Genhawk Limited

Goldcrest 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

Goldcrest House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Goldcrest House provides accommodation and support to a maximum of 16 younger adults who may have a learning disability or autistic spectrum disorder. At the time of this inspection there were thirteen people using the service full time and one person who used the service for short periods of respite. The home includes outdoor areas and new buildings which housed a games room, gym, activities area, small kitchen and office areas.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

Staff had received appropriate training in safeguarding people. Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised.

Support plans provided information about people's assessed risks for staff and other health professionals to ensure people received safe care and support without undue restrictions in place.

The provider maintained safe staffing levels to meet people's needs all of the time. Staff recruitment included pre-employment checks that meant only suitable employees were recruited to work in the home.

Systems and processes ensured safe management of medicines and infection control.

People received appropriate care and support to meet their individual needs because staff were supported to have the skills, knowledge and supervision they needed to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered provider was committed to providing people with a positive caring partnership with staff who were clear about the importance of paying attention to people's well-being, privacy, dignity and independence.

The provider equipped staff with the skills and knowledge to appreciate and respond to the principles of equality and diversity. The provider ensured everybody received care and support that reflected their wishes and preferences and this information was recorded.

Staff supported people to live as they choose and to enjoy a variety of meaningful activities.

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**

Goldcrest 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 was planned to check 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 was a comprehensive inspection which took place on on 11 and 19 September 2018 and was unannounced.

The inspection team consisted of one Adult Social Care inspector 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. The expert had experience of people with a learning disability and autism.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from local authority commissioning teams and Healthwatch. Healthwatch is the consumer champion for health and social care.

During the inspection, we spoke with the registered manager, and five members of staff.

We spoke with five people in receipt of a service and three relatives by telephone to seek their views. We had a look around the home and looked in people's rooms with their permission. We observed staff administering people's medicine and completed observations of staff interactions with people throughout the day.

We reviewed a range of records. This included four people's care records containing care planning documentation and daily records. We also viewed the records for five staff relating to their recruitment, supervision and appraisal. We reviewed the process used to manage staff training. We viewed records relating to the management of the service, including audit checks, surveys and quality assurance and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who worked there. One person said, "I like it here, it's safe; nobody can just walk in. My things are safe in my room." Staff had completed safeguarding training and were able to discuss the types of abuse to look out for and how to raise any concerns for investigation. Where concerns had been referred to the local authority, investigations had been completed. Resulting actions had been implemented to help keep people safe.

Staff had received fire safety training and told us they would be confident in an emergency. The provider showed us a health and safety folder; checks had been completed for the fire alarm, smoke alarm, water temperatures, first aid kit, and gas safety certificates. We saw these files were audited on a regular basis to ensure information was up to date and the home remained safe. Where any maintenance or repairs were required, the provider had ensured these were implemented in a timely way.

Staff had access to relevant information to support people safely. Where necessary care plans included a positive behaviour support (PBS) plan. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps providers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

Accidents and incidents had been recorded and investigated in line with the provider's policy and procedures. There were comments about any action which had been taken to manage the risk of the situation re-occurring. The home was observed to be clean and free from any unpleasant odours. The registered provider maintained good infection control practices. People were encouraged to keep their rooms clean and tidy. Cleaning rotas and schedules were in place and up to date.

People received assessments to ensure staff had up to date information to support them safely without unnecessary restrictive practices. People confirmed their freedom was respected. Assessments identified types, and severity of risks. Examples included hazards within the home, and areas of risks associated with abuse, medication, seizures, and accessing the community. Information was evaluated for effectiveness and updated annually or as people's needs or circumstances changed.

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks had been completed on prospective employees before they commenced their duties working with people. There were sufficient staff on duty to respond to and meet people's individual needs. One person said, "It's safe, there are lots of staff. They check on us at night time. I can phone or go downstairs if I'm worried about anything." One staff said, "We have a good staff team. We have two bank staff that can step in if someone is unable to work or we need additional support." This meant people received consistency of care from staff who they knew.

People were supported as assessed to take their medicines. Systems were in place for the safe management and administration of medicines. Staff had received up to date training and followed best practice. People

received their medicines as prescribed.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff were well trained and had the skills needed to provide effective care and support. One relative told us, "We've got total peace of mind. All [person's name] needs are met. They have autism and the staff are well trained. New staff are always introduced. They treat everyone as adults and support their independence."

Staff told us they completed an induction to the service, their role and the people who lived there prior to commencing independent duties. The registered manager told us they had signed up to a new training provider. As well as providing ongoing training for staff they told us this would be used to ensure staff received further training as part of their induction where assessments of their competencies required this. Staff had completed training in equality and diversity which meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care without discrimination.

Staff were supported with regular documented supervisions and annual appraisals. Staff told us, "We can discuss our role, any concerns and any training requirements. As well as supervisions the manager and seniors are always approachable for any support we might need."

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. A team leader told us, "We are proactive in ensuring people can live as independently as possible. Where this is not always possible we will follow the MCA, and apply for assessments for a DoLS. We are reviewing records to ensure all best interest decisions are always detailed and signed by those people involved." This meant any decisions made on behalf of people was in their best interest and the least restrictive option.

People received at least annual reviews of their health and medicines to ensure they remained appropriate for their purpose. We saw evidence recorded of involvement from other health professionals which included people's GP, community nurse, chiropodists and community mental health workers.

Care plans included information to help staff provide people with healthy eating options and provided guidance where people had any food preferences. For example, because they were a diabetic or due to their religion. Where assessments identified concerns regarding people's weight; monitoring tools were used and referrals made to the Speech and Language Therapist (SALT) for further assessment and support for the individual. People were supported with their nutritional and dietary requirements. We observed a small additional kitchen area where one-person cooked meals to enjoy independently with their partner. A staff member said, "People are encouraged to learn skills with a view to living independently; we are here to support them if they need it."

The home had an accessible entrance and a layout that had considered people's mobility needs. Adaptions

were in place to minimise the risk of slips, trips and falls. People could independently access areas of the home and enjoyed the outdoor area which included a large secure garden with seating and patio tables.

Good

Is the service caring?

Our findings

People told us they received a service from caring staff. Our observations during our inspection confirmed staff treated people with kindness and were respectful of their wishes and preferences. One person said, "Yes the staff are kind and they look after me. I feel involved in my care. I can talk to my carers if I'm worried about anything; they know what I need."

Care plans recorded information to ensure people were supported equally but accordingly with any diverse needs. Where people had religious preferences, discussions with people had been held and there was provision in care plans to record this information. The provider had the use of a vehicle that was used to transport people on days out and into the community. This meant people were supported to access the community, attend social events and live fulfilled lives.

Staff received training in, and understood the importance of maintaining people's dignity and privacy. Our observations confirmed staff ensured that wherever possible, they promoted people's independence. One staff member told us, "I always ask people what they want to do and encourage them to do as much as they can on their own. People who live here have freedom to live as they choose. We are just here to support them and provide reassurance with this and to keep them safe."

People's records were stored securely and access was limited to staff who required the information to carry out their roles. Staff understood the need to maintain people's confidentiality and told us they would only share information discussed if the person was at risk of harm, abuse or required medical attention.

It was clear from care records and from talking to people that they could express their views and be actively involved in making decisions. Staff described how they understood some people may need reassurance and emotional support. Our observations confirmed staff had built good relations with people who were at ease discussing daily events and requests for assistance. A relative confirmed, "It's absolutely fabulous the staff have encouraged them to be more independent. They really listen. A year ago [person's name] wouldn't go out; now they can go on the train to friends and they come home on their own.

We observed staff were effective in communicating with people. Where people required support to communicate and to understand information this was recorded with pictures and in large and coloured print. One person had the use of an electronic tablet. A staff member said, "We involved the SALT team who recommended the use of electronic pictures and words to help [person's name] communicate. We use it a lot and it really has helped everyone."

Staff understood when people required assistance and how to support them. Care plans were in place and were specific to people's needs and abilities. We saw information for staff to follow in relation to how they should engage with people. This approach meant staff provided responsive care to people who engaged with the service making decisions. Where people required further independent guidance and support to make informed decisions the provider engaged the use of advocates. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including

the person's home, relationships, finances and health.

Good

Is the service responsive?

Our findings

Care plans for people's care and support were centred on the person and provided information to enable staff to provide holistic care tailored to people's individual needs. Records included a one-page profile with prompts should the person go missing and a pen picture which provided information on people's background.

People were supported to maintain loving relationships and were supported to spend time with their partners. A member of staff said, "People can come to us for any advice on appropriate relationships, seeking consent; we are here to support people and make them aware of any risks so they can make an informed decision."

Care plans were person-centred and contained information, which informed staff on how best to meet people's individual needs. This included assessments of daily living and need, risk assessments, activity plans and menu preferences. A daily record was completed by staff who recorded any support given, places visited, healthcare professionals consulted, charts on intake and weight. There were also copies of psychological assessments, other baseline assessments and local authority assessments and support plans. Information was reviewed and evaluate recorded care and support plans to ensure they were responsive and met people's current needs. People understood and had contributed to their care plans. One person said, "We discuss the information during reviews; probably every month or so."

Staff told us they had received training in equality and diversity and how to support people with any diverse needs. The provider told us refresher training was available and was supported by a policy and procedure that provided staff with further guidance. This ensured staff fully understood the nine characteristics protected under the Equality Act 2010. One staff member said, "We support people with whatever their needs are. Several people go to church, we cater for special diets; vegetarian and lactose intolerant. People can choose gender of care worker. They make their own choices."

People were supported to enjoy activities of their choosing. A staff member told us, "We have enough staff to support with whatever they want to do. That includes, activities, trips and shopping. We have a sensory room, gymnasium, kitchen and creativity area. People can watch films in the film room or they can socialise in one of the communal areas." People were supported to maintain family relationships and encouraged and supported to access education, community groups and go on trips. Other people were supported to acquire life skills to help them secure work and participate in everyday life. One person had signed up to training at a local college. They told us, "I enjoy every minute of it."

The Accessible Information Standard is a framework put in place by the National Health Service (NHS) 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. Where people required support, care records included examples of pictorial communication methods to ensure people could understand, contribute and agree to their care and support.

Systems and processes were in place to support people and others that may be unhappy and needed to raise a complaint. The provider completed full investigations with documented outcomes and lessons learnt to improve people's experiences.

Good

Is the service well-led?

Our findings

There was a manager on duty on the day of our inspection who was registered with the CQC. The registered manager was responsible for the day to day running of the home and received support from the area manager to drive improvements forward. Staff told us the registered manager was approachable and that they received good support when they required it.

It was clear the registered manager was caring and understood people's individual needs. During our inspection, we observed the registered manager was visible in and around the home and along with staff, took time out to hold conversations, provide people with re-assurances and answer any questions or concerns.

We received positive feedback about the manger, staff and the service throughout our inspection. Staff told us, "It's a great place to work; people are supported to enjoy good active lives and are supported to move on to live independently when they are ready to make that transition." "We are very well supported; the manager is always available; we can always rely on them for support if we need it."

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken. Discussions confirmed the registered manager was clear about these requirements.

The provider had completed quality assurance checks to identify any areas for improvement. This included a 'Daily / weekly cleaning timetable' which recorded daily tasks completed to maintain standards of service including the premises and home environment. Monthly audits had been completed for example, for medication, accidents and incidents, infection control and health and safety. Information was collated and monitored by the registered manager to ensure any actions were implemented and signed off in a timely manner. Where trends became evident further evaluation and preventative actions could be implemented.

The provider had completed consultations with people living at the home, staff and other stakeholders. Information returned from a stakeholder survey completed in August 2018 was being evaluated to identify areas where the service could improve.

Staff told us they had been consulted with, and we saw minutes of monthly staff meetings and manager meetings. Topics included outcomes from previous meetings, audits, training and changes staff needed to know about regarding people's individual needs. Staff told us they felt the meetings were a useful opportunity to raise any ideas and feedback towards further improvement.

The provider maintained positive links with other health professionals and the community. Care records included a health passport providing personal details to ensure people continued to receive consistent care and support should they transfer to another health service. For example, an admission to a hospital.