

Mr & Mrs P Chellun

# Gate Lodge

## Inspection report

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19 December 2016

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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

Gate Lodge is a residential care home that provides accommodation and personal support for up to 21 older people living with dementia. There were 20 people living at the home at the time of our inspection.

At a previous inspection in July 2014 a breach of legal requirements was found relating to the safe management of medicines. We undertook a focused inspection of the service in May 2016 to check that they met legal requirements which they had. We undertook an unannounced inspection to the home on 14 and 19 December 2016. The service met all the standards we inspected it against.

A registered manager was in post and was present during our inspection. 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 using the service and their representatives told us they felt safe and well cared for at Gate Lodge. There were clear procedures in place to recognise and respond to abuse and staff understood how to follow these. Medicines were managed safely and people received their medicines on time. Staff had the appropriate training to be able to administer medicines competently. Staffing numbers on each shift were sufficient to help make sure people were kept safe.

Staff were caring and treated people with dignity and respect. They received training and support to help them carry out their role effectively. Staff were familiar with people living in the home and understood people's needs and preferences for the way they wished their care to be delivered.

People and relatives told us staff were kind, attentive and caring. Staff were very respectful in their interactions and engagement with people. Staff sought permission from people before any care or support was offered and personal care was carried out in the privacy of the person's room. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Staff respected people's right to make their own decisions and supported them to do so.

Staff supported people to eat and drink in an inclusive way and which enabled the person to have a positive experience at meal time. People were supported to take part in activities and to continue to be part of their community. People were supported to maintain relationships with family and friends who were important to them.

There was a positive culture at Gate Lodge where people using the service, their relatives or friends and staff were included with their views listened to and acted upon.

## 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. Suitable numbers of care staff were provided to meet the needs of people who used the service. Recruitment procedures were robust, only suitably vetted staff were employed.

Risks to people's health and welfare were identified and appropriate arrangements were made to minimise these and keep people safe from avoidable harm. Staff administered people their medicines safely.

Staff were trained safeguarding people and had a good awareness of safeguarding adult's procedures.

### Is the service effective?

Good ●

The service was effective. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Staff respected people's right to make their own decisions and supported them to do so.

People were supported by staff who had the skills and knowledge required to meet and understand their needs.

Staff supported people with access to healthcare services to help promote their physical and mental well being. People's personal preferences and dietary needs were met, they were able to choose what they wished to eat and drink.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was very caring. Staff employed had caring and compassionate qualities that made people feel valued and secure.

People were treated with kindness and compassion and their dignity was respected.

Relationships between staff and people receiving support were positive and consistent feedback was received about the caring attitude of the staff.

### **Is the service responsive?**

**Good** ●

The service was responsive. Staff were knowledgeable about people's care and support needs.

People were supported to take part in activities they enjoyed and to maintain contact with friends and family.

People using the service or their representatives were able to raise concerns.

### **Is the service well-led?**

**Good** ●

The service was well led. Continual improvements were made in the service to enable people live in a more comfortable pleasant environment.

Staff were well supported by the management team. Team meetings were held regularly and every effort was made to arrange times and ensure all staff could attend.

Audits and quality assurance checks were carried out regularly and in a number of areas, to identify any shortfalls and ensure good practice was maintained.

# Gate 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 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Gate Lodge was safe, effective, caring, responsive and well-led.

We visited the home on 14 and 19 December 2016. Our first visit was unannounced and the inspection was undertaken by one inspector.

On both visits we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for.

During our inspection we spoke with twelve people using the service, three visitors, six care staff and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also examined three staff records and a training matrix, we looked at records that related to how the home was managed. We contacted the local authority safeguarding lead, and the monitoring officer for further information on the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People using the service told us that they felt safe living at Gate Lodge. One person told us, "I'm very happy here; I have been able to relax and be myself." Visitors told us the home gave, "a good save service" and praised the kind and reassuring approach taken by the staff who worked there.

Staff had a good awareness of safeguarding issues and understood their responsibilities in keeping people safe from harm. They told us they would report any concerns they had about people's safety to the registered manager or senior staff if they felt it necessary. Our records and reports from the local authority were that staff had followed safeguarding procedures and informed them promptly of relevant events. The manager and staff had cooperated fully in safeguarding investigations.

Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. We saw there was information displayed for staff to follow should they need to report any concerns regarding abuse.

We saw that risks to people's health and safety were managed in accordance with risk management plans. Care records included risk assessments to help keep people safe. The assessments identified hazards people may face and the action staff needed to take to minimise these to ensure people were safe. This guidance was also reflected in the person's care plans. Risk assessments were completed in respect of nutrition, skin integrity, falls, and moving and handling. Staff had received training in safely moving people and in using hoisting equipment. The support plans specified the importance of the number of staff required, for example two staff were always required when a hoist was used. Staffing levels considered the needs of people requiring two carers.

We saw risks associated with the environment and equipment were assessed and reviewed. Safety checks were regularly carried out such as those for the lift and equipment installed and fire safety systems. Evacuation procedures were in place to enable staff support people out of the building in the event of an emergency. All areas of the home were kept clean and hygienic. No malodours were noted during our inspection.

Improvements found in medicine procedures at the previous focused inspection in June 2016 have been sustained. Medicine administration records and medicine stock showed that medicine procedures were safe and people were administered the medicines prescribed. A review of prescribed medicine was prompted by staff when the person saw their GP. The medicine procedures were audited every month to ensure they were safe. An audit of medicine procedures was also completed by the pharmacist on a yearly basis

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and qualifications and their employment history. Each file contained evidence disclosure and barring checks had been carried out, previous employment references and proof of identification, proof that people were interviewed in person.

People told us there was enough staff around to help them when they needed assistance. Staff said there was enough people on duty to meet people's needs. Their comments included, "There are four carers working along with a senior staff member each morning, and one less in the afternoon" and "Staffing levels are safe". Staff said absences were covered where possible and additional staff provided when required for appointments or social events. We observed that people who required more support to walk around had sufficient staff present in lounge areas to monitor them and respond to any issues that arose.

# Is the service effective?

## Our findings

Staff employed had the knowledge and skills they needed to carry out their role. Comments from people using the service included, "The staff are great and work so hard here." A visiting relative said, "Staff are really good at their jobs and very professional." Observations of interactions and engagement showed the excellent interaction with staff. This had a positive impact on people and enhanced their mood and sense of wellbeing.

The service had a training and development programme for staff that included a structured induction and mandatory learning for all new staff. The training programme for existing staff consisted of e-learning in the following areas, first aid, moving and handling, health and safety, fire safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), person centred care, nutrition and diet, medicines, safeguarding, dementia, Control of Substances Hazardous to Health (COSHH) and fire safety. As well as mandatory training staff told us they received training according to "service user" need, for example positive behaviour management.

Supervision and appraisal systems were in place. Staff confirmed they were supported by their line manager through regular staff meetings, one to one and group supervision meetings and annual appraisals. We saw records to support this. This training helped staff to care effectively for people and meet their needs. One member of staff told us, "I'm supported in supervision and in team meetings." Another staff member said, "I have been here some years, I have regular supervision and training." Another member of staff told of the induction they had when they started work recently.

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 is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required, a large number of these had not been assessed by the local authority. Records showed, where people lacked mental capacity, staff sought to obtain their consent and work in their best interests. Staff completed Mental Capacity Act (MCA) training that helped them to understand issues around capacity and supporting people effectively.

People told us they were able to make choices about the day to day care they received, such as what they wanted to eat and drink and what they wanted to wear. We observed staff gaining people's consent and helping people to make choices. We saw examples of staff whereby they asked people's permission before providing support with care and gave information and choices while giving assistance with meals. One person visiting told us that the service worked with their relative and in the person's best interest to make



sure the person received regular support with their personal care.

We observed lunch periods over both days. People were observed enjoying their meals and the majority completed their meals. The environment was relaxed and conducive to a pleasant experience. We observed people were supported to have sufficient amounts to eat and drink. Comments included, "The meals are good with alternatives if you want", "Quantities are to my liking, not too much on the plate and the food is always hot. The chef shared with what people liked and those requiring specialist diets, she knew each person's dietary needs and personal preferences without looking at data. The individual records we looked at had this information recorded. A Malnutrition Universal Screening Tool (MUST) was used to assess people who may be at risk of malnutrition. Staff were familiar with the dietary requirements of people using the service, such as those who were diabetic or who needed additional support to eat. A district nurse visited daily to administer insulin to one person and worked closely with staff on promoting the person's health.

People were supported to keep well and had access to the health care services they needed. One person told us, "The doctor visits weekly usually and you can see him if you are not well." Another person said "The doctor is called if you are not well" and said they also regularly saw a chiropodist and a dentist. A relative of one person commented, "The GP is good at supporting the home." Records showed the service recognised when people became unwell and took appropriate action such as requesting a visit from the GP or making a referral to other healthcare professionals involved in the person's care.

## Is the service caring?

### Our findings

People we observed interacted with staff in a positive manner. Staff were able to demonstrate a good understanding of people's needs. Staff spoke with and supported people in a friendly and respectful manner. People were well cared for physically, with staff ensuring that all appropriate personal care was provided and that people were appropriately dressed and comfortable and prepared for the activities and routines that lay ahead. We observed how staff assisted a person promptly to change their top as they had soiled this at lunch.

We observed staff adopted a caring approach by reassuring and comforting people who appeared a little anxious; we observed how this placed people at ease. The atmosphere was very calm and relaxed throughout both days of our inspection. We observed staff interacting positively with people and it was evident from their reactions they knew people well. They supported people in a kind manner using touch to reassure each person as they spoke to them.

Relatives told us that staff in the service were very caring. One relative told us, "The thing that stands out at Gate Lodge is that staff really know the people, they take the trouble to listen and observe what support people need and then provide the help in a way that suits the individual." Another relative said, "The staff we know really care for their work and for the people they support."

Staff members displayed a clear understanding of the ways in which dignity and respect could be maintained. One care worker told us that it was important to build up good relationships with each person, whilst another said that enabling people to have choices meant that they had a better life.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. People's rooms were personalised which made it individual to the person. There was great continuity of care with a low staff turnover. We saw how the team worked together and placed people at the centre of day to day care arrangements. For example the activities coordinator had recently left their role. All staff present including maintenance and care staff worked together to ensure people pursued hobbies and leisure activities. A newer member of staff told us they found information within individual care plans for the people who used the service and helped them understand the support and care being provided.

Staff told us that they would recommend the home to people they knew saying, "Yes I would recommend it, people are happy here" and "The staff here genuinely care."

Staff supported people in making choices such as when and where they wanted to eat their meal or if they wanted to join in with activities. We observed staff had an excellent understanding of supporting people with dementia. We saw them explaining to one person what was being served lunch and then provided an alternative. We saw another person had their meal later in the afternoon as they had slept late that morning and had a late breakfast.

Person centred information was available about each person including their life history, likes and dislikes, and staff shared this information. We saw that people and / or their friends and relatives had been asked for memories around areas such as childhood, work and relationships. We saw this information being used by a staff member when a person became anxious and asking where their family, this knowledge was used effectively by staff to relieve their distress.

Staff told us about their role as key worker ensuring the person had sufficient clothes and toiletries and liaising with the family. We saw that people who used the service were supported to maintain relationships with their family and friends. Family members told us they were able to visit freely and the visitors spoken to confirmed this. One person told us they were very appreciative of the fact that they came along way to visit their parent, staff made them welcome and offered refreshments. Another person told us they could visit whenever they chose and said this flexibility was very helpful to them.

## Is the service responsive?

### Our findings

People's care and support were assessed before they started using the service. Assessments showed people had been involved in discussions about their care, support and any risks that were involved in managing their individual needs. People and their relatives told us they had been involved in the initial assessment.

Care plans contained sufficient information to know what the person's care needs were and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. Care plans were in place for routines such as getting up and going to bed, social interaction, health care, nutrition and hydration and mobility. Where risks had been identified there were management and support plans in place for staff to follow to ensure consistent and safe care was delivered. People told us they had choice over their daily routines and staff knew about and respected their preferences and the way they liked their care and support to be given. One visitor told us that they were consulted about their relative's care plan which was updated each year and they signed it. Records confirmed the care was delivered to the person as planned. One person visiting said, "I can't speak highly enough of staff and about the care provided to my relatives."

People using the service said, "The activities are very good" and "Yes always lots of nice things going on." Guidance was made available for staff in engaging people in things that they enjoyed and were meaningful to them. The activities coordinator had recently left their post. The manager told us they were in the process of recruiting a suitable replacement. Care staff were providing for people's needs. They said that they provided activities which included singing and music sessions, jigsaws, quizzes, chair exercises, manicures and dancing. We saw the home considered the needs of people with dementia. In one alcove of the lounge they had displayed a number of items relevant to the age group of people living there. There were articles such as books from the Second World War, ration books, wireless and non-electric irons. Staff were seen chatting to people about their families and past experiences, and using the objects for reminiscence and discussion topics. Memory books were used to help prompt individuals in sharing memories. For example, we saw one person engaged in conversation about their past experiences in the work place after the war. We observed the positive benefits for the person as they became more socially involved.

Trips and events were arranged outside of the home. Some people had participated in a recent Christmas outing in the local church hall. Staff were busy as a team involving the chef and maintenance person in preparing for their annual Christmas party in the home, people told us they were looking forward to this favoured event.

The service had a complaints procedure in place and this was available to people who used the service. People and relatives told us they were satisfied with the way any concerns or complaints were handled, one person commented, "I've never really had to complain but staff would listen if I had a concern, they are always wanting to help us". Another relative said "Staff couldn't be kinder. I have never had to raise a concern or make a complaint but I would be happy to do so and I'm sure staff would listen and act upon it." There had not been any complaints raised by people or by their relatives in the last twelve months.

## Is the service well-led?

### Our findings

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 the registered provider, 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.

Relatives spoke very positively about the management of the service and the culture of good communication and listening. People using the service said, "I find they are very good here, even when the manager is not present staff are very competent and honest." Visitors told us they felt able to approach senior staff to discuss any issues and were satisfied with the response. They said that the home communicated well with them and felt the home was well managed.

Staff told us that the service was well-led and they felt able to approach senior staff to raise issues or to access further support as required. They said the team worked well together saying, "Colleagues are very helpful" and "Staff stay for the long term because the provider treats staff well here". One staff member told us the registered manager and provider were, "very good at listening and taking on board the views of staff and people using the service, and making improvements." An example given was the need for an improved outdoor space, and the detailed planning work that took place to provide this lovely garden area accessible to all. Individuals said that the home had continued to improve over the past few years saying, "Although the place was always homely the environment is now much better as rooms are being decorated in turn, the extended lounge offers a great bright space for people to sit with each other which is a massive improvement to the home."

Regular meetings were held to involve people in the running of the service, for example, to choose ornaments and flowers for the new garden area. People were asked for their views on how staff treated them and if the service could be improved in any way. We saw meeting minutes documenting these actions and separate records of the individual improvements requested by people. These included suggestions for particular indoor and outdoor activities along with favourite meal choices. Dates were logged when these actions had been completed.

Relatives were formally asked for their views via an annual questionnaire that had last been conducted over a period late in 2016. We saw the feedback was positive with comments such as, "Great kind and patient staff" and "Excellent place".

A business development plan was in place for Gate Lodge including further development of the environment to be 'dementia friendly', improved lighting and further activities. The registered manager was aware of sector guidance to guide best practice and this had been applied, for example, in the reminiscence area and in planning of the raised garden area.

Regular audits were undertaken to help identify any risks that may detract from the quality of care provided. Accidents and incidents were monitored and falls audits used to identify any trends. We saw these were

discussed in staff meetings and practice addressed in supervision as necessary.