

Mr & Mrs L Palmer

Gate House

Inspection report

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Date of inspection visit: 22 May 2015
Date of publication: 31/07/2015

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?	Requires improvement	

Overall summary

This unannounced inspection took place 22 May 2015. The service provides care and accommodation to seven adults who have experienced mental health problems. At the time of our inspection there were five people living at the home.

The service did not have a registered manager. The manager had submitted their application to be registered as the manager of the home 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 2008 and associated Regulations about how the service is run.

The last inspection of the service was on 3 October 2013. We found the service met all the regulations we looked at.

At this inspection we found there were tools used to monitor and assess the quality of service provided. However, these had not been used for over one year.

Summary of findings

People told us that the home was a comfortable place to live. They said staff treated them with respect and dignity. Care records confirmed that people had been given the support and care they required to meet their needs. Safeguarding adults from abuse procedures was in place and staff understood how to safeguard the people they supported from the risk of abuse. Staff told us they were supported to do their jobs effectively. There were sufficient numbers of staff on duty to meet people's needs.

People's individual care needs had been assessed and their support planned and delivered in accordance to their wishes. People and their relatives were involved in reviewing their support to ensure it was effective to meet their needs. Risks to people were assessed and a management plan put in place to ensure that they were protected from risks associated with their support and care.

People received their medicines safely and medicines were managed in line with the provider's medicines policy and procedure. The service worked effectively with other health and social care professionals including the community mental health team (CMHT). People were supported to attend their health appointments and to maintain their health.

People's choices and decisions were respected. People consented to their care and support before it was delivered. People told us they had the freedom to do whatever they wished without restrictions. The registered manager understood their responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that best interests' decisions were made for those who lacked the mental capacity to make such decisions; to ensure people were not unlawfully deprived of their liberty.

People were provided with a choice of food, and were supported to eat their meals when required.

People were encouraged to follow their interests and develop new skills. There were a range of activities which took place within and outside the home. People were encouraged to be as independent as possible.

The home was clean and well maintained. Health and safety checks were carried out regularly to ensure the home was safe.

The service held regular meetings with people to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service or the care they received

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?

The service was safe. The environment was well maintained.

The risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood signs to recognise abuse and how to report them following their organisation's procedures.

There were sufficient number of staff on duty to meet people's needs.

Medicines were handled and managed safely.

Good



Is the service effective?

The service was effective. People were supported by staff who were trained and supported to meet their needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The service knew their responsibility under the (MCA) and (DoLS).

People were supported to eat a healthy diet and had access to health care they needed to meet their needs.

Good



Is the service caring?

The service was caring. People were treated with dignity and their privacy respected by staff.

People were involved in planning their care and support and their wishes respected.

Staff understood people's needs and communicated effectively with them about their support.

Good



Is the service responsive?

The service was responsive. The provider assessed people's individual needs planned and delivered their support to meet their needs.

People were asked about their preferences and encouraged to follow their interests and develop new skills for daily living.

People knew how to make a complaint if they were unhappy the service. They told us that their concerns were resolved. People were given the opportunity through meetings to feedback and make suggestions about the service and they were acted on.

Good



Summary of findings

Is the service well-led?

Some aspects of the service were not well led. The manager was in the process of registering with CQC as the registered manager.

There were tools to monitor and assess the quality of service provided. However, these had not been used for over one year.

People and staff told us that the manager was open and approachable.

Requires improvement



Gate 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 checked 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 22 May 2015 and was unannounced.

The inspection was carried out by two inspectors 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. Before the inspection we reviewed the information that we held about the service. This included statutory notifications the provider had sent to us about incidents at the service.

During the inspection we spoke with five people who used the service, four members of staff and the manager. We observed how staff supported people and how staff communicated information about people from one shift to the next. After the inspection we spoke with one relative of a person who used the service and a social worker involved in the service to obtain their view of the service.

We reviewed five people's care records and five people's medicines administration records (MAR). We looked at records in relation to the management of the service such as health and safety and complaints.

Is the service safe?

Our findings

People living at the service told us they felt safe. A person said, "I feel safe here. I have a key to lock my door." Another person told us, "I feel safe. No one bullies." And a third person said, "My money and valuables are safe."

Staff understood and were able to explain the various types of abuse, signs to recognise them; and how to report any concerns in line with the provider's safeguarding procedure. Staff told us safeguarding concerns raised with the manager would be investigated appropriately. People had keys to their rooms and they locked it to ensure their valuables were safe. Staff also knew how to 'whistle-blow' if necessary.

The service carried out risk assessments and these covered medical conditions, mental health, behaviour and safety in the community. Management plans were put in place where risks were identified. This ensured that risks of harm to people were managed and place reduced the recurrence of harm. For example, a behavioural psychologist had been involved to devise a management plan for one person whose behaviour challenged. This plan included triggers and types of therapeutic activities to engage the person in and how to diffuse a challenging situation. Another person had a crisis plan in place which detailed signs of relapse, actions for staff to follow in the event the person's mental health deterioration. Risk assessments and management plans were reviewed regularly to ensure they continue to be relevant and effective.

Staff members we spoke with demonstrated they understood how to implement the guidance in order to support people. This showed that staff supported people they cared for appropriately to reduce the risk of harm to them and to promote their well-being.

People's medicines were handled and managed safely. People knew what medicines they took daily and staff supported them to take them. People were encouraged to self-administer their medicines after an assessment had been carried out. We checked Medicines Administration Records (MAR) for five people and it showed that medicines had been administered to people as required. There was a protocol in place for the administration of homely remedies (non-prescription medicine that is available over the counter and used for the short-term management of minor conditions such as headache, cold symptoms, and cough). This was signed by people's GP's. People's care records included information about each medicine people were taking and its possible side effects. Allergies were also noted on the MAR.

Records were maintained for medicines received and medicines returned to the dispensing chemist. Medicine audit was completed monthly to ensure all medicines were accounted for. We checked these records and it tallied with the stock medicines available. We saw that people's medicines were stored securely in locked cabinets in the medicines rooms.

People told us that there was staff around to support them during the day and night in the way they required it. The duty rota we checked corresponded with the staffing at the time of our inspection. The manager told us that they provided additional staff if required based on the need of people, or to accompany people to appointments.

Staff were trained to respond to emergency situations appropriately. Fire evacuation drills were conducted regularly to ensure people and staff knew how to respond in the event of a fire. Fire systems and equipment were tested and serviced regularly to ensure they were functioning properly. The home was clean and well maintained.

Is the service effective?

Our findings

People told us that staff knew their jobs well and how to support them. One person said, “I am happy with the service because they made me feel well.” Another person said, “Staff are very good.”

Staff told us that they met with their manager regularly for support and supervision. Records of supervision meetings showed discussions about their daily work, team working and training required by staff. The manager was organising various training for staff with the local authority to enable them update their skills and knowledge to do their jobs effectively. All the staff we spoke with confirmed that they had completed a period of induction when they initially started working at the service. This included reading through people’s care plans, the provider’s policies and procedures and observing how experienced staff supported people. We saw that annual appraisals took place where staff received feedback on their work performance and goals were set to enable continuous improvement in staff performance. Staff told us they were clear about their job roles, responsibilities and what was expected from them.

People told us that they agreed to their care and support before being delivered. One person said, “they ask me what I want and I tell them.” Another person said, “I’m free to do what I want. No body stops us from doing anything.” Staff understood that people had the right to make decisions about their care and support. Support plans were signed to indicate people’s involvement and consent. People confirmed that they were asked what they wanted and how this should be provided. Staff had received training in Mental Capacity Act 2005 (MCA) and in the Deprivation of Liberty Safeguards (DoLS). They explained that if people

lacked mental capacity to make a particular decision they would involve a relevant professional to carry out an assessment. We saw that people could go out and return without restriction. One person said, “You can go out and come back at any time” The manager showed us they understood their responsibility in relation to (DoLS) and knew the process to follow to ensure people were not unlawfully deprived of their liberty. No one was cared for under (DoLS).

People told us they enjoyed the food provided at the service. A person said, “The food is lovely.” Another person said, “The food is alright.” People’s care records showed their individual needs and preferences in relation to eating a healthy balanced diet. People were supported to prepare their cultural food as required. One person said, “Staff cooked African and West Indian food for us as we want.” We saw that people had access to food and drink throughout the day and were able to help themselves to drinks and snacks whenever they wanted. People told us that they had meeting monthly to decide what was to be included in the menu, and they were able to change their choice of meals. One person said, “If I don’t like what is being served, staff will cook something else for me.”

People’s day to day health needs were met. People’s mental health needs were met by the service in liaison with the community mental health team (CMHT). Staff had ensured people attended meetings and health appointments with their health professionals. People told us staff supported them to see their GP when they felt unwell when required. People regularly had health reviews and checks to ensure their health was maintained. Records showed that staff followed up on recommendations from health professionals.

Is the service caring?

Our findings

People told us that staff were kind and helpful. A person said, “Staff are respectable and approachable.” Another person said, “Staff are very caring and are always there if you need to talk.” We observed staff and people interacted in a relaxed and comfortable manner. People were addressed by their preferred names.

We saw staff asked for permission from people before entering their rooms. People confirmed that their privacy and dignity was respected by staff and their personal possessions were handled with care. Staff we spoke with demonstrated they understood the importance of respecting confidentiality, dignity and privacy. We saw that handover meeting between shifts was conducted in a private office to maintain confidentiality. Staff spoke about people’s needs with consideration. We also saw that people’s records were stored securely in a locked in a cupboard to ensure that people’s information were protected.

Care records detailed people’s histories and background, individual preferences, likes and dislikes. One person said, “Staff know what you like and don’t like and they follow it.” Staff showed they understood the needs of the people they looked after and how their background affects their

day-to-day choices and support how they wanted their support delivered. For example, a member of staff was able to explain how one person’s lifestyle choice impacted on their physical health and how they supported the person to manage this through regular key-working sessions. People had a key member of staff who was responsible for ensuring their well-being and progress. Records of key worker meetings showed that people were asked about any concerns they had and plans on how to address them.

People and their relatives told us they were involved in developing their support plans. Care records demonstrated that people had been asked for their views on how they should be supported. People we spoke with understood the plan of their support and the goals they wanted to achieve. People confirmed that staff supported them in line with their support plan. Records of review meetings with professionals demonstrated that people had been supported to express their views in relation to how their needs should be met.

People told us they were able to keep in touch with people who were important to them and that staff supported them with this. People also told us that their friends and family could visit them at the service and they could spend time together.

Is the service responsive?

Our findings

People told us that the service responded appropriately to their needs. Assessment of needs was carried out before people came to live at the service. People explained that they were able to visit the service, spend some time with people there and talk to staff before they decided to live at the service. Care records showed that assessment covered physical and mental health needs, and social relationships, interests and goals they wanted to achieve.

Support plans were drawn up following people's identified needs. The support plans sets out how people's individual needs would be met and how their goals would be achieved. For example, one person was supported to manage their blood glucose level in line with their healthcare professional recommendation. Staff supported them to maintain a healthy balanced diet. They provided the person with leaflet giving advice and tips on eating healthy. We saw that their support plan also detailed interventions used to respond appropriately to any sign of decline in their physical health. For example, ensuring the person ate the right food. Support plans were reviewed regularly with the person to ensure they reflected their current needs. A care programme approach (a method used to organise treatment and support for people with mental health problems) review with their care coordinator also took place annually with the involvement of the person to monitor progress and set out new goals. For example, one person's goal was to encourage them to participate in social activities to reduce the risk of social isolation.

People were supported to do the things they enjoyed. People attended educational centres to develop skills for work and daily living such as day centres and colleges. One person was employed locally and they told us they enjoyed it and they had made friends there. Their support plan detailed the support they required to achieve this. Daily notes confirmed that people had received their support as planned and were making progress to achieving their goals.

Each person had an individualised activity plan in place and we saw that staff supported people to participate in these activities where required. People told us that they chose to go shopping, visiting friends and family, taking a bus ride, staying indoors watching TV or playing games. People were supported to practice their religious beliefs. We saw evidence that the manager had made contact with local religious groups to visit people at the home.

People were encouraged to be as independent as possible. People helped with cleaning their rooms and in the kitchen during meal times. We saw people go out for shopping on their own. One person told us that they cooked for themselves whenever they wanted.

People's views were obtained and acted upon on how their service should be provided. The manager held meetings with people monthly to consult and gather feedback about the service. People were consulted about the food, activities and house rules. People confirmed that issues they raised were addressed and resolved in the meetings. People told us they knew how to make a complaint if they were unhappy with the service. They also told us that they knew how to escalate their concerns if not resolved. There was no complaint recorded since our last inspection.

Is the service well-led?

Our findings

People told us that the manager listened and acted on their suggestions and concerns. They said the manager was hardworking and they could talk to her anytime. We saw people approached the manager for help on various occasions and she responded to them and ensured their query was resolved and they were satisfied. We heard her ask a person whose concern that was dealt with, “Are you happy with that?” A person’s relative we spoke with told us that they had no concerns about the service and that the staff were friendly and professional.

The service did not have a registered manager. However, the manager had submitted their application to CQC to register.

There were systems in place to check the quality of service provided. For example, the provider inspections and care plan audits but we found that these had not been completed for over one year. We also found that surveys to gather people and their relative’s views had not been conducted for over one year. The manager told us that this was due to the change of managers and that they would ensure these took place immediately. However, we saw that records such as care records, health and safety, staff records were up to date, clear and achieved their purpose. For example, care records clearly detailed the support people required and how staff should support them appropriately.

We recommend that the provider ensures that their quality assurance systems are effective and consistently used.

Staff told us that the manager was open, easy to speak with and supportive. Staff told us that since the manager started, they had regular team meeting to discuss any concerns about the people they supported, issues affecting them as a team and improvements required in the service. Staff said that this had improved the communication in the team and was liaising with the local authority to ensure they were able to benefit from their training programmes. Staff told us they understood their roles and responsibilities and were keen to work with their manager to deliver an effective service to people.

The manager reviewed accidents and incidents and ensured actions were put in place to ensure risks were appropriately managed. For example, risk assessments had been updated for people following incidents. We reviewed the incident log and saw that none was a notifiable incident to the CQC.

We saw that health and safety checks were completed regularly and fire equipment were serviced and maintained annually or as when required. Staff knew how to report maintenance or repair problems in the service and the said they were resolved quickly. People knew how to respond appropriately to emergency events such as fire alarms. They told us they would leave the building immediately and not return until asked to do so. They said they were reminded about the procedure regularly.