Mr & Mrs L Palmer

Gate House

Inspection report

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Date of inspection visit:
10 March 2020
11 March 2020

Date of publication:
20 April 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Gate House is a care home for up to seven people with mental health needs. At the time of our inspection, there were seven people using the service. The home is an adapted residential property with accommodation over two floors. There was a communal lounge, dining area, kitchen and garden.

People's experience of using this service
People told us they liked living here and that they felt safe. They told us they were treated with kindness and respect. We saw staff interact with people in a very caring way.

We identified some issues with routine safety checks that caused potential risk to people. The registered manager said they would take immediate action to review and update their practice. We also had some concerns about people's safety should they need to be evacuated in an emergency, however the home had previously identified these concerns and was addressing them.

People's medicines were safely managed and stored by staff who understood their responsibilities well. The home was clean and free of malodour. Good infection control practices were followed.

People were supported by well-trained staff who understood their needs and preferences. People were involved in their assessments and support planning and had regular one to one time with a designated keyworker.

People were enabled to have relationships with their friends and families and took part in community activities. People's independence and dignity was promoted. Their risk assessments and support plans were written in a positive, person-centred way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they enjoyed working at the home and felt supported by management.

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

Rating at last inspection:
The last rating for this service was good (published 08 September 2017).

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Gate House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Gate House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people living at the home. We spoke with three members of staff including the registered

manager. We spoke with one professional who was visiting at the time of the inspection. We reviewed a range of records. This included three people's care records and four people's medicines records. We looked at three staff files and training and supervision records. We looked at a variety of other records relating to the management of the service, including health and safety records, audits, incident records and quality assurance records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and other documents relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● There were safety monitoring and recording processes in place, but these had not always identified potential concerns. During the inspection, we noted that the hot water tap in a shared hand basin was running much hotter than it should be. The registered manager checked the temperature of the water and confirmed it was dangerously hot, presenting a scalding risk. Although there were records of water temperature checks, these were not sufficiently detailed and had not identified the issue. Further, the daily fridge and freezer temperatures were also not always recorded correctly. The registered manager said immediate action would be taken to address the scalding risk.

We recommend the provider seek guidance from appropriate sources and review how they conduct, record and audit their essential daily safety checks.

● It was not clear how successful an emergency evacuation of the home would be. A Personal Emergency Evacuation Plan (PEEP) had been completed for everyone, to ensure there were arrangements in place to support them to evacuate the building safely in the event of an emergency. These were reviewed regularly. However, we saw from the records of fire drills that many people felt no sense of urgency and often declined to participate, despite the staff's best efforts to encourage them. The registered manager confirmed that they were in the process of reviewing how best to deal with this, and we could see it had been recently discussed at staff meetings and suggestions sought about how best to engage people.

● An external fire safety assessment had been completed just prior to the inspection and the provider was awaiting the report. The alarm system and fire extinguishers were regularly serviced and tested. During the inspection we observed that fire doors were closed and corridors and stairways were clear.

● Risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed monthly or when people's needs changed. Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe.

Systems and processes to safeguard people from the risk of abuse

● People confirmed to us that they thought the home was a safe place. One said, "It's safe, because it's my home."

● People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood whistleblowing and how to escalate concerns to the provider organisation if they needed to.

● There were suitable policies and procedures in place to protect people from abuse, and staff were following them. For example, we saw receipts and records being kept to protect people from financial

abuse.

Staffing and recruitment
● There were enough staff to support everyone. People told us there was always staff around if they needed them.
● Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely
● People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager. No major concerns had been identified.
● People were supported with their medicines by staff who had been trained in the safe administration of medicines. Staff were knowledgeable about the medicines they were giving, and adhered to the home's procedures. Medicine administration records (MAR) were completed correctly each time a person was supported.
● The support people required with their medicines was assessed and clearly documented. Information about people's medicines included a photograph of the person. There was clear guidance for medicines being taken 'as required'. This meant people were getting the right medicines when they needed them.
● People were encouraged to be as independent as possible with their medicines, which were regularly reviewed. People told us that care staff sought their consent before supporting them with medicines, and that they understood what medicine they were being given and what it was for.

Preventing and controlling infection
● The home was clean and was generally free of malodour.
● There was a plentiful supply of personal protective equipment (PPE) and staff told us there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.
● People were protected by staff who had been trained in infection control and adhered to the home's procedures.

Learning lessons when things go wrong
● Processes were in place to record any incidents and learn from them. Detailed records were kept and the home took appropriate action to try and prevent recurrence. These were regularly reviewed by the registered manager to ensure no further action needed to be taken, for example, if staff required training or a person's risk assessments needed to be reviewed.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were assessed and recorded clearly. These assessments were in line with current guidance and best practice. They considered people's strengths first and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support them to make choices.
- People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. Where people required support from the care staff, this included information about people's preferred routine and important details such as oral and denture care.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised set of standards for skills and knowledge that all care staff should meet. Further training and vocational qualifications were available to staff, who were engaged in learning.
- Staff were confident in their role and told us they felt supported. They had regular supervision and appraisal with their line manager and detailed records were kept. They confirmed their training was up to date and that they had found it useful for their work.

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

- People's nutritional needs were assessed and documented. There were clear instructions for staff to follow when needed, for example, for people with diabetes.
- Staff supported people to be as independent as possible with their meals. Many people cooked for themselves or with minimal support from staff. This meant people were able to cook their own preferred and cultural food and they told us they appreciated this.

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

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. People living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. Detailed records were kept showing visits by or to professionals such as GPs, nurses, opticians and chiropodists.
- People were supported to receive good care when they had to transfer between services. Processes were in place to ensure a person being taken to hospital would have with them their medicines, personal information, a summary of their needs and their important personal items, such as their glasses or handbag.

● Staff understood the early signs and symptoms of common threats to people's health and wellbeing and aimed to prevent them where possible. For example, staff confidently described to us the symptoms of urinary tract infections (UTI) and knew how to prevent them. Staff told us, "I know how they are. So if the person is not in a good shape, I would see it."

Adapting service, design, decoration to meet people's needs
● The home is a period property which was accessible to the people who lived there. People told us they liked their rooms, which were customised with their choice of décor, furniture and possessions.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● At the time of the inspection, there were current DoLS authorisations in place for the two people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed. There were policies and procedures in place for assessing people's mental capacity and making decisions in people's best interests. Staff understood the principles of the MCA.
● Staff sought consent when supporting people. People told us that staff asked permission before entering their rooms and that they were able to refuse support with personal care or to say what sort of support they wanted on that day.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated by staff. People told us they thought the staff were caring towards them and agreed that staff supported them with respect. They said they felt "happy all the time" and that they were being looked after by "lovely" staff.
- We observed friendly, natural interactions between people and staff during our inspection. People told us the staff were behaving in their usual way and they were always treated kindly. Staff wrote their daily records and observations in a positive and caring way. Staff told us, "We have amazing residents, they make us laugh... I don't feel like I'm at work."
- Equality and diversity was respected and celebrated at the home. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction. The home celebrated seasonal and religious festivals with people.

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

- People were able to express their views and make decisions about their care and support. They spoke about their care with their key worker and there were regular residents' meetings. We could see that topics discussed at meetings included if people were satisfied with their activities, what they wanted to do for their holidays and big events, and if people had any suggestions to make.
- People's views and preferences were included in their support plans. During the inspection, staff encouraged people to speak with us and supported them to communicate.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted by staff. People told us they thought staff were respectful of their privacy.
- People's independence was promoted by staff. Their support plans contained information about aspects of tasks which they were independent with and did not need the care staff to help them with. Staff described how they supported people to maintain their independence when supporting them with personal care.
- Personal information and records were stored securely. Filing cabinets and offices were secure and computer systems were password protected.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were personalised and included how they wished their assessed needs to be met. Care plans had been reviewed and signed by people. People told us they chose what to do with their lives, and that staff listened to them when they said they liked or disliked things.
- Each person had an allocated key worker and had protected time with them. Key workers knew their key people especially well and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in line with the AIS. Staff understood how best to communicate with each person. For example, one person was quite 'shy' and spoke very quietly, but had members of staff she preferred to speak with so they would be with her whenever possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home offered social activities for people to do together and as individuals. They went on outings, such as visits to beaches in the summer, local restaurants and community events, and there were social occasions and celebrations at the home. People and staff took short breaks together, for example to holiday camps and seaside hotels.
- The home encouraged families to visit and invited them to social celebrations, such as the Christmas party. There were birthday celebrations for people, with cake. When people's family did not live locally, people were appropriately supported to keep in touch with them.
- People were active members of the community, taking part in employment and leisure outside of the home. One person worked locally, and other people regularly attended day centres, church services and community events. As most people were independent they came and went as they pleased to pursue their interests and friendships. A professional told us, "People are supported to do things, and keep their independence."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, and guidance on how to complain was on the communal notice

board. People told us they understood how to complain to the registered manager if they needed to. There had been no complaints in the past year. We saw that suggestions for improvements had been sought during resident and staff meetings. A professional told us, "I've never had to raise concerns or make a complaint."

End of life care and support

● The service was not supporting anyone at the end of their life and did not expect to. People's end of life wishes and preferences were recorded if they wished to discuss these.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff described a positive culture and the home had a good atmosphere. People told us they liked living there and staff told us they enjoyed working there. One person told us, "I'm happy and well looked after."
- Staff spoke with and about people in a positive and empowering way. Support plans, risk assessments and records used person-centred, inclusive language. Staff told us, "We all have a good relationship. Staff and people care about each other."
- Staff turnover was low and they spoke of the service in very positive terms. This meant people had continuity of care from staff who knew them very well. A professional told us, "I think they do a good job. I've got a lot of respect for them."
- People's outcomes were good. They told us they were happy and were able to do things they enjoyed. Their wellbeing was promoted, and they had active lives in the home and in the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and their regulatory responsibilities around reporting to the CQC, and sent the required notifications correctly. We saw in records of incidents and near misses that the registered manager communicated openly with the relevant people.
- The home was displaying their most recent CQC inspection rating. A copy of the most recent report was available at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities. There were regular staff meetings, and records were kept. We saw they included discussion of people's needs, the running of the home and staff development. Staff told us, "Suggestions are listened to."
- Managers and staff were knowledgeable about current best practice and stayed up to date using different resources. These included CQC publications, guidance from the National Institute for Health and Care Excellence (NICE) and Skills for Care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's feedback was sought in formal and informal ways. We observed people were routinely

comfortable expressing their feelings to the staff. People's feedback was more formally sought during key worker sessions, resident meetings and an annual survey of people, their relatives and representatives and professionals. Feedback we saw was positive.

● The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home. Records of these visits were kept. A professional told us, "They have a great relationship with the GP here."

● The home worked in partnership with local community services to ensure people took part in activities outside the home, such as day centres, church services and local events.