Community Homes of Intensive Care and Education Limited

Gosford Lodge

Inspection report

95 Bicester Road
Kidlington
Oxfordshire
OX5 2LD

Tel: 02031953555
Website: www.choicecaregroup.com

Date of inspection visit:
08 June 2017

Date of publication:
30 June 2017

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

We undertook an unannounced inspection of Gosford Lodge on 8 June 2017.

Gosford Lodge provides accommodation for up to eight people who require nursing or personal care, specifically people with learning disabilities or autistic spectrum disorder. On the day of our inspection seven people were living at the service.

A new manager was in post who was registering with the Care Quality Commission to become the registered manager. 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.

We were greeted warmly by people and staff at the service. The atmosphere was open and friendly. The team displayed a transparent and honest culture where management and staff were keen to learn and improve.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff that were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. This included risks relating to relationships and epilepsy. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included people who were deprived of their liberty.

There were sufficient staff to meet people's needs. Staff responded promptly where people required assistance. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The service responded to people's changing needs. People and their families were involved in their care and how their care progressed and developed.

Staff spoke extremely positively about the support they received from the manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the manager was very approachable and supportive and that there was a very good level of communication and trust within the service.

The service sought people's views and opinions. Relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People had sufficient to eat and drink. Where people required special diets, for example, pureed or fortified meals, these were provided. People were encouraged and supported to prepare their meals.

People were encouraged to engage in activities and pursue hobbies and relationships. Staff supported people to be independent and were knowledgeable regarding people's hobbies and interests.

The manager monitored the quality of service and looked for continuous improvement. Accidents and incidents were investigated, analysed and action was taken to prevent reoccurrence. Learning from incidents was shared with staff to keep people safe.

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

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risks. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring

People benefitted from caring relationships with staff.

Staff were very kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive.

Support plans were personalised and gave clear guidance for staff on how to support people. Staff were motivated and

committed to delivering personalised care.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met. Support needs were regularly reviewed.

Is the service well-led?

Good

The service was well led

The manager monitored the quality of service to look for continuous improvement.

The manager led by example and empowered and motivated their staff. Staff's actions and attitudes mirrored this example.

There was a whistle blowing policy in place that was available to staff in the service. Staff knew how to raise concerns.

Gosford Lodge

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 provider was 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 8 June 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Most of the people had difficulty verbalising and could not speak with us. We spent time observing care interventions and staff interactions with people. We spoke with three people, three relatives, three care staff, the area manager and the manager. We looked at four people's care records, medicine administration records and four staff files. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Yes I am safe here" and "I'm always safe".

Relatives told us people were safe. Comments included; "Yes I am happy [person] is safe, he is settled, happy and everything is under control" and "Yes [person] is safe".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "First I'd go to the senior person or manager. I can also contact the local authority", "I'd report concerns to management then the local safeguarding team" and "Manager straight away". The service had systems in place to investigate concerns and report them to the appropriate authorities.

There were sufficient staff on duty to meet people's needs. The manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and engage with people. Where people's behaviour indicated the person needed help staff responded in a timely manner to prevent the person suffering anxiety. People were assisted promptly when they called for assistance. Staff rota's confirmed planned staffing levels were consistently maintained. One member of staff told us, "Staffing levels are ok but the quality of staff we now have has really improved. We don't use agency staff now which is great". Another staff member said, "Things have got so much better. We have new staff so all is good".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People's care records included risk assessments. Where risks were identified there were plans in place that guided staff how to support people to manage the risks. For example, one person was at risk of infection as they had a history of being resistant to personal care and cleaning their room. Staff were guided to prompt the person with cleaning and personal care and we saw the manager prompting this person to take a shower. Staff were also guided to 'maintain consistency and prevent delays' with cleaning tasks. We spoke with this person and asked to see their room. They proudly showed their room and commented on how they cleaned their room regularly. The room was clean and free from odours.

We saw risk assessments for people that suffered from epilepsy. There were management guidelines in place and we saw these had been followed. For example, we saw that observations had taken place and been recorded as per guidance.

Where people displayed behaviour which could put themselves or others at risk, there was information to assist staff to manage this positively and to protect people's rights and dignity. The care plans had

information about what may trigger certain behaviours. For example, a person's meal not looking like the picture they had chosen. Other triggers were not being understood and a noisy environment. It went on to provide information about signs that the person was getting anxious such as pacing and louder vocalisation. It detailed the behaviours such as verbal or physical challenging behaviour. It then went on to give information about preventing or de-escalating the situation with guidance such as providing consistency and allowing them to spend time alone. It provided information about how to redirect or distract the person and said that physical intervention was to be used a last resort if other methods had not reduced the risk.

Medicines were managed safely and people received the medicines as prescribed. Medicines were stored in a locked trolley to ensure they were stored safely. Systems were in place to ensure stocks of medicines were managed and were safe to administer. Where people were prescribed 'as required' medicines there were protocols in place that detailed when the person may require the medicine. For example, where people suffered from seizures guidance was provided to staff. Medicine records were consistently and accurately maintained. The manager told us they were in discussion with an alternative pharmacy. They said, "Whilst our management of medicines is good I want to do better and ensure we have the safest system we can".

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Staff training was linked to the Care Certificate which is a nationally recognised program for the care sector. Induction training included fire, awareness of mental health, epilepsy, moving and handling and learning disabilities. Training records were accurate and up to date. For example, the majority of staff had been trained in epilepsy and further training sessions had been planned. The manager told us, "There is always an epilepsy trained staff member on duty, all the senior staff have been trained". One member of staff said, "The training provided here is very good. It does prepare you for the job".

One relative commented on staffs skills. They said, "The staff have the skills now and I know they have had some good training". Another said, "Staff know what they need to do".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. We spoke with staff about supervision and support. Comments included; "I am now really well supported. The care here now is more effective because we have a proper structure and tangible support. This is from the new manager" and "I get good support from the manager, her people management skills are really very good". Staff had opportunities to develop professionally. We saw one supervision record evidencing a staff member had requested training and was now working towards a national qualification in care at level three.

We discussed the Mental Capacity Act (MCA) 2005 with the manager. 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. The manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. We saw mental capacity assessments were held in people's care plans and assessments involved, people, their families, social workers and GPs. Where people were deemed to lack the capacity to make a certain decision 'best interest assessments' were in place and demonstrated least restrictive practices were being followed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions were in place the manager had made DoLS application to the supervisory body. People's care plan detailed the restrictions in place and how people were supported to ensure any restrictions were the least restrictive. At the time of our inspection one person was subject to an authorised DoLS.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "I offer choices and support their decisions. I do what is best for them" and "We know

about the act and work to it. We offer residents choices and always consider their best interests".

Staff sought people's consent. We observed people were offered choices around personal care, food and drink and activities. Staff respected people's decisions. For example, we saw one person deciding what to eat for breakfast. Staff respected their decisions. This person told us, "I always get to choose". One relative said, "[Person] has a way of letting you know exactly what he wants. He won't do anything without agreeing to it".

People had access to food and drink that met their needs. Where people had specific dietary requirements this was detailed in their care plan. People received food and drink in line with the guidance. For example, one person required a 'soft diet'. We saw this person eating a meal that was of the correct consistency. Staff consulted with people and supported them to choose what to eat and drink and staff told us they actively encouraged people to choose healthy options. One staff member said, "With [person's] agreement we have reduced the number if fizzy drinks they had. This has had a positive effect on their behaviour, they are calmer now and incidents of challenging behaviour have drastically reduced". People chose when they wanted to eat and staff supported them to prepare their own meals. No one we saw required support with eating. One relative commented, "[Person] has a fairly mixed diet so it's good. I have no concerns".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, speech and language therapist (SALT) and psychiatrist. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

Good

Is the service caring?

Our findings

Relatives told us people benefitted from caring relationships with staff. Comments included; "I believe the staff do care, very much", "[Person] has a good relationship with the staff" and "They do care, they seem very good".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I like it here and I've been here a while. I love our service users", "These guys (people) are just great. I get a lot out of working with them" and "I love this work, it's so rewarding".

People were cared for by staff who were knowledgeable about the support they required and the things that were important to them in their lives. Staff spoke with people about their families and interests. During our visit we saw numerous positive interactions between people and staff. For example, we saw one person being supported to spend time in the garden. Staff knew that being outdoors was important to the person and they ensured the person was appropriately dressed. This was done in a caring and compassionate way. The person responded with a smile.

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We saw people were treated with dignity and respect throughout our inspection. People were addressed by their preferred name and staff knocked on people's doors before entering. We spoke with staff about dignity and respect. One staff member said, "I treat residents the way I would expect to be treated". Another staff member said, "We treat them all with dignity and respect". One relative commented, "I have never seen anything that worries me in respect of dignity. [Person] is respected, the staff are very good".

People's independence was promoted. Care plans identified tasks and activities the person could independently achieve. For example, one care plan stated 'I can change my bed'. Another care plan stated 'I can make breakfast and lunch with staff support'. Throughout our visit we saw staff encouraging and supporting people to do things independently. For example, we saw one person making a snack. Staff spoke with us about promoting people's independence. Comments included; "I think they (people) are slowly becoming more independent. [Person] can now make their own tea. This is a big step and it is important" and "I let them do whatever they can and I encourage them as much as possible. It makes them feel valued".

People and their relatives were involved in their care. People chose what food to buy from the shops, what activities they wanted to do and how to decorate their rooms. We saw families were involved in decisions relating to people's needs. For example, with the creation of people's care plans and discussions about people's best interests. Relatives told us they felt involved. Comments included; "I do feel involved. We have been invited to a meeting to talk about [person's] care plan. This is good" and "It is now much better, I do feel involved".

People's personal and medical information was protected. Care plans and other personal records were stored securely. Care plans reminded staff to protect people's confidentiality. When staff moved away from

their computers the screens were turned off protecting people's information.

People's rights in relation to their diversity were promoted. Policies were in place protecting people's diversity, sexual orientation, culture and religion. Care plans reflected people's preferences and needs. For example, one care plan noted the person was being supported to maintain a same sex relationship. The person had been assessed as having capacity to make this decision. A risk assessment was in place highlighting risks associated with a relationship and measures to safely support the person were listed. We spoke with this person who said, "The staff support me and check I am ok".

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person liked gardening. We spoke with this person who said, "I like the garden. I planted all the strawberries". The person showed us the strawberries bed they had planted. All the staff we spoke with were extremely knowledgeable about the people in their care.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person could become agitated and distressed. The person had stated in their care plan 'speak to me in a friendly, calm and cheerful manner'. Staff were also guided to distract the person by changing the topic of conversation. Staff we spoke with were aware of this guidance.

The service responded to people's changing needs. One person's condition had improved and the manager referred them to a healthcare specialist for reassessment. This included a medicine assessment and the manager told us they were waiting for the results. Another person stayed awake all night and often slept during the day. The person had been referred to a specialist to support the person to change their sleeping patterns. This would enable them to engage in daytime activities as, currently they were often asleep. The manager was creating an 'active management plan' to support the person which included the short term use of medicine with support from an occupational therapist to assess the person's sensory needs with the aim of stimulating and occupying the person during the day, promoting sleep at night. The manager said, "It is very early days and it will be an ongoing process but we have high hopes for [person]".

People received personalised care. We asked staff about personalised care and what the term meant to them. One staff member said, "Yes, I think we do give personalised care. It is care for the individual". Another staff member said, "People definitely receive more personalised care now. The staff know people so much better and we are all so much more relaxed".

People told us they enjoyed activities. Comments included: "I like it here. I can do things like cooking and gardening" and "I can paint or go on the computer. I choose". People were supported by staff to create a weekly planner of activities for them to follow. One the day of our visit three people were out on trips with staff. We looked at the activity plans and saw people were planning to go walking, shopping, visit the cinema and 'help cook dinner'. We asked one person about their planner. They said, "Yes I do all those things". The person was later taken out in the car in line with the days planned activity chart. One relative commented, [Person] is doing things and he is getting more active and interested in things".

The provider held a national competition called 'Choice has got talent'. This was mirrored on the TV talent show. One person from Gosford Lodge had entered the competition and told us how pleased they were to have taken part. They said, "[Staff] supported me, it was brilliant". Taking part in the competition had clearly boosted this person's self-esteem.

People had access to a well-kept garden which had trampolines and garden furniture for people to use. A sensory room was located in the garden containing visual, audible and tactile sensory equipment designed to stimulate the person's senses. We also saw a computer room in the garden for people to use. Inside the main building there was a quiet room where people could relax or entertain visitors and family.

People knew how to complain. Details of how to complain were available to people and their relatives. One person told us, "I would talk to the manager and staff". We saw there had been one complaint in 2017. This had been dealt with compassionately, in line with the provider's complaints policy. One relative said, "I do think they would do something about it if I complained. They certainly have in the past". Another said, "I know how to complain and I am sure they would listen to me".

People's opinions were sought and acted upon. Staff engaged in one to one meetings with people to obtain their views and opinions. Staff were being trained in supporting people to express themselves to enable 'residents' meeting to be held. The manager told us, "This is important as most people here struggle with meetings and the staff need training to support them effectively. The one to one meetings help us to get people's views individually". Where people raised issues the manager took action to resolve the issues. For example, one person had asked for an increased involvement in activities to help them meet goal set in a previous meeting. Another person who had a room on the ground floor asked to have a room upstairs. This request was respected and staff assisted the person move to their desired room.

Good

Is the service well-led?

Our findings

People clearly knew the manager who was visible around the service throughout our visit. We saw them engaging with people who greeted them warmly with genuine affection. The manager knew people and called them by their preferred name.

One relative spoke about meeting the manager. They said, "We are going to see the manager next week. Things have been improving so I'm looking forward to the meeting as I've heard good reports". Another relative said, "Things seem a lot better, I'm impressed by the new manager".

Throughout the inspection the manager was available to people and staff. It was clear they led by example and created an open, caring culture that put people at the centre of all they did. They took time to stop and speak with everyone, showing empathy and support for all. We saw staff mirrored this approach and maintained this positive culture that was embedded into the caring ethos of the service.

Staff told us the manager was supportive and approachable. Comments included; "Things have slowly improved but we are getting there. She (manager) has made a lot of improvements. She has brought us (staff) together in a very short time", "She is a good supportive leader, she will do well" and "I think she is the person we need in this house. She is easy to talk to, no barriers and we all now go the extra mile for her. She has made a big difference in the short time she has been here".

The manager shared her vision for the service with us. They said, "I want this service to be outstanding and I want to improve the quality of life for these people".

The manager monitored the quality of service and looked for continuous improvement. Regular audits were conducted and actions arising from audits were followed through. For example, one audit identified a deficiency in cleaning materials and equipment and we saw materials and equipment had been ordered. Another audit identified potential concerns relating to medicines. We saw the manager was in the process of updating the medicines systems and changing the providing pharmacy.

Accidents and incidents were recorded and investigated. The manager analysed information from the investigations to improve the service. For example, one staff member injured their foot whilst supporting a person on a trip out of the home. The investigation concluded this was an unforeseen accident. The manager told us they looked for patterns within incidents to, "See what we can learn". For example, where people presented behaviours that may challenge, trigger points and effective calming measures were recorded and information then shared with staff.

Staff told us learning was shared and they felt well informed. One staff member said, "We have staff meetings and briefings where information is shared. I think I am well informed". Another staff member said. "We are definitely more open and honest since the changes. Staff are more confident, better informed and we know where we stand".

Regular surveys were conducted to obtain the opinions of both people, their relatives and staff. We saw the latest survey results which were very positive. For example, people rated the service at 100% for staff kindness. Survey results were sent to the provider and analysed to look for improvements. For example, the last survey highlighted people had said they wished to go out more and see their families. The provider had stated they were monitoring people's time with families and were looking at ways to improve performance in this area.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.