courses in the local community.

There were regular meetings for people who used the service and staff.

There were systems in place to monitor and assess the quality of service being delivered.

Rating at last inspection: Good (report published 30 September 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to inspect as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Gables

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

The Gables 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. The Gables can accommodate up to three people, one person was living in the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager and the people living in the service are often out. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and include significant events such as accidents, injuries and safeguarding notifications. We also assessed the information included on the provider information return.

During the inspection we looked at one person's care file, three staff recruitment files and a range of documents relating to the day to day running of the service. We also spoke with one person who lived in the service, the registered manager and one member of staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with told us they felt safe living in the home, "I feel safe here, my flat makes me feel safe."
- One member of staff we spoke with understood what constituted abuse and who they would report any concerns to. They were also aware of the outside agencies they would contact.
- The contact details for the local safeguarding team were clearly displayed in the staff office.

Assessing risk, safety monitoring and management

- Systems were in place to protect people from avoidable harm. Risk assessments were in place which detailed what actions staff needed to take to minimise the risk.
- Risk assessments relating to the environment had been completed and these clearly stated what steps were needed to manage these risks.
- The environment was well maintained and regular servicing of the gas supply, electrical items and fire safety equipment was undertaken.

Staffing and recruitment

- There were safe recruitment practices in place. Staff records confirmed appropriate background checks with the Disclosure and Barring Service and references being obtained prior to staff commencing their employment.
- There were consistently enough staff to meet people's needs. One member of staff told us, "We've got enough staff."

Using medicines safely

- Medicines were managed and administered in a safe way. There were no gaps on the medicines administration records which showed medicines were given as prescribed.
- Medicines were stored securely and the stocks and administration of medicines were checked regularly.
- There were protocols in place for medicines taken on an 'as and when required' basis to provide staff with guidance on how to give these medicines safely.
- Staffs' competency and knowledge in relation to administering medicines was assessed at least annually.

Preventing and controlling infection

- There were measures in place to control and minimise the spread of infection. Staff had access to personal protective equipment to wear when cleaning the home or handling food.
- The home was clean throughout and there were cleaning schedules in place to ensure a good level of

hygiene was maintained.

- There were safe practices around food hygiene. The kitchen was regularly cleaned and the service had been awarded a five-star rating for the Food Standards Agency.

Learning lessons when things go wrong

- Records showed accidents and incidents were recorded in detail and appropriate action had been taken as a result of all incidents.
- The registered manager reviewed all accidents and incidents and made recommendations for future practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider set mandatory training for all staff to complete but not all staff had completed this training.
- Training records showed that not all staff had up to date training in health and safety, safeguarding and infections control.
- There was a comprehensive induction for all new staff. This included class-based training and shadowing more experienced members of staff.
- One person told us, "The staff are well trained."
- Staff had bi-monthly supervision with a senior member of staff. This is a confidential meeting where staff can discuss their progress in their role and identify any support or training needs they have.
- In addition to supervision, staff also had yearly appraisals of their work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered or deputy manager met with people to assess their needs before a decision was made about whether their needs could be met at the home.
- Assessments of people's needs considered their physical and emotional needs.
- The registered manager told us they received e-mails from head office about updates on legislation and current practice.

Supporting people to eat and drink enough to maintain a balanced diet

- One member of staff told us how they supported one person to make healthy choices around their food.
- People chose what and when they wanted to eat and prepared their meals with staff support.
- People's weight was monitored monthly to ensure they maintained a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. One person told us, "Staff support me with my appointments."
- Timely referrals were made to other healthcare professionals where there were changes in a person's physical or mental wellbeing.
- Advice given by healthcare professionals was recorded in people's care records and linked to people's care plans.

Adapting service, design, decoration to meet people's needs

- The service was divided into flats. One person told us they chose the decoration in their flat. We saw they personalised their living space with their personal belongings.
- The flat we saw was free from clutter and the living areas were of a good size which allowed for people to have visitors if they chose.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments had been carried out to determine what decisions people could and could not make for themselves.
- Where decisions had to be made in people's best interests, these were clearly documented and involved the person so they were informed of why staff made certain decisions for them.
- People were given choice about how they liked their care and treatment to be given and we observed staff gave people choice.
- The staff member we spoke with had a good understanding of the principles of the MCA and how it applied to the care they provided for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us staff treated them well, "I feel listened to" they added, "Staff explain things in a way I understand."
- Our observations showed there was a relaxed and informal atmosphere in the home.
- Staff provided emotional support when needed. One person explained how they did not like going to the dentist and staff attended dental appointments with them.
- Both the registered manager and the member of staff we spoke with knew the care needs of the person they were caring for well. They were able to tell us about the person's preferences and diverse needs in detail.

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people in the planning of their care. One person told us, "I go through my care plan."
- There was clear guidance in one person's care plan about how they liked staff to speak with them. This included detail such as avoiding the use of certain terms and taking time to explain things.
- One person had access to an advocate who attended care meetings with them.

Respecting and promoting people's privacy, dignity and independence

- One person told us they were supported to maintain their independence. They told us how they were able to cook some meals for themselves but needed staff to help with the preparation of food sometimes.
- Staff respected people's privacy and dignity. We saw they respected one person's wishes that they were not in the person's flat while they are getting ready in the morning. Staff called the person to ask them if they were ready before they went to their flat.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care record we looked at was detailed and contained personalised information about all aspects of the person's care.
- There was detailed information about the person's morning, afternoon and evening routine which specified what care and support they required throughout the day and their preferences around this.
- Every aspect of the person's day to day routine had been assessed ranging from social interaction to managing their own finances. Their care record detailed what people could do for themselves and when staff needed to support the person.
- Staff supported people to play an active part in the community. One person told us how staff took them to the gym and said they liked to go to the cinema. They added that they also attended a college course.
- There were no restrictions to when friends and family could visit people.
- Daily notes provided good detail about people's emotional and physical wellbeing and linked with their care plans.

Improving care quality in response to complaints or concerns

- The registered manager told us no formal complaints had been received about the service since our last inspection.
- One person told us they felt able to raise any concerns with the staff and registered manager.
- The registered manager told us how they gave one person a book to write down any concerns they had and they met with them regularly to go through the concerns. The person also had the registered manager's e-mail address and was able to e-mail them at any time.

End of life care and support

- The one care file we looked at showed that the person's end of life wishes had been spoken about in detail and documented.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a clear ethos at the service and that was to promote people's independence.
- Our conversations with the registered manager and one staff member demonstrated they understood person centred care and applied this to their practice.
- The registered manager undertook monthly quality audits across all areas of the service to monitor the level of service being delivered.

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

- The service was overseen by an experienced manager who had experience of caring for people who were living with a learning disability.
- The registered manager understood their responsibilities in relation to reporting notifiable events to the CQC.
- One person told us, "The manager is good" and "It is a well-run place."
- One member of staff spoke positively about the registered manager and their work, "We work well together and get to know what people's needs are."
- There was a clear management and staff team structure in place and each role was clearly defined.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were monthly meetings for people who used the service and staff to discuss any concerns they had.
- Staff attended monthly meetings to discuss people's changing care needs and any staffing concerns. One staff member told us the meetings were used to ensure staff "provided a consistent approach."
- People had the opportunity to complete surveys about the care they received.

Continuous learning and improving care; Working in partnership with others

- The provider had oversight of the audits carried out by the registered manager and devised action plans for the registered manager to complete where areas for improvement had been identified.
- The provider also carried out regular visits to the service. Records showed the provider met with people who used the service.

- Staff worked in partnership with charities and other organisations such as colleges to provide social and learning opportunities for people.