Community Integrated Care

Gatesgarth

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

This was an unannounced inspection that took place on 4 January 2017. The inspection was carried out by one adult social care inspector.

Community Integrated Care run Gatesgarth and provide care and services for up to five people living with a learning and/or a physical disability. They operate a number of similar facilities in Cumbria and other parts of the country. Gatesgarth is located in a quiet residential area in the village of Little Broughton, just outside the town of Cockermouth. Accommodation is in single rooms and the house is specially adapted for people with mobility needs.

The service has a suitably qualified and experienced registered manager who runs Gatesgarth and one other small home. 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.

At the last inspection on 25 June 2015 we asked the provider to take action to make improvements to staffing levels. The provider sent us an action plan after the inspection and at this inspection we judged that this action has been completed. The home had increased the staffing levels and the registered manager was keeping this under review as people's dependency changed. Staff were suitably inducted, trained and developed to give the best support possible.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and there had been no safeguarding issues in the service. Good risk assessments and risk management plans were in place to support people. Suitable arrangements were in place to ensure that new members of staff had been suitably vetted and were the right kind of people to work with vulnerable adults. There had been no accidents or incidents of note in the service.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary.

The registered manager was aware of her responsibilities under the Mental Capacity Act 2005 when people were deprived of their liberty for their own safety. We judged that this had been done appropriately and that consent was always sought for any interaction, where possible.

People told us they were happy with the food provided. We saw that the staff team made sure people had proper nutrition and hydration.

The house was suitably adapted to meet people's needs and had recent improvements to floor coverings

and décor. Infection control was suitably managed and the home was clean and comfortable when we visited.

We observed kind, patient and suitable care being provided. Staff made sure that confidentiality, privacy and dignity were adhered to. People were encouraged to be as independent as possible.

Assessments and care plans were up to date and met the meets of people in the service. Staff were very centred on the needs of individuals.

People were happy with the activities and entertainments on offer. Some people went to day centres. Everyone was given the opportunity to follow their own interests.

The service had a suitable complaints policy in place but no formal complaints had been received.

The service had a suitable quality monitoring system in place and action was taken if improvements were needed.

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.

Arrangements were in place to ensure vulnerable adults were protected from harm and abuse.

Staffing levels met the needs of people in the service.

Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supported to enable them to give people good levels of care and support.

The people in the home were supported to eat well and keep as healthy as possible.

The house was warm and well decorated and met the individual needs of people in the home.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People had good levels of support to understand any interactions and options in their lives.

Independence was encouraged where possible.

Is the service responsive?

Good

The service was responsive.

Assessment and care planning was of a good standard in the service.

People were being encouraged to take up new activities and to

attend entertainments.

Arrangements were in place to help people if they had to use other services.

Is the service well-led?

Good

The service was well-led.

The service had an experienced and suitably trained registered manager who was proactive in improving the service.

The provider had a quality monitoring system in place which was being used to support on-going change and development.

Staff in the team displayed good values and a deep understanding of the needs of people who used the service.

Gatesgarth

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 4 January 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

We met four of the five people who make Gatesgarth their home. We spoke with them and we also observed how staff interacted with them. We observed a moving and handling procedure using equipment. We read all five care files. We looked at the arrangements in place for managing medicines.

We met six members of the support staff team and we spent time with the registered manager. We looked at two recruitment files and six staff files which included supervision notes.

We also had access to quality monitoring audits and reports. These were both internal and external audits.

We walked around all areas of the home including the kitchen, laundry and communal areas. We were also invited into bedrooms.

Prior to the inspection we reviewed the Provider Information Return (PIR) which had been sent to the registered manager for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed in some detail and we asked for further updates on this information when we visited the service.

We also spoke with representatives of the adult social care team, the local authority commissioners and with health professionals.

Good

Is the service safe?

Our findings

People we met were confident and relaxed in their own home. We asked one person about how they would deal with abuse. They told us that they would tell staff and the registered manager. They said, "I would tell...that doesn't happen in this house."

We spoke with staff who had a good understanding of what was abusive and how to deal with it. The senior support worker understood how to make safeguarding referrals. We saw that staff received good levels of training and there were details of local contacts if abuse was suspected. There had been no safeguarding matters reported for a number of years.

Staff told us that they were trained in safeguarding and in equality and diversity. Our conversations with them gave us evidence that they understood the rights of the individual and their duty of care. There was evidence to show that risk assessments were on-going to keep staff and people in the service as safe as possible.

We saw suitable written risk assessments and management plans within care files and other documents. The provider had suitable plans in the event of an emergency. There was clear guidance in the office for staff to contact the appropriate services if necessary. Staff told us that there was always a senior member of the organisation on call for back up and advice.

The provider had arrangements in place for staff to contact senior management if they had concerns. The provider had a 'whistle-blowing' procedure. Staff said they trusted the registered manager to deal with any concerns but that they were aware of the option to contact "head office".

The registered manager told us that there had been no falls or accidents of note in the last few years. The senior support worker and the registered manager were aware of how to manage accidents and incidents. They were also aware of how to notify the relevant agencies.

When we last visited the service in June 2015 we identified a breach in Regulation 18 Staffing of the Health and Social Care Act 2008 because there were not enough staff to cover weekend shifts. We had received an action plan telling us that this had been rectified. At this visit we judged that the breach had been met because there were enough staff in place to give people good levels of care and support.

We asked for and received a copy of the last four weeks of rostered hours. These showed us that there were normally four staff on duty during the day. Staff told us that this meant they could get on with domestic and care tasks and also take people out. One member of staff was awake all night and staff said that nights were usually fairly peaceful and that they could manage the care delivery. One staff member also said that, if there were issues, one of the late shift workers would stay on duty for part of the night. The registered manager told us that there was ongoing recruitment by the provider to ensure good staffing levels continued to be met in all their services.

Staff recruitment was done by the registered manager but all checks on background were monitored by Community Integrated Care's (C-I-C's) human resources department. We looked at two recent recruitment files and these were in order. We also spoke to a staff member who had recently joined the service who confirmed that she had no contact with vulnerable adults until all her checks had been completed.

The organisation had suitable polices and procedures covering matters of competency and discipline. These had not been used in this service for a number of years. The senior support worker and the registered manager told us they had received training on how to deal with these matters if they were to arise.

We checked on the medicines kept on behalf of people in the home. These were ordered, stored, administered and disposed of appropriately. Staff received training and checks on their competence. The dispensing pharmacy visited annually and audited the management of medicines. People in the home had their medicines reviewed on a regular basis by the GP or by a specialist learning disability consultant psychiatrist. We had evidence to show that one person had asked their GP to stop prescribing something that they felt did not agree with them. This had been done as the staff had supported the person to have their wishes met.

The house was clean when we visited. Staff told us they had suitable personal protective equipment available for their use. The home had supplies of cleaning materials and staff understood how to manage cross infection. The provider had suitable policies and procedures in place.

Good

Is the service effective?

Our findings

People who lived in Gatesgarth did not all communicate verbally but we learned from one person that the staff were, "Good...know what they are doing." We also learned that people were asked for consent. Again the same person said, "I am asked ...it's my house and I tell them..." We were told that the food was, "Very, very nice and what I want."

We asked for a copy of the staff training records. We saw that Community Integrated Care had a structured induction package for all new staff and that established staff also completed the training that the provider deemed to be mandatory. We saw that staff had received training in, for example, moving and positioning people and objects, safeguarding and person centred thinking and planning which all supported the work that they did. Staff told us that they were happy with both the e-learning and the face-to-face training they had received. Staff could talk about how they put the training into practice.

The staff team had received supervision from the registered manager or one of the senior team. We saw that this had been recorded. The notes varied with some records being more in-depth than others. The registered manager was aware that supervision and mentoring was a "work in progress" but the general feeling was that supervision, monitoring of competence and staff development had improved in the home. One member of staff told us that they felt they had received, "Real supervision for the first time in this service" since the registered manager came into post early in 2016. Another member of staff told us that they had their practice observed and had opportunities to talk to the manager or senior support workers about their role. The team were planning a new appraisal programme as this annual was now due.

The staff told us that communication was very good in the service. We heard a staff member give a very detailed verbal handover to the staff and this was also recorded in the person's notes. Staff told us that the team worked well together and used the office diary and the weekly planner to ensure that people attended activities and appointments.

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary. New applications were underway.

Most of the people in the home were assertive and able to ensure that staff understood their needs and wishes. We observed people being given a range of options and choices. Staff asked for consent before

interacting with individuals. We saw some very good examples of consent being sought by staff. We also noted that consent was written into person centred plans and that staff understood they should not do things against a person's will. Restraint had not been used in the service for some time. Staff received suitable training on the use of restraint and the management of behaviours that might challenge. Staff told us that diversion and other techniques were used in all the provider's services and restraint was not considered to be the best way of supporting people.

The people we met at Gatesgarth looked well and told us that the food they were given was to their liking. Staff supported people to devise a weekly menu and individuals went out to shop with staff. We checked on food in the house. We saw that there was a good variety of healthy foods available. Staff told us that, wherever possible, all meals were cooked from 'scratch'. One person was helping with lunch and was able to talk about the needs of all the people in the house.

Nutritional planning was, if necessary, part of the person centred plans. No one had any problems with maintaining their weight or in taking in enough nutrients. There was guidance in specific plans where people needed help and support to eat. We saw that where, for example, people needed a soft diet, the staff were fully aware of how to prepare the food and how to use thickening agents for liquids. People were supported to 'watch their weight' and opted for lower fat choices.

People told us that they "go to the doctor" and we had evidence that one person had gone to an appointment and had been supported to get the treatment they preferred. People saw specialists like occupational therapists, dieticians and speech and language specialists where appropriate. Some people also saw the specialist consultant for learning disability. People attended gender and age related health prevention appointments. Staff supported people to do things like reduce cholesterol levels. We judged that healthy eating and health prevention were high on the agenda for people who lived or worked in Gatesgarth.

Gatesgarth was a modern dormer bungalow which had suitable adaptations in place to meet most of the needs of people who may have problems with mobility. The house was warm, airy and odour free. There had been improvements made to the environment since our last visit with new flooring in place and evidence of redecoration. People were keen to show us their newly decorated and personalised bedrooms. The property had never had a call bell system but the registered manager was aware that there might be a need to alert staff as people's needs changed. The use of assistive technology was being considered for the service.

Good

Is the service caring?

Our findings

People who lived in Gatesgarth responded well to the registered manager and the staff team. Where people did not use verbal communication we saw, through observation of body language, that they were comfortable in their own home. People told us that the staff were, "nice...my friends...I like them."

We observed the staff team on duty working with people. They took a relaxed and patient approach and gave people time to express their needs and preferences. Staff treated people with respect. They were mindful of retaining people's dignity and privacy. We noted that people in the home were used to being treated properly. We observed one person clearly defining personal boundaries for themselves when having personal care support. Good guidelines were in place in person centred plans. Staff could discuss these in detail.

We heard staff responding to people's requests in a patient way. Staff explained interactions and processes in depth but in the pace needed by each person. People had 'easy read' pictorial care plans when necessary so that they could approve of the approach to be taken.

Staff spoke warmly to and about people in the home and were careful to include them in any discussions. Staff were aware of the need for confidentiality. Records were kept securely. People in the home understood each other's needs but information about individuals was not shared.

People were encouraged to do as much as possible for themselves. We saw examples in relation to personal care and to meal preparation. We met people who were independent minded and who had been encouraged to assert their personality. We heard people make their choices very clearly to staff and we saw that staff respected the right to choose.

Staff told us that they had good support from families and that next-of- kin would, where appropriate, act as advocates. We also learned that independent advocacy could be accessed if necessary.

Good

Is the service responsive?

Our findings

People in the service were aware of their person centred plans and told us that the staff, "Did them with me ...so they know what I want." People told us that they could choose their activities and outings and could refuse to go to activities if they wanted. We also learned that people were not afraid to complain with two people telling us, "I tell them... (the staff)...if I am not happy."

We looked at all of the care files and read three files in some depth. We saw that there had been initial and on-going assessment of needs. Some people had lived in Gatesgarth for many years but the team had continued to assess needs and risks. We saw that care risk management had been completed by the registered manager. One person had changed the way their finances were managed because the staff had listened to their wishes and assessed a change of arrangements. Other risks and needs had been identified where people had changing needs due to their physical health or the ageing process. We also saw that, where there had been challenges, the risk level had changed when the challenge lessened. This careful attention to risk management had led to improved planning for care and support.

We read care plans and found them to be up to date and person centred. We saw that recent revision had helped the plans to give more targeted guidance on how people wanted to be supported. We saw that hopes and aspirations were built into person centred plans and that some people had achieved their goals and were busy considering new things they wanted to achieve.

People told us about the outings and activities they were involved in. The home had its own transport and people went out routinely to shop or to have meals out. They also attended day centres if they wished. Some people went to sporting activities with swimming and 'boccia' (a ball game) being very popular. The registered manager had helped people to have short holidays in 2016 and there were plans underway for holidays in the summer. The staff team had made new contacts with local clergy and some people had gone to a church lunch and were keen to go again to meet with local people. The staff were thinking of ways to increase involvement in activities taking place in the local community.

No one on the day had any complaints about care or services. People told us they weren't afraid to complain. Staff said they were confident they could support anyone who had a complaint. There had been no formal complaints made to the provider, the local authority or to CQC. The provider had suitable policies and procedures in place to enable people to make formal complaints. Senior staff were dealing with an informal issue raised by relatives and were open about how they were dealing with this. A support worker had kept in touch with the next -of-kin to reassure them.

We learned about the support staff had given someone who had needed a hospital in-patient stay for some treatment. Staff had stayed with the person in a hospital in the north east and had liaised with all interested parties. We heard the feedback of how this support had been managed. We judged that the individual had been given very good levels of support during this time.

Good

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission. She had been registered since July 2016 but had been in post prior to this. The registered manager was suitably qualified and experienced to lead the service. She was also responsible for another small home which had been rated as 'Good' by CQC. We spent some time with the registered manager and heard about her plans for the service. We had evidence to show that she had reviewed the staffing arrangements, had reassessed people's needs and was busy with a quality improvement plan for the home.

The provider had a suitable quality monitoring system which allowed for auditing of all aspects of the service. This included external audits where senior managers came to the service to look at how specific aspects of the service were operating. Surveys were sent out routinely to people in services and to any other interested parties. These were analysed along with the reports of the visits. There were action plans in place which set out the course of action to be taken if any of the audits showed problems with quality. We saw evidence to show that this was on-going in Gatesgarth.

We saw that the staff team audited different parts of the service. There were routine checks on financial matters, medicines management, care delivery and staff training. We had evidence to show that the monitoring of quality was part of the everyday work of the team. During our inspection staff asked the senior support worker to check on medicines and on a receipt for expenditure. There were lists of supervision and care plan updates on the office notice board; checks on cleaning and food hygiene were seen in the home. We judged that quality was being monitored and actively improved on. We saw changes had been made to the environment, staffing and to care delivery since we last inspected the service.

The registered manager was aware of her responsibilities in reporting any accidents or incidents to CQC or to the local authority. Staff had access to guidance on this but there had been nothing notifiable for a number of months.

We looked at a wide range of records in the service. These were up to date and staff understood the importance of recording events and up dating records. There were a few older records that might have benefitted from a little more detail but these were minor issues which had been identified through quality monitoring. We saw in supervision notes that the registered manager was supporting staff to improve their recording skills so that detailed records would always be kept. the most recent records were more detailed. Staff said they were all working together as a team to ensure good record keeping was in place. One person said, "The manager has stressed how important it is to record things properly and I think we are getting much better at it."