Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Gatchell Oaks Care (GO Care)

Gatchell House, Trull, Taunton, TA3 7EG

Tel: 01823270694

Date of Inspection: 18 February 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Somerset Redstone Trust
Registered Manager	Mrs. Elva Dennihy
Overview of the service	Gatchell Oaks care (GO care) is part of the Somerset Redstone Trust which was formed in 2000. The objects of the charity are to promote the relief of people living in the UK who are disadvantaged by virtue of old age or by physical or mental disability and in particular to provide and manage homes for them to live in. GO care provides personal care to people living in their own home set in the independent elderly living complex set in the Gatchell House grounds just outside of Taunton.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Gatchell Oaks Care (Go Care) had a small team proving personal care to few fairly able people. People told us they were very happy with the care and support the received from Go care.

The manager told us that people were encouraged to do a lot of things for themselves but had support from staff with activities such as bathing and shopping. We were told this type of support helped people to be independent and the manager said "It's about letting the service user do as much as they can for themselves, we will just wait patiently until we need to help them."

People said they found staff were flexible and willing to change the ways they provided their support. Staff told us they felt supported in their work, were encouraged to develop and had good opportunities for training.

The service kept good records which were up to date and easily accessible.

The manager regularly collected feedback from the people who used the service for monitoring the quality of service the people received.

Having assessed all the available evidence, we considered the service demonstrated how it met the safety and welfare needs of the people living in the independent elderly living complex of Gatchell House grounds.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views were considered in the way the service was delivered to meet their care and welfare. People who used the service were able to make informed choices about their lives and their dignity was respected.

Reasons for our judgement

The organisation provided a range of care and support services. These included independent living, supported living and an outreach service. On the day of our inspection, the manager said the two people using the service required assistance with some of their personal care. We were also told that some personal care was provided through prompting and encouragement.

People said staff took account of their views and provided the support they had agreed. People also said their support workers treated them respectfully. One person told us "Oh yes, staff are very respectful." The staff we spoke with had an understanding of people's rights and the need to respect the decisions that people made.

We looked at peoples care records during our visit and the plans had been signed by the person using the service. One person said "I was very much involved in discussing my care." This showed that people using the service were involved in planning and agreeing their care and support.

The manager explained how people received support for a certain number of hours each week, depending on what had been agreed. The manager informed us that care and support was delivered around the needs of the person using the service, so routines could be changed. This was confirmed by people using the service who said staff would do things differently on different days. This showed the service was being flexible by working round the changing needs of the people using the service.

People were given an information pack when joining the service to help them decide if the service was suitable for them. The information pack we saw was detailed in setting out the philosophy of care and the aims and objectives of the service. The pack included a section on how to pass on comments, suggestions or make a complaint.

The care records included the type of support a person needed to access their community

facilities. People were assisted in going to church, attending coffee mornings and structured activities in the organisation's communal lounge. The records we saw included the service supporting people to go shopping and for their health check appointments. The manager said assistance with specific health and medical needs were agreed as part of the initial contract for care and support. The manager also encouraged other support agencies to get involved in helping people using the service to ensure they received personalised care which met their care needs.

The people using this service can expect to be respected as individuals and be supported by the staff in a dignified way.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and treatment and support that met their needs and protected their rights.

Reasons for our judgement

The assessments we saw collected a range of information to help ensure there was enough information about the person using the service to provide a personalised support plan. The assessment had information on medical, community life, social and recreational needs.

We saw the care plans which set out the person's individual goals and the outcome they wanted to achieve from receiving support. The care plans were clearly set out and sufficiently detailed to ensure the person was receiving individualised care and support. The people using the service confirmed their care worker was providing the care and support which had been agreed. For example one person talking about the care they received said "Yes, it's exactly what I wanted."

We could see that one person using the service did a lot of things for themselves but had help from staff with various activities at home and in the community. We were told about some of the support the person received, which included cooking, shopping, ironing and domestic duties. This was confirmed by the person using the service who also said "sometimes they do those little extras for me."

The manager described how people using the service were able to talk about their needs and discuss any changes in the support they received. The manager regularly met with the people using the service and the staff delivering the care. This was confirmed by a person using the service who said the manager visited regularly and discussed the care and support provided by the service. People using this service received personalised care and support which was suitable to them.

Risk assessments were linked to people's goals and individual plans. Risks relating to particular activities were highlighted in people's care records and there was guidance for staff on how these were to be managed to help ensure people's safety. For example we saw the assessment of the risks to the staff involved in the administration of medicines.

The daily entries which recorded information about the person's care and support needs were kept in the person's home and staff signed that the daily work had been done. We saw the recordings in the 'daily diaries' which contained detailed information giving a good description of the support that people received.

The Staff were kept up to date with care and service developments through supervision. This was confirmed by the staff we spoke to. There was also in house training, for instance there had been recent updates on managing medication.

We were told by the manager that emergency procedures were in place. These explained how the service would respond to a number of different situations in which the whole or part of the building may be affected by an unexpected incident. The service's business continuity plans included fire and evacuation of the premises. The manager explained there was an arrangement to continue to run the service from different offices. All the information stored electronically would be safe because it was regularly stored in equipment located in different premises. The manager was able to demonstrate and explain the action to be taken to maintain business continuity, which meant the care and support delivered to people using services would not be affected.

The way the service was organised meant the well being and safety of the person using the service was maintained.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People using the service knew about the complaints procedure and the procedure was also in the 'service user guide'. As part of the service monitoring, the manager regularly visited people in their home giving them the opportunity to discuss the service and share any concerns.

The manager said that there were no concerns at the present time about people's capacity to make decisions. The people on the housing complex where the service was based were independent and could go to any domiciliary care agency for personal care and support. The manager explained that due to the small size of the service, they would not be involved in caring or supporting anyone who lacked the mental capacity to make their own decisions. As already stated, people would only get the service if the assessment confirmed their needs and support, could be met by the service. Both the manager and the member of staff on duty at the time of our inspection demonstrated an understanding of the Mental Capacity Act and their possible involvement if the circumstances arose but not with a person receiving their service.

We saw the 'safeguarding file' in the office which staff could refer to if needed. We noted the safe guarding of vulnerable adults booklet did not contain the names and telephone numbers of agencies to be contacted by anyone who had concerns about a person using the service. The manager explained to us that for any issues regarding the housing complex which included the people using the service, there was one contact number to a 24 hour support service which had all the emergency numbers of other services and agencies. These number included professionals and agencies which were involved in the protection of vulnerable adults.

The manager informed us that over the last year there had not been any serious incidence involving the people who used the service.

People using the service had their own families and lived an independent life so they could represent their own views. However the provider may find it helpful to note there is a duty of care on the service to ensure staff receive training to promote an awareness of mental capacity and protecting people from abuse.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People are safe and their health and welfare needs met by staff who are fit appropriately qualified and healthy to do their job.

Reasons for our judgement

We spoke with the people who were using the service, who spoke positively about the care they received. One person said that "the staff are very competent."

We talked to the manager about how the service organised its recruitment procedures and were shown the documentation used by the service when recruiting new staff.

The application form asked for the applicant's relevant skills, experience and work history and for the names of two referees. We saw the recruitment assessment form used by the employer to record the relevant information discussed at interview and the applicant's response to the questions. The forms provided the opportunity to gather comprehensive information about an applicant in order to make a judgement of their suitability for the role they applied for.

We saw the form used to gather references, which gave an opportunity for the referee to state their role and organisation, so the employer would know whether the reference had come from a reliable source. The application form contained the rehabilitation of offenders section which collected any data about any criminal convictions. We saw that procedures were in place to carry out Criminal Record disclosure checks on all applicants.

The two personnel files we viewed confirmed the recruitment procedure had been followed. The files we viewed contained information on training, an application form, identification photographs, interview notes and criminal checks. Staff had been on a range of training to enable them to support people who used services. This included first aid and manual handling. We saw that staff had regular supervision and annual appraisals which was confirmed by the staff we spoke to. The way recruitment was organised meant the staff had the knowledge and understanding of their job and the organisation was providing suitably recruited staff to support people using the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

GO care is a small service and the people, same staff and manager meet on a very regular basis. This was confirmed by people using the service who said "I can go to the manager about anything" and "I see the manager often and I am very happy here." People could pass on their views when meeting with their care worker and the manager. The manager believed there appeared little justification to formally approach people for their views when they were regularly involved in commenting how the service was provided.

People we spoke with were aware of the provider's complaints procedure. We saw the complaints procedure and the folder kept for recording complaints. We also saw a form for analysing complaints and the manager was aware that the analysis contributed towards service improvements. Although there had not been any recorded complaints in the five years, the manager told us that information arising from compliments and complaints would be analysed to help identify what the service did well and how it might be developed. People using this service could express their concerns in the knowledge that they would be heard and action taken where necessary.

The provider had set up systems for monitoring the quality of service they provided. There was monthly auditing of care plans which were updated by the manager when necessary. We saw the records of audits which were undertaken on a regular basis such as fire checks, health and safety assessments, electrical tests and maintenance checks.

We saw that the provider's policies and procedures manual had been revised in June 2012 to ensure that the guidance for staff was kept up to date.

The office as the main base for the service was monitored for health and safety, fire and electrical checks and the fire records we viewed were up to date. This meant that the people using the service, accessed premise which were well maintained and safe.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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