Mr & Mrs H Emambocus

Gladstone House

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

Overall summary

This inspection was carried out on 13 November 2014 and was unannounced. At our last visit to Gladstone House on 4 July 2013 we did not ask for any improvements to be made.

Gladstone House provides accommodation and personal care for up to 12 adults with mental health conditions. There were nine people living at service on the day we inspected. The building is a converted hotel with a more recent extension. The property had no garden or car parking space but was situated close to public gardens.

There was a registered manager at this service who had been registered since June 2011 with the Care Quality Commission. 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 and associated Regulations about how the service is run.

Gladstone House is a small family run service which has a friendly and relaxed atmosphere.

Summary of findings

We found that the service was safe. There were sufficient staff on duty to meet the needs of people who used the service and they were trained in mandatory subjects as well as specific subjects such as mental health.

People were protected through the use of the Court of Protection when there were any identified risks. The court of protection is able to authorise a named person to make decisions on behalf of someone who is unable to make the decision for themselves.

Medicines were managed safely and people who used the service had access to healthcare professionals when needed.

Staff were kind and caring towards people who used the service and showed respect when speaking with them. People who used the service were encouraged to maintain links with family and friends.

There was a clear management structure within the service and staff understood the culture and values associated with this service

Summary of findings

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

This service was safe. People who used the service told us that they felt safe and we saw that there were sufficient staff on duty to meet people's needs.

People were protected through the use of the Court of Protection and other means when there were identified risks relating to people's money.

Medicines were managed safely. The environment was safe because mains services and equipment was serviced and tested regularly.

Is the service effective?

Good

This service was effective. Staff employed at this service received appropriate training and we saw from records that staff received regular supervision from the registered manager.

People who used the service had access to healthcare professionals.

People ate meals that were of sufficient quantity and were nutritious.

Is the service caring?

Good

We saw that staff were caring and knew people well. They had a good rapport with people.

Staff were kind and caring showing respect for people who used the service.

We observed that people who used the service were encouraged to maintain links with their families and friends but had also used advocacy services on occasions.

Is the service responsive?

Good

The service was responsive. People were involved in planning their care and support and had signed their care plans to say they agreed with the content.

Activities were planned throughout the day to suit the needs of people who used the service.

People who used the service attended house meetings to discuss their wishes and preferences whilst living at this service.

Is the service well-led?

Good

The service was well led. There was a quality assurance system in place.

The culture and values of the service were understood by staff.

Positive comments about the service had been received through the use of a comments and compliments book from professionals and people who used the service.

Gladstone House

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 13 November 2014 and was unannounced.

The inspection team was made up of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

We also checked any statutory notifications that had been received by the Care Quality Commission from the provider and other information we held about this service.

During this inspection we looked in every room apart from one. We were given permission to do so by people who used the service but one person did not wish us to enter their room. We tracked two peoples care and support, looking at care plans, risk assessments and medication administration records as well as speaking with the two people. We also spoke with the other people who used this service in a more informal manner.

We looked at staff recruitment and training files for three members of staff and spoke with staff on duty and the registered manager. We looked at documents relating to the running of this service and observed the daily routines of the service for six hours.

Is the service safe?

Our findings

We found this service was safe. People who used the service told us that they felt safe living at Gladstone House. One person said, "I feel safe. I have lived here a long time and am reasonably happy here."

There was no one at this service who was unable to make everyday decisions for themselves.However, there were some people at risk of exploitation for various reasons and we saw that the Court of Protection had appointed the local authority to act on someone's behalf in relation to their finances. This meant that the local authority looked after the person's money for them.

Staff recognised different types of abuse and knew what to do if they saw anyone at risk of or being harmed. Staff had been trained in safeguarding vulnerable adults. Safe recruitment practices were followed with appropriate checks being carried out before people started work at this service. This gave people who used the service some protection as it guarded against people being employed who were not suitable to work in a care home. There were sufficient staff to meet the needs of the people who used the service.

We observed that medicines were managed safely and practices were employed which meant that people received their medicines safely and as prescribed. We saw three medicine administration records(MAR) and they were all properly completed. When people visited their families for a few days they signed a record to show what medication was taken out of the service. We saw that a medicine audit had been completed and that issues identified had been acted upon.

We observed people collecting money from staff when they wanted to go shopping. People's money was kept in a safe within a locked cupboard. People asked for the amount they wanted and it was counted out in front of them and the balance checked by two staff. We observed a person collecting their money and they and two staff signed a record of the transaction. Staff told us that the people who had their money distributed in this way did so because of identified risks associated with finances. These risks had been identified and recorded in people's care plans.

We saw that each person had identified risks recorded in their care plans with any associated management plans recorded. For instance we saw that one person was at risk of financial exploitation and so the local authority and Court of Protection dealt with the persons finances.

Accidents and incidents had all being recorded and appropriate action taken. There had been thirteen recorded incidents since January 2014 but there was no analysis of the incidents to identify trends. We saw no evidence to suggest that lessons had been learned from these incidents.

The environment was managed safely with regular safety checks and servicing completed for gas, electricity and fire equipment. These were all up to date. An emergency fire plan was on display so people knew what to do in the event of a fire and staff had been trained in fire safety procedures.

Is the service effective?

Our findings

This service was effective. Staff employed at this service received training in all mandatory subjects such as health and safety, fire safety, safeguarding adults. When we looked at staff training records we saw that people who used the service were supported by staff that had also done specific training in subjects such as Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs) and understanding mental health. This meant that staff had some understanding of people's mental health conditions making them more effective.

We observed staff supporting people who used the service and saw that while the care and support provided was carried out in a safe manner staff were very task orientated. However, when we spoke to people who used the service they told us that they enjoyed the routine of the service and this helped them manage their day. This meant that individual preferences were being met. Staff were clear about their roles and had specific responsibilities.

We saw from records that staff received regular supervision from the registered manager. This gave them the opportunity to discuss work related matters and share information in a one to one meeting.

There was no one at this service who was unable to make their own decisions about their care. In cases where people who used the service were vulnerable or at risk the court of protection had appointed the local authority as their deputy to manage peoples finances.. We saw that people had had an advocate when they chose to and some people were supported by their family. The registered manager was following the principles of the Mental Capacity Act 2005. They knew how to make an application to deprive someone of their liberty but had not had to do so.

When we looked at care records we saw that people who used the service had signed the care plan to say they agreed with the content and consent to care and support. When we read the care plans we saw that people who used the service had access to healthcare professionals. For instance one person took medication that required monitoring so they attended a clinic monthly. Another person needed a dressing doing and they visited a district nurse regularly at the local surgery. This meant that people were supported to maintain good health by accessing relevant professionals.

We observed people who used the service making drinks throughout the day and helping to prepare lunch. We observed a lunchtime period and saw that people were given sufficient to eat. The menus were chosen by people who used the service. They told us that they chose one menu a week so that everyone could eat what they enjoyed. People who used the service were able to tell us what they had to eat that day and one person told us, “The food is good”.

People sat in a dining room to eat and tables were set by one of the people who used the service with condiments and jugs of water on the table. This gave a family feel to the meal time. The meal was unrushed and people were given time to enjoy their food.

The service had received a rating of 5 from the local environmental health officer which meant that they were meeting standards required under food safety legislation.

Is the service caring?

Our findings

This service was caring. We observed that staff knew people well and were constantly chatting with them. There was a friendly atmosphere at this service and it was clear that people who used the service felt comfortable approaching the staff. People who used the service told us, " I am happy here" and "I love it here".

A visiting social worker had written in the comments book, "I have visited Gladstone House on two occasions and have always found the home to be calm and homely and staff very friendly and welcoming."

We saw that people who used the service mattered to staff. When staff spoke to people they did so in a kindly fashion and listened to what they had to say with a person centred approach. Staff were respectful and asked people before carrying out any activity. We saw that staff knocked on bedroom doors before entering maintaining people's privacy.

We saw from peoples care plans that they were encouraged to maintain relationships. One person who used the service told us, "I have a visitor twice a day which makes me happy." We saw that another person had close links with their family and they visited them regularly. One person who visited the service had been restricted from visiting the service because of previous incidents but that had been managed effectively by the service and did not impact on the contact shared by the person who used the service and their relative.

We saw that people had accessed advocacy services when they wished. One person had decided they no longer wished to continue with the advocacy service themselves.

People were able to use any areas in the service as they wished. For instance one person was laid on their bed watching films and another sat in the lounge for the morning. Some people chose to go out and did so at will. They told staff they were going and came and told staff they were back but we did not hear staff asking them to do so. There was mutual respect evident between people who used the service and staff.

Regular meetings were held with people who used the service in order for them to express their feelings, wishes and opinions. Staff meetings were also held regularly. One member of staff told us that one person's MAR chart had not been signed on one occasion and so this had been brought up as an agenda item at the meeting and the deputy manager now checked the charts on a regular basis to ensure consistency and that correct procedures were followed. The registered manager used this matter as an opportunity for learning and development. These meetings were recorded.

We saw that each person who used the service had completed a detailed form outlining what their wishes were in the event of their death. There was no one in need of end of life care at this service.

Is the service responsive?

Our findings

We looked at people's care and support records and saw that they had been agreed with the person who used the service. We also saw that each person had a care coordinator employed by the local authority that had helped them plan their care and reviewed the care plans regularly with the person and staff at the service.

There were detailed personal histories which gave staff information to help them support people at this service. We could see that the history had been used to develop peoples care plans and when we spoke to staff they were able to tell us about people in detail.

The registered manager was a registered mental health nurse and so was able through their knowledge and training to make sure that people received appropriate care that met good practice guidelines for people with a mental health condition. We saw from peoples records that local community mental health services gave advice and guidance to people who used the service and staff at this service

During the day of our visit there were a number of activities taking place. Some people had chosen to help in the kitchen. One person took themselves to the shop and later in the day a group of people went for a walk together with a member of staff. A person visited from a local church later in the day and sat reading with people. A large number of people who used the service joined this group and said they enjoyed the afternoon.

We observed when we visited people's rooms that they reflected people's interests. For instance one person had pictures of their family and told us about the places and people that had been photographed.

We also saw that people who used the service went out separately or as a group for meals or other activities. In the comments book we saw that one person who used the service had written, "It was a nice day" and another person had written, "Went for fish and chips in Filey."

There was a policy and procedure for people who used the service to use if they wished to raise concerns. This was displayed in the entrance hall of the service. There had been one complaint received within the last twelve months and this had been dealt with appropriately and according to the complaints procedure of this service. There was a compliments and comments book available for people to write in and nine compliments had been received over the last twelve months.

Is the service well-led?

Our findings

The service was well led. There was a registered manager in post at this service. The registered manager had a quality assurance system in place. When we looked at the housekeeping completed in September 2014 it said that all the areas looked at were good when in fact we had seen some areas of the service needed some improvement. For instance there was a water mark under a window from an old leak that required some attention and some decoration was required in one bedroom. We discussed this with the registered manager to determine whether or not the quality assurance system was effective and they told us they would make sure the written audit was more robust in future but in fact repairs to the areas seen had already been planned. We could see however that in other audits such as medicine actions required had been noted and acted upon which meant that there was learning and improvements taking place at the service.

There was a clear management structure with a registered manager and a deputy manager at this service. One of them worked each day so that leadership was evident to staff. We could see that there was a relaxed atmosphere between staff and the manager but it was clear that staff had respect for them and approached the deputy manager for advice and guidance throughout our visit.

The culture and values of the service were evident. We saw that staff worked together to ensure the best outcomes for people throughout the day and they valued each other. This was evident in the way in which they spoke to each other and to people who used the service. We saw from records we looked at that this was reinforced through supervision and discussions with the managers.

Throughout the day the registered manager was able to answer all of our questions about the service and made themselves available to do so.

Staff told us they would know how to raise a concern and would be confident in doing so with the registered manager or deputy manager.

We could see from the compliments received by the service that people who used the service and professionals gave good feedback. There had been a quality assurance visit by the local authority in December 2013 which had only identified minor improvements that were needed to paperwork. These had all been actioned.