

Hamelin Trust

Gowlands

Inspection report

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Date of inspection visit:
16 December 2015

Date of publication:
28 January 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

The Inspection took place on the 16 December 2015.

Gowlands provides accommodation and personal care without nursing for up to nine people who have a physical disability or learning disability. The service offers short breaks and respite care. There were six people using the service on the day of our inspection.

The service did have a registered manager. Although at the time of our inspection the registered manager was in the process of de-registering. A manager has been appointed and was being supported into the role by the existing 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms were protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently.

The service had a number of ways of gathering people's views including using surveys and by talking with people, staff and relatives. The acting manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

People were protected from the risk of harm because staff were trained and knew how to respond to any concerns.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role. Staff had sought people's consent to care and treatment.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There

were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Gowlands

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 the 16 December 2015 and was unannounced.

The inspection team consisted of one inspector. Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spent time observing care and used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk to us, due to their complex health needs.

During our inspection we spoke with four relatives, we also spoke with the registered manager, acting manager and four care staff. We reviewed six care files, five staff recruitment files and their support records and audits and policies that were held at the service.

Is the service safe?

Our findings

Relatives of people who used the service felt that their family members were safe. One relative told us, "My [relative] loves it, I know that [name of relative] is safe at all times when they are staying there." Another relative said, "I am 100% positive that [name of relative] is safe and well cared for."

Staff knew how to keep people safe and how to recognise safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member said, "If I had any concerns, I would report it to my manager or person in charge of the shift, I also know that I can report to social services." The service had a policy for staff to follow on 'whistle blowing'. One member of staff told us, "I would contact social services if I had any worries."

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessments covered moving and handling, nutrition assessments and medication. Staff were trained in first aid, should there be a medical emergency and they knew to call a doctor or paramedic if required.

People were cared for in a safe environment. The acting manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

The service had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). □

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff on shifts to make sure everyone is cared for well, although there have been times when extra staff are required." Another said "Sometimes we have needed more staff, but we speak to the manager and they we get extra staff on shift."

Staffing levels were matched to the needs of people living there. On the day of the inspection we observed staff attending to people's needs in a timely way.

People received their medications safely and as prescribed. Care staff who had received training in medication administration and management dispensed the medication to people. We found that people's medication was stored safely in a locked wall mounted cabinet. There were systems in place for staff to audit people's medication, this included people's medication being 'checked in' on their arrival and 'checked out' on their departure. This was to minimise any discrepancies of medication during people's stay at Gowlands.

Is the service effective?

Our findings

People were observed with staff and were able to show that they were happy with the care provided. Staff had a good understanding of people's care needs and were able to demonstrate they knew people well and ensured that their care needs were met. A relative told us, "The staff are very good, they know [relative's name] very well" Another relative said, "The staff all know how to care for [relative's name] and they are good at what they do."

New staff had an induction to help them get to know their role and the people they were supporting. One member of staff said, "The support given here is very good and the training makes sure we know our jobs." The service was active in staff gaining their care certificate. This enabled staff who were new to care to gain the knowledge and skills to support them within their role. Records reviewed confirmed what we had been told by staff and the registered manager and acting manager.

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Training was robust and updated as required for all staff. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "We have lots of training and we have to go on refresher training to make sure we are up to date." Another staff member told us, "Although we have lots of different training, if there is something that we want to do in particular, we just ask and the management will source it for us." Staff were very positive about their training and the support they received from the registered manager to complete this. All the records we reviewed confirmed what we observed and had been told.

Staff felt supported at the service. Staff received regular supervision and support through team meetings. A staff member said, "We have supervision quite regularly but we don't have to wait for that to bring any issues up, we can always talk to the managers whenever we need to." Staff said they had regular team meetings to discuss any issues and to learn from any events and share information.

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wished to spend their time. People at the service had varying levels of capacity. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). 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).

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 registered manager understood

their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. Both the registered manager and acting manager had followed processes in line with legislation.

People were supported to eat and drink enough and their nutritional needs were met. A menu was displayed on a noticeboard and the service also had the menus in a pictorial format for people. Staff and relatives said people had plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks.

People generally gained support for their health within the community whilst living at home although the service had contacted professionals that had been involved with people and gained advice regarding the person's needs. For example, the service had been in contact with GPs and dieticians. Information about people's health and general needs had been gained as part of the assessment process, which helped staff to ensure appropriate support could be maintained during their stay.

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff had a very good knowledge of people's needs, likes and preferences. A relative told us, "[relative's name] is always happy at Gowlands, the staff are extremely caring and kind."

Staff were caring towards people when supporting them to meet their needs. Throughout our observations there were positive interactions between staff and people. Some people had complex communication difficulties and staff knew how to meet people's individual communication needs. For example, we saw pictorial cards which were shown to the person for them to indicate what they required staff to support them with.

People and their relatives were actively involved in making decisions about their care where possible. A relative told us, "The staff always speak to me and ask if there have been any changes with [relative's name] and they also discuss any concerns or problems whilst at Gowlands." Staff reviewed people's care plans and discussed these with people and their relatives as appropriate, this was done prior to the planned stay at Gowlands. One member of staff said they reviewed people's care plans on a regular basis to make sure that the information held for people was current and reflected their needs fully.

People's diverse needs were respected. People had access to individual religious support should they require this.

Staff treated people with dignity and respect. We saw that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being. A relative told us, "They [staff] are always good with communications and will call me to let me know if there is any problems."

Before people came to the service for their planned break their needs were assessed to see if they could be met. One relative said, "[relative's name] has been going there [the service] for many years, but they always call me and discuss any changes in [name of relative] needs or medication."

Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. Staff had a good understanding of person centred care. The care plans were reviewed prior to people staying at Gowlands. The acting manager told us that a call to the person and their families were made prior to their planned stay, this was to discuss if there had been any changes to the person's health or care needs. The acting manager confirmed that if there had been significant changes a home visit to the person would be carried out and a full assessment was completed to ensure the service could meet the person's current needs. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts. For example; People were supported to attend activities of their interest in the community.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. We saw that the service had access to the internet for people during their stay and also games consoles were available for use. The acting manager explained that there were no planned activities as people were asked individually on a daily basis what they would like to do. We saw that one person had arranged to attend a pantomime with a member of staff, and was happy and excited about this trip.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. Relatives said if they had any concerns or complaints they would raise these with the manager. One relative said, "I have had to complain in the past, but the staff were very good. They investigated the complaint and responded to me very quickly."

Is the service well-led?

Our findings

The service had a registered manager in post. Although at the time of our inspection the registered manager was in the process of de-registering. A manager has been appointed and was being supported into the role by the existing registered manager. The acting manager and registered manager were visible within the service and would be available for people to meet with. They had a very good knowledge of all the people staying at the service and their relatives.

People and relatives felt at ease discussing any issues with the manager. One person said, "You can always speak to [acting manager], they will always have time to listen to you."

Staff felt the manager was very supportive to their roles and said, "If I have any worries or problems, I can always go to them and they will help." Staff also said they felt that their opinions were listened to, one said, "We discussed with the manager about staffing levels and also different things about providing support, they have listened to us and addressed the issues raised."

Staff had regular supervision, observations of their practice, handover meetings and team meetings to discuss people's care and the running of the service. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that had happened and used a communication book to share information. One member of staff said, "This is a nice environment with nice staff and team work." This demonstrated that people were cared for by staff who were well supported in performing their role.

Staff shared the manager's and provider's vision for the service. Staff told us, "Everyone wants the same thing, for people to be happy and safe here." The acting manager told us that their aim was to support people to ensure they felt at home and happy when staying at the service.

The registered manager gathered people's views on the service through meetings with relatives and people and through the use of questionnaires. They gathered opinions on people's care, the performance of the service and staff, and any changes or improvements that people felt were needed. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service. Some of the comments received from the surveys included, "Thank you for everything, she loved it." And "[name] always looks forward to next visit."

The acting manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people's care plans, medication management and infection control. They used this information as appropriate to improve and monitor the care people received.