

PLUS (Providence Linc United Services) Gaywood Street

Inspection report

24 Gaywood Street
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Gaywood Street is a residential care home providing regulated activities (e.g., personal and nursing care) to up to 5 people in 1 adapted building. The service provides support to younger adults and adults with learning disabilities and adults with autistic spectrum disorder. At the time of our inspection there were 5 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using the service and what we found

Right Support: The service supported people to have maximum possible choice, control and independence over their lives. People were supported in the least restrictive way possible and in their best interests. Staff supported people to pursue their interests in the community.

Right Care: Care workers understood people's cultural needs and support preferences. They understood people's cultural needs and appropriate care was provided. People received kind and compassionate care. Care workers understood how to respond to people's individual needs.

Right Culture: People were supported by care workers who understood best practice in relation to the sensitivities and strengths of people with learning disabilities. People received good quality care, support and treatment from care workers and specialists trained to meet their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

We found recommendations following a recent fire risk assessment in April 2023 had not been implemented. We found no evidence this put people at a risk of harm. This was discussed with the registered manager who took action to rectify the concerns.

The provider had measures in place to so recruitment was safe. However, we found the provider did not keep copies of care workers Disclosure and Barring Checks on site.

We found 2 files with incomplete right to work in the United Kingdom checks. This was discussed at the inspection and the information was gathered and files were updated.

The décor of the home required minor repair and updating but was clean and tidy throughout. The home was adapted to meet people's needs. People were treated with, respect and compassion. Relatives told us they were happy with the care their family members received.

We saw care workers and staff interact in an attentive and caring manner with people. People's privacy and dignity were respected. People were cared for by care workers who had received appropriate training to support their needs.

People had care plans in place to ensure care workers knew how to provide personalised support. The registered manager was responsive to any concerns relatives may have and communicated well with them. People were supported to maintain relationships to prevent social isolation.

The registered manager promoted a positive culture that was open, and person centred. The service was engaging, and the views of people using the service and their relatives were sought.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 July 2017).

Why we inspected

The inspection was prompted by a review of information we held about the service.

Enforcement and Recommendations

We have made a recommendation in relation to, Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Gaywood Street

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Gaywood Street is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gaywood Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

This inspection was unannounced.

We visited the service on 5 December 2023, and we visited the human resource department on 12 December 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We spoke with 3 care workers, the assistant manager and the registered manager. We spoke with the health and safety lead, the human resource manager and the recruitment manager. We spoke with 2 relatives.

We reviewed a range of records, this included 5 people's care and medicines records. We looked at 6 staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures, complaints and building audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk safety assessment and monitoring was not always safely managed. We saw the provider had not taken action to rectify identified issues following a fire risk assessment check carried out in April 2023. We discussed this with the registered manager and the health and safety manager. After the inspection, the registered manager sought assistance from senior management to assist in rectifying the issues that were raised. The registered manager also made a referral to the local fire department for an inspection to help keep the environment and people safe.

Staffing and recruitment

- The provider ensured all care workers acquired a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. An electronic system informed the provider the care workers DBS check had passed. However, the provider or managers saw physical copies of the DBS certificate. We discussed this on inspection and recommended the actual DBS certificate should be viewed, and a copy kept on site with the recruitment files.
- Processes to ensure recruitment was safe included checks on the eligibility of care workers right to work in the United Kingdom. Whilst these checks were in place, we saw 2 files with incomplete documentation to show right to work in the United Kingdom eligibility. We discussed this on inspection, and the missing information was quickly gathered from care workers and put on file.
- The recruitment process included gathering full employment histories and references from previous employers, and the completion of robust competency checks to ensure the suitability of care workers to support people.
- The service had enough staff, including for 2 to 1 support, for all people to attend appointments, and take part in scheduled daily activities as required. The numbers of care workers available and their skills matched the care needs of people at the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, policies and processes in place to safeguard people from the risk of abuse and harm. Risk assessments were reviewed regularly to ensure they remained effective to continuously protect people.
- People were supported by care workers who knew them well. Care workers had received training in safeguarding adults and knew how to keep people safe.
- Relatives told us the registered manager or care workers would contact them straight away if there were any concerns with people. One relative told us, "I am happy with how [family member] is cared for, I think

[family member] is safe."

- The registered manager introduced a communication book which was updated daily with important messages and information, so all staff were kept up to date with relevant information in between scheduled meetings
- People's care needs were robustly assessed prior to the delivery of care. Risk assessments and care plans were reviewed regularly. Care workers could access people's care plans in digital and manual format for ease of access.
- Care records were comprehensive, concise, accurate and up to date. Daily logs were legible and ensured accurate and well-informed handovers could proceed between shifts.
- People had as much freedom, choice and control over their lives as possible because care workers managed risks to minimise restrictions.

Using medicines safely

- Care workers followed the policies and procedures in place to ensure medicines were safely managed. Care plans contained adequate information about people's medical support needs, this included information about allergies and dietary requirements.
- People were supported by care workers who were trained to administer medication safely. Care workers had to complete robust training, which included an induction and job shadowing before they were deemed competent to administer medication.
- Medicine records were reviewed regularly and records were accurate. We saw no discrepancies between the amount of medication administered and the amount of medication which remained on site.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people and staff safe. There were good arrangements in place to keep the home clean and hygienic. We saw that the home was clean and tidy throughout
- Care workers told us they had access to personal protective equipment (PPE). We saw PPE being used effectively and safely in the home.
- Care workers had completed training courses on preventing the spread of infection. We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider's infection prevention and control policy was effective and up to date.

Visiting in care homes

- People were not restricted to having visitors at the home. Relatives told us they had no issues with visiting family members.
- The home had a lounge and a garden where visitors could sit with people away from their bedrooms during visits if they required.
- The home had hand gel available for visitors to use if they wished.

Learning lessons when things go wrong

- The provider had processes in place for recording incidents and accidents. Preventative measures implemented following any incidents were recorded, and relevant parties were notified as required.
- We saw evidence of staff meetings where issues could be discussed and fed back to higher managers. Relatives told us the home contacted them to give updates on issues happening with relatives and the home as required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had measures in place to ensure people's needs and choices were assessed and documented prior to the delivery of care at the home.
- The provider worked closely with people's relatives, the local authority and community services to ensure people's support needs were appropriately met.
- Care plans reflected a good understanding of people's needs in relation to daily activities, communication support needs, goals and aspirations.

Staff support: induction, training, skills and experience

- Care workers received adequate training to support people with their care needs. Care workers told us they had to complete a mandatory period of training. They also had to complete job shadowing during their induction before they were able to provide care for people, and records confirmed this.
- The provider had an internal training department which ensured all staff could receive appropriate training and refresher courses to ensure their skills remained updated to provide appropriate care to people.
- The training provided to staff followed the principles of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- Care workers supported people to eat and drink enough to maintain a balanced diet. Mealtimes were flexible to meet people's needs.
- Care workers received training in supporting people with eating and drinking, nutrition and diet to ensure people were able to maintain a balanced diet.
- People with complex needs received support to eat and drink in a way that met their personal needs and preferences as far as possible.
- The provider worked with speech and language therapists to ensure people received the right type of support, so they were able to receive their meals in a safe and effective manner.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with local authorities and health professionals to ensure people were supported to access healthcare services as required. We saw healthcare workers visiting the service to provide care to

people.

- The service ensured people were provided with joined-up support so they could travel to a variety of health appointments as required.
- We saw care workers spending time with people who had long stays in hospital to ensure they were supported and comforted while receiving hospital treatment.

Adapting service, design, decoration to meet people's needs

- The décor of the home required updating. We saw patches on the ceiling in the corridor and were told this was the result of a flood which had occurred from the neighbouring flat. There were some chips in the plasterwork on the wall, and we saw loose tiles in the large bathroom. We were told an appointment for the repairs to be carried out had already been arranged.
- The home was clean and free of odour. People's rooms were personalised with their own items. People and their relatives were included in decisions relating to the decoration of their rooms.
- People were able to move around the home easily. The stairs were well lit, and the edges of the stairs were clearly marked. The home had wide corridors so wheelchairs could travel down them with plenty of space. The lifts were of a size where wheelchairs could be easily manoeuvred within them.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Care workers had received MCA training within the first 3 months of their employment with the provider.
- At the time of our inspection the home was supporting people who lacked capacity to independently make day to day decisions relating to their care. We found the provider was working within the principles of DoLS and people had appropriate safeguards in place.
- The provider notified CQC as required of the outcome of DoLS applications as required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The provider had measures in place to ensure people were treated well. Care plans documented people's protected characteristics, and captured information about people's life histories. This enabled person-centred care to be provided to support people while respecting and promoting their privacy, dignity and independence.
- We saw people being treated with kindness. The registered manager was very attentive to people's needs and would respond to questions and provide support to people without hesitation.
- The provider ensured care workers had training in equality, diversity and inclusion. They also received training in person centred care and the principles of care and confidentiality. This ensured people were supported by people well equipped to treat them with dignity and respect while promoting equality and independence.
- People told us the staff were kind to them and treated them well.

Supporting people to express their views and be involved in making decisions about their care

- Care workers respected people's choices wherever possible, and accommodated their wishes, including those relevant to people's protected characteristics.
- Relatives told us they believed their views and the views of people were taken into account in relation to people's care. Relatives told us the registered manager contacted them by phone and in writing, requesting feedback.
- Care workers supported people to express their views using their preferred method of communication. Care workers took times to understand people's individual communication styles and develop a rapport with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain social relationships, to follow interests and take part in activities that were socially and culturally relevant to them. People were supported to visit friends and family and spend time with them outside of the home in the community.
- The home had a sensory room for people to use. Care workers were aware of people's favourite piece of equipment they liked to use in the room.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an Accessible Information Standard policy in place. The registered manager ensured people had access to information in formats they could understand. Care plans contained pictorials to aid people's understanding of the information plans contained.
- People's communication preferences and requirements were documented in their care plans. Care workers were aware of how to adapt to ensure they were able to communicate with people to understand their needs.

Improving care quality in response to complaints or concerns

- The provider had a complaints and compliments policy in place and was responsive in addressing any concerns which people or relatives had. At the inspection, we were told there had not been any complaints within the 12 months prior to the inspection.
- Relatives told us they were confident in being able to contact the registered manager if they had any concerns and were confident, they would be listened to.
- Care workers were confident they could raise concerns with the registered manager and concerns raised would be listened to and acted upon.

End of life care and support

- The provider had an end-of-life care policy in place. People were able to document their care wishes in relation to end-of-life care in their care plans if they wished to.

- At the time of the inspection, the registered manger was actively working with people and their relatives to update care plans to ensure accurate wishes were documented and accessible to health care professionals who might be supporting people with health care needs.
- Care workers received training in end-of-life care, so they were equipped to provide appropriate support if required to do so.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had not addressed issues highlighted in the April 2023 fire risk assessment prior to the inspection. After the inspection, the registered manager took immediate remedial action which included chasing relevant stakeholders to implement the required changes. The registered manager also requested a new fire safety assessment to further support the home in keeping people safe.

We recommend the provider considers current guidance from a reputable source in relation to fire safety and fire risk assessments.

- The registered manager, care workers and staff understood their roles and responsibilities in relation to their individual roles and the roles of others. This ensured they were able to deliver good quality support to people.
- Care workers said they received regular supervision meetings and spot checks took place outside office hours to ensure good quality care was being delivered at all times.
- The registered manager and care workers were able to explain their role and the support requirements of individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had an open-door policy. People, relatives and care workers were able to contact the registered manager with their concerns as required throughout the day.
- The service promoted a person-centred positive culture. There was good communication amongst all staff, which created positive outcomes for people.
- Care workers said they felt respected by the registered manager. They felt they would be able to raise concerns if needed and these would be listened to and addressed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the legal responsibility to notify CQC and relevant agencies of specific notifications and when things went wrong.
- Care workers were committed to review people's care and support on an ongoing basis. They understood people and were able to explain their roles in respect of individual people without referring to

documentation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Care plans were created with input from health professionals, people and relatives. Plans and risk assessments detailed people's protected characteristics so appropriate care could be delivered.
- Relatives were encouraged to participate in the development of the service. Relatives told us they received phone calls and surveys requesting feedback and suggestions for ideas to improve the service.
- The service embraced diversity and inclusion. Religious festivals were acknowledged and celebrated. We saw Christmas decorations in the home when we visited.

Continuous learning and improving care

- The provider ensured care workers had good quality training to meet the needs of people using the service. The training matrix ensured at a glance the registered manager knew who had completed mandatory training, and who needed to be chased to ensure their training was completed.

Working in partnership with others

- The service worked with health and social care organisations, the local authority, GPs, hospitals and community services to support people's social activities, health and wellbeing.