Xlcare Limited

Goddard Avenue (145)

Inspection report

145-146 Goddard Avenue
Old Town
Swindon
Wiltshire
SN1 4HX

Tel: 01793533552

Date of inspection visit:
29 October 2018

Date of publication:
21 November 2018

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

Goddard Avenue (145) provides care and accommodation for up to 12 people. The home is comprised of two separate adjoining houses. Each house provided six single bedrooms for people who have a learning disability and/or mental health support needs. At the time of our inspection there were twelve people using the service. The adjoining houses each had their own kitchen and communal areas. They both shared an adjoining garden.

This inspection took place on the 29 October 2018 and was announced.

The service has a registered manager. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good in all domains. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had a good understanding of how to safeguard the people they supported. The registered provider had safeguarding policies and procedures in place that staff understood and felt confident about raising any concern they had.

Staff had been recruited safely, were appropriately trained and supported. They had skills, knowledge and the experience required to support people and provide the care they needed.

People lived in a service which was kept clean and tidy. People were encouraged to help with cleaning the service and their own private areas of the accommodation.

Medicines were managed safely in accordance with best practice guidelines. There were medicines policies and procedures in place that offered clear guidance to staff. Medicines training had been completed and staff had their competency regularly assessed.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again.

People had their needs assessed before they were supported by the service. This information was used to develop person centred care plans and risk assessments that reflected people's individual needs and preferences.

People could make choices about the food they ate and were supported to maintain a healthy diet. People

were supported to maintain good health and to obtain treatment when they needed it.

The registered manager ensured there was sufficient staffing levels in place to provide support people required. People had one to one support to enable them to attend appointments or pursue activities of their choice.

Staff were kind, caring and compassionate. People had positive relationships with the staff who supported them and there was a homely, caring atmosphere in the home. Staff treated people with respect and maintained their dignity. People were supported to make choices about their care and to maintain relationships with their friends and families.

The registered provider had audit systems in place that were used to highlight areas of development and improvement within the service. Feedback was regularly sought from people, relatives, staff, as well as health and social care professionals.

Further information is in the detailed findings below.

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**

Goddard Avenue (145)

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.

The inspection took place on 29 October 2018 and was announced. We gave the provider 48 hours' notice to enable them to prepare people who lived at the service for our visit. This was a comprehensive inspection carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had 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 reviewed the PIR prior to our inspection. We asked the local authority and commissioners and other health and social care professionals about their views of the service. We didn't receive any negative feedback about the service.

During the inspection we spoke with or met five people who lived at the service, spoke with two members of support staff, a senior support worker, the registered manager and provider's director. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We looked at four people's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

Good

Is the service safe?

Our findings

People continued to be protected, from any form of abuse, as far as possible. Staff remained well-trained with regard to safeguarding and knew how to deal with any issues relating to people's safety. People told us they felt safe living in the home. The local safeguarding authority did not tell us if they had any concerns about the service. There had been one safeguarding incident since the last inspection which was dealt with appropriately. A relative told us, "I can walk away and I know he is safe." The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns and staff confirmed they were aware of it. The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.

Risks to people were identified by individual risk analysis and appropriate risk management plans were incorporated into people's care plans. Additionally, these were clearly cross-referenced with guidance given by other specialist professionals. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible. These included areas such as support with possible choking, behaviours that challenge and weight loss/gain management. Personal emergency and evacuation plans were tailored to people's particular needs and behaviours. As people's needs changed, risk assessments were also adjusted to reflect them. As part of the care plan, the service carried out a health and safety assessment of the environment to ensure the person, their family and staff were safe while carrying on the regulated activity.

People were further protected because the service recorded incidents and accidents and took action to manage and reduce the risk of such events recurring. Additionally, they used such incidents for learning and any identified issues or concerns were discussed in one to one supervisions and team meetings. Staff we spoke with confirmed this.

People were kept as safe as possible because the service had a robust recruitment process and carried out all the required pre-employment checks. Records confirmed the checks were completed. They included Disclosure and Barring Service checks to confirm potential staff did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

The registered manager determined the number of staff required according to the needs of the people using the service. They arranged staff holidays in advance to ensure there was a safe number of staff on duty to meet people's individual needs.

People continued to be given their medicines safely by competent and appropriately trained staff. Staff who administered medicines had their competency checked to do so. This was verified through observations. There were detailed guidelines/protocols to identify when people should be given their medicines including those prescribed to be taken when necessary.

Staff were observed wearing appropriate personal protective equipment (PPE) to reduce the risk of cross

contamination and the spread of infection. Staff confirmed they were provided with and used PPE to prevent the spread of infection.

There was a business continuity plan for unforeseen emergencies such as severe weather to ensure people needs would continue to be met.

Good

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required and to ensure that the service was meeting their individual needs. This information was recorded in their personal care plan. This included people's personal likes and preferences, their social interests, as well as physical and emotional needs. Care plans detailed the outcomes people wanted to achieve and how they wished to be supported. Where people were diagnosed with a learning disability and/or mental health issue, care plans identified the impact of these needs on them individually and how staff should support them in all areas. Their preferred communication methods were clearly described. Staff used people's chosen communication very effectively and consistently when interacting.

People continued to benefit from a well-trained staff team. Care staff were encouraged and assisted to understand people's individual, complex and varied needs. Staff had access to training to develop the skills and knowledge they required. Regular supervision, staff meetings and annual appraisals were used to enhance staff knowledge and to support them in developing skills to meet people's specific needs. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them.

People continued to be fully involved in choosing, purchasing and preparing food. People were asked what meals they would like each week and meal plans were prepared based on what people chose. People told us that if they did not want what was being cooked, they could choose another meal. One person said, "If I don't like it, I just choose something else". People were encouraged to eat a healthy, well-balanced diet. Any specific needs or risks related to nutrition or eating and drinking were included in care plans and support was sought from relevant professionals. The registered manager and staff knew how to assess and analyse nutritional risk, if required.

Staff felt they could contact the registered manager any time to discuss various topics or ask for advice. The registered manager and staff said they always kept in touch with each other and it helped them work well as a team. The registered manager praised the staff team and said their communication ensured people received excellent care and support at all times.

People, were supported to remain as healthy as possible. Support plans covered aspects of care including health and well-being to meet people's individual needs. Referrals were made to other health and well-being professionals such as psychiatrists and specialist consultants, as necessary.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The building met people's needs effectively and provided a choice of communal areas, private space and an enclosed garden. Where issues had emerged relating to the premises, they had been addressed in a timely way.

People continued to be supported to make decisions and choices of their own. An area of the support plan was entitled "decision making". It gave a description of how people were able to make their own choices

and to what degree. Staff were to encourage people to make decisions and guide them where appropriate. Care staff acted in the best interests of the people they supported. At the time of the inspection, people supported by the service were deemed to have capacity to make their own choices and decisions. The registered manager and staff team had received Mental Capacity training and understood the principles of the Mental Capacity Act 2005 (MCA).

The 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. The staff sought people's consent regarding day-to-day choices.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection, people who were supported by the service were not subject to DoLS.

Good

Is the service caring?

Our findings

People continued to be provided with sensitive and compassionate support by a kind, committed and caring staff team. One person told us, "Yeah, they are very nice". Another person told us, "Yes, they are all good here". A relative told us, "I'm very happy. They are so kind and caring…anyone living there would be fortunate to receive their support". Another relative said, "They (staff) speak to them (people) so respectfully". Staff understood how people indicated their emotions and acted promptly to address any signs of distress.

They planned people's days with them in detail, to ensure routines helped individuals to manage their own behaviour. People were treated as individuals and with patience and kindness. People had regular key worker meetings where their views and opinions were asked for and their responses recorded. Actions to be taken to meet people's goals, choices and aspirations were noted and regularly checked to ensure they were being pursued.

The service continued to support people to maintain and develop their independence. Plans included information about how people were supported to make decisions and keep as much control over their lives as possible. Detailed risk assessments supported people to live their life as independently as possible, as safely as possible. For example, accessing the community. Care plans guided staff on how to promote people's independence. Staff encouraged each person to achieve as much as they could by themselves. One staff member told us about the person they support, "It is so important for them to choose. This is their home. Their independence is paramount".

The staff team remained passionate about respecting people's privacy and dignity. Staff ensured that people had privacy and supported them to maintain their dignity. Support plans included positive information about the person, daily diaries were kept for each person and were written in a positive and respectful manner. Language used in people's care plans was caring and respectful. Staff understood the importance of respecting people's privacy and dignity when providing people's support. One staff member told us, "I always knock and make sure [name] is in their dressing gown before we walk to the bathroom".

The provider had links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of the inspection, nobody required the use of an independent advocate.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary.

Good

Is the service responsive?

Our findings

People continued to receive person centred care. Care plans were detailed and written in a person-centred style which provided staff with information and guidance on each person. Care plans showed what was important to the person. People were supported to set goals that were important to them. These were documented in the care plan as "My goals and aspirations". These were completed with people and helped them identify ways in which they could work towards their goals and aspirations. For example, one person wanted to do more gardening. Methods identified to work towards this goal included making a list of what the person would like to grow, where they would like to grow it and what seeds they needed.

Staff knew people very well and understood their needs and how to respond to them. Where changes in behaviour or incidents had occurred, the service responded promptly. For example, in one case a referral to a specialist health and social care professional was made, which led to a positive outcome in terms of reducing challenging incidents.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff were able to communicate with them as effectively as possible. Information was produced for people in user friendly formats such as easy read, photographs, pictures and symbols. There was excellent communication between staff and people who understood each other very well.

People were supported to maintain personal relationships. People were encouraged to make phone calls to family members and friends, to see friends, and relatives told us they were able to visit when they wished. The registered manager and staff told us they would support a person to have relationships, that they would support the person's wishes and give them space to be themselves. Staff were trained in equality and diversity, this was supported by the service's equality and diversity policy. Staff supported people to keep in touch with their families and friends, and to maintain community links. People were encouraged to undertake activities that they were interested in. One relative told us, "He (family member receiving support) started guitar lessons. That was their idea (Staff)." People regularly visited community facilities, such as sports centres, pubs and restaurants, shops and events such as musical concerts.

The service had a complaints procedure which was available in easy-read format. Where a complaint had been made, the registered manager had investigated and appropriate action had been taken. The registered manager took complaints and concerns seriously and would use it as an opportunity to improve the service. They encouraged people, their relatives and staff to always share any issues or concerns so it would be addressed in a timely manner to avoid further negative impact.

The service did not specifically support people with their end of life care, however we saw that the provider had taken the time to explore end of life wishes with people. Where people did not wish to discuss their end

of life wishes, staff respected this and revisited it, where appropriate. The registered manager had considered end of life care for people and the provider stated its commitment to ensuring people's rights to die in their own home were upheld if they are able to continue to meet the person's needs.

Good

Is the service well-led?

Our findings

People continued to benefit from care provided by a staff team who were well led by the registered manager. 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 registered manager had been in post since 2015. She was qualified and experienced to fulfil her role. She was supported by a management team who knew the service and the individuals who lived there extremely well. Staff described the registered manager and management team as approachable and accessible. One staff member commented, "I think that [registered manager] is very understanding and if I had any concerns I would be able to talk to her. It's private and confidential and it would get done." The registered manager told us they were proud of the staff and proud of how they were flexible, cope well with change and were supportive to each other. A relative told us, "[Registered manager] is a good manager. Very professional."

The registered manager had a quality assurance system in place to assess and monitor the service delivered. They regularly sought feedback from people and their relatives to help them monitor the quality of service provided and pick up any issues or prevent incidents. If they identified any issues, they took actions as soon as possible to make improvements. Any feedback was discussed with staff and how to ensure best outcomes for people. The registered manager also used audits of the files, medicine records, staff performance checks and supervisions to monitor the service quality. The registered manager told us following audits of the service, an improvement plan was devised to address any areas of concern. This was then updated on a monthly basis to track its progress until completion.

People's records were of a good quality and continued to reflect their current individual needs. They were detailed and informed staff how to meet people's needs, taking into account their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager promoted a caring, positive, transparent and inclusive culture within the service. They actively sought the feedback of people, relatives, staff and professionals. We saw evidence to support that people's views were used to influence what happened in the service. For example, the choice of menu and provision of activities.

The service considered the views and opinions of people, their families and friends and the staff team. People were supported to be involved in all decisions about their home, as far as they were able and/or chose to be. A relative told us, "I receive a survey every year. They take that (feedback) on board". People's views and opinions were recorded at monthly key worker meetings. Staff meetings were held regularly and minutes were kept.

Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff and the registered manager worked together as a team and motivated each other to provide people with the support and care they wanted.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding and other professionals involved in people's care. Records showed that staff at the service had positive relationships and regular contact with professionals, including GPs, district nurses and mental health teams.