Mr & Mrs L Palmer

Gate 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

Summary of findings

Overall summary

Gate House provides care and accommodation to seven adults with mental health problems. At the time of our inspection there were five people using the service.

This unannounced inspection was carried out on 08 August 2017. The last inspection of the service took place on 22 May 2015 at which time they were rated 'Good'. At this inspection the rating remained 'Good'.

There was a registered manager in post. 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.

People felt safe living at the home. Staff were knowledgeable on the types of abuse and the signs to identify them. They also knew how to report any concerns in order to protect people they supported. Staff told us they were confident that concerns reported would be promptly addressed; but were aware to whistle blow if not. There were sufficient numbers of staff available on duty to meet people's needs. Risk management plans were in place to respond to identified risks to people. These ensured people's health and well-being were promoted. People received their medicines safely. Medicines were managed safely in line with good practice including receiving, storage, administration, recording and disposal.

Staff received up to date training to do their jobs effectively. Staff told us they received support and supervision to meet the needs of people. These took place in the form of team meetings, handovers, and formal and informal conversations. However, we saw that regular structured one-to-one supervisions did not take place regularly.

The service worked well with other health and social care professionals, including the community mental health team (CMHT). Professionals we spoke with told us staff understood the needs of people and how to support them in accordance with their needs. People were supported to go for their medical appointments to ensure any changes in health care were managed. People had access to food and drink throughout the day and staff supported them to prepare food to meet their requirements.

People consented to their care and support before it was delivered. Staff respected people's day-to-day choices and decisions about their lives. People were not restricted or deprived of their liberty. We saw people go out and return from the service as they wished. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People continued to be treated well and respected by staff. People told us staff were kind and polite towards them. Staff supported and cared for people in a way that maintained their dignity and independence. People were supported to keep in contact with relatives and friends. They were also

supported in their religious and cultural beliefs.

People were encouraged to maintain their independence. They were supported to engage in meaningful activities of their choice, and took part in educational occupational activities to develop their skills and keep them occupied.

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People's individual needs had been assessed, planned and delivered in accordance with their wishes. Staff understood people's needs and preferences, and provided appropriate support accordingly. People's needs were reviewed regularly with them and their care coordinator to ensure it reflected their present situation.

The provider held regular meetings with people and staff to listen to their views and to consult with them about various matters affecting the service. People knew how to complain if they were unhappy with the service. There were systems in place to monitor and assess the quality of service provided.

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 remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Gate House

Detailed findings

Background to this inspection

We carried out this comprehensive 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 08 August 2017 and was unannounced. It was undertaken by one inspector.

Before our 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 reviewed information we held about the service about the provider such as statutory notifications of important events and incidents. A notification is information about important events that the provider is required to send us by law.

During the inspection we spoke with three people using the service, two support workers, two senior support workers and the registered manager. We also spoke with one GP, a mental health consultant and a community psychiatric nurse who were visiting people at the service. We reviewed five people's care records and medicine administration records. We checked records relating to staff recruitment, training and development to assess how they were supported in their roles. We also looked at other records in connection with the administration and management of the service such as health and safety records and record relating to the provider's quality assurance systems.

After the inspection we attempted to make calls to relatives to obtain their feedback but we received no response.

Good

Is the service safe?

Our findings

The service continued to maintain systems and processes that ensured people were safeguarded from the risk of abuse. People told us they felt safe living at the service. One person said, "I feel safe. Why wouldn't I?" Another person told us, "I feel safe here. I lock my door, I haven't lost anything. When we argue there are staff here to stop us so we don't fight." Staff were aware of the various forms of abuse that could occur and the signs to identify them. They were aware of how to report any safeguarding concerns in line with the provider's safeguarding procedure. Staff told us they were confident that the registered manager would take appropriate actions to keep people safe. One staff member said, "[The registered manager] will definitely call the police and social services if abuse happens in this house." The registered manager understood their responsibilities in safeguarding people including investigating concerns, liaising with the local authority and notifying CQC.

The service continued to manage avoidable risks to people to minimise harm to them, and to keep them safe. Staff had completed risk assessments which considered threats to people's mental and physical health, their well-being and daily activities. They had then devised action plans on how to manage the identified areas of risk. Action plans included guidance on how to support people to manage the risk of relapse in their mental health. This included identifying the things that could trigger a relapse, the signs to recognise that they might be experiencing a breakdown and any actions for staff to take to safely manage people's well-being. For example, one person's risk assessment identified a potential sign of relapse as being their continuous refusal to take their medicines, and identified the need for staff to contact their community psychiatric nurse to help manage the issue. In another example, one person's plan detailed actions for staff to follow to manage any behaviour they exhibited that required a response. The plan included engaging them in activities and referring them to their positive behaviour contract. Staff showed they understood people's risk management plans and followed them.

The health and safety of the environment remained well maintained and safe. The service carried out risk assessments of the environment in areas such as fire, gas safety, infection control, water and electricity. Corrective action had been taken where risks were identified. Fire alarm tests were conducted each week to ensure the alarm system was working effectively. Health and safety equipment and systems were checked and serviced regularly by professional contractors to ensure they remained effective.

Staff recruited to work at the service were checked to ensure they were suitable to work with vulnerable people. Satisfactory references, criminal records checks and right to work in the UK were obtained and reviewed before any prospective staff were allowed to start working at the service.

Sufficient levels of staff were consistently available to support people. People and staff told us, and the rota confirmed that adequate numbers of staff were on duty day and night to support people with their needs. We saw staff supporting people with activities and needs as required during our inspection.

People continued to receive their medicines safely from trained staff whose competency had been assessed. Medicine administration records (MAR) charts showed people had received their medicines as prescribed.

There were no unexplained gaps. Medicines were stored securely in a locked cabinet in the medicine room. Records of medicines received, and returned were maintained. Medicine audits conducted showed all medicines were accounted for in the service.

Good

Is the service effective?

Our findings

People and professionals we spoke with told us staff were competent in their roles and had the skills to meet the needs of people. Staff told us they were well supported by the registered manager. Staff were trained in a range of subjects relating to their job roles including medicines management, safeguarding, mental health awareness, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also had refresher training to update their knowledge periodically. On the day of our visit, there was a trainer/assessor at the service who visited to assess training and development needs for staff. The registered manager told us she was keen on developing staff to improve their skills and effectiveness.

Records showed staff were supported through observations, performance reviews, daily handover meetings and team meetings during which concerns about people were discussed and resolved. Staff also told us they could speak to the registered manager anytime about anything bothering them. However, we saw that one-to-one supervision sessions and appraisals were not done regularly in line with the provider's procedures. The files of three members of staff showed they had only received two one-to-one supervisions each year for the last two years. The registered manager told us supervisions were supposed to be conducted on a quarterly basis but they were behind. They showed us a plan they had put in plan to enable them improve on this. The registered manager told us they had regular informal catch up meetings with staff to support them and staff confirmed this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us staff sought their consent before providing any care and support to them. Staff understood the need to allow people make decisions about issues concerning them. One staff told us, "It is their lives so they decide how they run it. We can only advise." Another staff member said, "I never force anyone to do anything." The service continued to ensure people's rights and liberty were promoted. We saw people go out and return as they wished. They told us they made their own decisions and were not compelled to do anything they did not want to do. One person said, "I do what I want." Staff and the registered manager understood their responsibilities in relation to DoLS and the MCA. At the time of our visit one person had a DoLS authorisation in place and the conditions of this had been followed by staff. We saw confirmation that the correct process was followed by the registered manager to obtain the DoLS authorisation including mental capacity assessment and referral to the appropriate authority.

People told us they enjoyed the food provided. One person said "I am not fussy. I eat anything but the food is good." Another person told us, "I like to cook so I prefer to cook my food." We saw people prepare food for

themselves as they wished. We also saw staff prepare and serve food to people at dinner time. The food was well presented and included vegetables. People had access to fruits, drinks and snacks at any time.

People's healthcare needs continued to be met by a range of professionals. Staff supported people to arrange and attend appointments when required. We saw the GP, a community psychiatric nurse and consultant visit different people using the service to attend to their healthcare needs. They told us the registered manager and staff liaised well with them and followed instructions they gave.

Good

Is the service caring?

Our findings

The service continued to support people in a kind and caring way. One person told us, "[Staff] are all nice to us." Another said, "[Staff] treat us well. They are caring." Most staff had worked in the service for several years so knew people well and understood their needs. Care records also included information about people's backgrounds, preferences, daily routines, and likes and dislikes. Staff understood how people's backgrounds and mental health conditions influenced their decisions and choices, and they showed compassion and understanding towards people. We saw staff speak to people with kindness. They made people comfortable and encouraged them to express themselves. They listened and offered assistance where needed. Cordial relationships existed between people and staff as they laughed and joked together.

People told us staff respected their privacy and maintained their dignity and independence. One person said, "[Staff] they don't go in my room without asking me." Another person said, "[Staff] talk to me with respect." People had keys to their rooms and were encouraged to lock their doors. Staff told us they supported people with their personal care needs behind closed doors. We saw staff adjusting one person's dress to cover them properly as they were slightly exposed. People were appropriately dressed and neat.

Staff enabled people to maintain their religious and cultural beliefs. People told us that they were supported by staff to attend their local church every Sunday. They had members of their religious congregation visit them often to pray with them. One person expressed that their faith was important to them and was pleased staff supported them to maintain it. We saw people prepare their cultural food themselves. The registered manager also told that once every week staff supported people to order takeaways of their choice including their cultural preference.

People continued to be supported to maintain relationships important to them. People told us that they, their family and friends were able to visit each other. We saw one person speaking to their family member using the office phone. They told us they had regular visits to their family. One person spoke excitedly about their planned visit to their home country to visit their family after many years. The registered manager told us they had made contact with this person's family abroad and had arranged for the person to spend a two week holiday with them supported by staff.

Good

Is the service responsive?

Our findings

As we found at our last inspection, people's care and support was planned and delivered in a way that met their individual needs and requirements. Staff undertook a needs assessment of each person from which their care plan was developed. Care plans contained information detailing people's physical, mental and social needs. The care plans provided staff information that enabled them to provide appropriate support to people. Two people who had type two diabetes had detailed plans on the support they needed from staff to manage their condition. This included advice about food choices, maintaining healthy lifestyles, signs to recognise low or high glucose levels and actions to take. It also detailed support to attend clinics for glucose level checks. Another person was supported with their personal care needs. The person's hygiene was maintained well. The registered manager reviewed people's care plans with them regularly to reflect their current needs and goals. Care coordinators were involved in the review of people's care under the care programme approach (CPA). CPA is a way in which services are planned and delivered for people with mental health needs. Staff were updated about changes in people's care needs through handover meetings and reading daily progress reports. Daily reports showed staff followed people's care plans.

People were supported to follow their interests and do the things they enjoyed. People told us about the various activities they had participated in and trips they had embarked on. One person was employed in a local charity. They talked about their job, the friends they had made at work and the opportunities the job had given them. They told us they loved shopping and were able to do so with stipends they got from working. We saw that people had been out to the cinema, theatres and museums. People had planned holidays abroad to visit family members and friends. They were able to relax and socialise at home as they chose. We saw people chatting over a TV programme.

The service promoted people's independence. Staff encouraged people to do things for themselves where they were able to and be as independent as possible. We saw people use the kitchen facilities to prepare food and drinks for themselves. People cleaned their rooms with support from staff where required. They went out shopping for their personal items. One person with a visual impairment received support from a specialist occupational therapist to settle into their new home when they first moved in. The person had aids to move around the home safely and independently. They also knew how to use the facilities in the home. We saw them prepare food for themselves without support.

People's views about the service continued to be sought. The registered manager held meetings with people to consult with them about decisions about the service. People told us, and minutes of meetings showed, they were involved in planning the menu, activities and developing house rules.

People told us they knew how to complain if they were unhappy with the service. We saw a copy of the organisation's complaints procedure displayed in the communal areas. We saw the registered manager had addressed and rectified concerns expressed by a relative.

Good

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities in terms of running a registered care home. She also demonstrated she understood the needs of people using the service. People told us the registered manager was available to them, and was involved in delivery their care and support. They told us the registered manager listened to them and responded to their day to day needs. We saw the registered manager answer people's queries and concerns. She provided advice and support to people as needed. For example, one person asked her to contact their family member and she did so immediately. We also saw her discuss plans for another person's upcoming holiday with them.

Staff told us that the registered manager was supportive and provided them with the direction they needed to deliver an effective service to people. One staff member said, "If we [staff] are unclear about anything, we are not afraid to go to the registered manager. She will explain it to us." Another staff member told us, "The registered manager is really trying hard. She has changed this place. She is always available if we need help." Professionals we spoke with also commented positively about the leadership the registered manager provided and her commitment to ensuring people's needs were met. Our observations confirmed what people, staff and professionals had told us about the registered manager's proactive approach, as well as their leadership and openness.

The registered manager held regular structured and unstructured meetings with staff to discuss any issues at the service so they agreed ways of resolving and learning from them. For example, we saw the issue of poor communication in the team and the ways staff handled and reported incidents had been addressed in a recent team meeting. These issues raised doubts about staff knowledge, experience and confidence in report writing and communication. As a result the registered manager had liaised with an external organisation to train and work with staff to improve in these areas. On the day of our inspection, the trainer was around to conduct a competency and skills assessment with staff.

The registered manager reviewed accidents and incidents and learnt from them. They also used these to inform people's risk assessments and care plans. For example, people who tended not to respond to fire drills had their risk assessments and care plans updated to reflect this. The registered manager was aware of their statutory responsibility to notify CQC of notifiable incidents. We saw they had complied with this.