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? | 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

Gaywood Street is a care home providing support to up to five people with a learning disability. At the time of our inspection five people were living in the service.

At our last inspection in May 2015 the service was rated as 'Good'. At this inspection we found the service remained Good.

The service had a registered manager at the time of the inspection. 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 continued to receive care safely. There were enough vetted and suitable staff available to deliver support safely. People's risks were identified, assessed and mitigated. People received their medicines in line with the prescriber's instructions and the home environment was routinely checked to ensure good hygiene and fire safety.

The support people received continued to be effective as a result of the supervision, support and training staff received. People were cared for in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People ate well and received the support they required to eat and drink safely. People had regular and timely access to healthcare services and professionals and people had a record of their health conditions available should they be admitted to hospital.

People told us they liked the registered manager and staff and said they were caring. People were supported to maintain important relationships and regularly met family and friends. Staff promoted people's independence and dignity and respected people's privacy.

The service continued to be responsive to people's individual needs. People's needs were assessed and staff had guidance in care records on meeting people's needs in a person centred way. People choices and preferences were clearly documented. People were supported to participate in a range of activities and the service prevented people becoming socially isolated. People were encouraged to share their views about the service and were supported to complain when they were dissatisfied.

The service remained well-led. The registered manager was held in high regard by people and staff. The service had a relaxed atmosphere and staff told us they enjoyed working at the service. Robust quality assurance checks were in place and the provider worked with other organisations to ensure that people receive good quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Gaywood Street

**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 inspection took place on 7 and 9 June 2017 and unannounced. This meant the provider did not know we were coming. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about Gaywood Street including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information in the planning of the inspection.

During the inspection we spoke with three people, four staff, the registered manager and an advocate. Advocates are independent of the provider and the local authority and support people to communicate the views and preferences. We read five people's care records, risk assessments and medicines administration records. We reviewed six staff files which included pre-employment checks, training records and supervision notes. We read the minutes of five team meetings as well as staff handover and communication records. We read the provider's quality assurance, complaints and compliments from people and their relatives. Following the inspection we contacted four health and social care professionals for their views about the service.

Good

# Is the service safe?

## Our findings

People continued to be safe. People told us they felt safe. One person said, "I'm not worried. Staff like me." Staff were trained to identify signs of abuse and to take action if they had any concerns that a person may be at risk of abuse. Staff we spoke with understood their role in safeguarding people. One member of staff told us, "We prioritise the safety of everyone here. We will report straight away if we see anything that even hinted of abuse." Staff understood the provider's whistle-blowing policy and their responsibility to alert external agencies if the provider did not address their concerns about poor practices or abuse. External agencies included local authorities and the Care Quality Commission.

People were supported to reduce their risks of avoidable harm. Staff assessed people's risks and care records gave staff direction to keep people safe. For example, one person's risk whilst using the a bath were assessed. The risk was managed by staff supporting the person to use a hoist, the correct transfer techniques and remaining with the person at all times whilst they were having a bath. In another example, to reduce the risk of a person falling their care records stated, "Do not ask [person's name] to use their walking frame if unwell or appears unable to support themselves. Use the wheelchair."

People were protected from the risk of choking. Staff made referrals to healthcare professionals to assess the safety of people's swallowing whenever they were concerned. Healthcare professionals undertook assessments and staff had clear guidelines to follow to keep people safe when eating. For example, one person's care records explained that the person's food should be, "Pre-mashed consistency …smooth and moist." Another person's care records advised staff to support the person to, "Avoid hard, chewy, crumbly or stringy food." Staff also had guidance to protect people from the risk of aspirating when drinking. One person's care records stated, "Drinks should be syrup thick in consistency." Guidance for staff included photographs which illustrated the correct seated posture for people to adopt when eating.

People were kept safe by the numbers of staff available to support them throughout the day and night. Staff were deployed in numbers sufficient to meet people's needs and maintain their safety. An on-call service was available at weekends and in the evenings. On call is an out of hours management system. It enables staff to speak to a manager at any time to receive the support and direction required to keep people safe.

The provider ensured that the staff delivering support to people were recruited safely. Staff were only employed after successfully passing selection and vetting processes. The selection process involved submitting an application and being interviewed. The vetting process included proof of identity and checks against criminal records. New staff completed a probationary period when their suitability to safely support people was confirmed.

People received their medicines safely. Staff received training prior to administering people's medicines and the registered manager assessed the competence of new staff to administer medicines to people. People's photographs were attached to their medicines records and medicines boxes. This meant the right people received the right medicines. Staff completed medicine administration record (MAR) charts after supporting people to take their medicines. We reviewed the medicines records of five people and found no gaps in

recording. Where people received 'when required' medicines the reason for each administration was stated in their medicine records.

People were protected by the readiness of staff to respond to an emergency. Staff received fire safety training and people had individual personal emergency evacuation plans (PEEPs). These identified the support people required to safely exit the building in the event of an emergency such as a fire. Staff regularly tested the service's fire alarm and emergency lighting to ensure they operated effectively. Many of the home's doors were held open to enable people using wheelchairs to move between rooms independently. However, these were magnetic fire doors that closed when the fire alarm activated to keep people safe. People and staff practiced building evacuation during regular fire drills.

Good

# Is the service effective?

## Our findings

People continued to be supported by a trained and effective staff team. Staff completed refresher training in mandatory areas such as health and safety, moving and handling, fire safety and food hygiene. The registered manager ensured that staff received training to support people's specific needs. For example, staff training included supporting people to eat and drink safely and supporting people's behavioural needs.

People received support from a staff team that was supervised by the registered manager. The registered manager held regular one to one supervision meetings with members of staff. These meetings focused on people's changing needs and the support being delivered. Records were maintained by the registered manager of supervision meetings. These included actions to be carried out and their deadline. The registered manager reviewed the performances of staff each year. The minutes of staff annual appraisals showed that staff were asked if there were any areas of work they found difficult and whether staff could suggest ways to improve the situation. Where improvements in staff performance were required an action plan was developed.

Staff understood how people communicated. People's communication needs were assessed and staff had guidance on communicating effectively with people. For example, One person's care records stated, "I use single words and some two word phrases to express myself." Another person's care records said, "Don't give me lots of information at once." Where people did not use speech to communicate they were supported to use other methods to understand and to express themselves. For example, one person had a box of objects which were used to support their communication. Each object had significance for the person, a wooden spoon was used as an invitation to a cookery session in the kitchen, a cup was used by staff to offer a drink and a plastic carrier bag was used to suggest a shopping trip. Care records contained photographs to support people's understanding. These included pictures of people, their relatives, keyworkers and activities.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had been supported in line with legislation when they lacked capacity to make decisions. Records were maintained of mental capacity assessments which included the reasons for and the duration of people's DoLS authorisations. Where DoLS were not granted by a local authority, the reason for the decision was stated in

care records too. For example, because a person had the ability to weigh up, retain, understand and communicate relevant information.

People ate healthily. Staff supported people with nutritious meals and ensured they ate and drank safely. A healthcare professional told us, "[Staff] consistently follow eating and drinking guidelines." People's care records stated the support they required to eat and drink. For example, one person's records said, "I will cough if my food isn't soft and moist. My drink needs to be thickened." Where staff added thickening powders to people's drinks the guidance for them in care records was clear. For example, one person's care records stated, "Please use about two spoonful's [of thickener] per cup until the drink turns like a syrup consistency. You must wait a few minutes as it takes a while to thicken up fully." Where people required equipment to eat, care records noted this and provided staff with photographs of the items to be used. For example, we saw photographs and instructions for the use of non-slip rubber place mats and specially shaped spoons. Where people had food allergies this was stated in care records. For example, where people were identified as being lactose intolerant staff were advised to offer alternatives including, soya milk and rice milk.

People were supported to maintain good health. Staff supported people to follow the therapeutic plans designed by healthcare professionals. For example, care records contained guidance and illustrative photographs showing staff how to support people with physiotherapist designed stretches. This meant people were supported in line with professional advice. People were supported to attend healthcare appointments. Some appointments were arranged as home visits. For example, the service arranged for opticians to examine people's eyes at the care home. This meant people were less anxious and more cooperative resulting in more effective examinations.

People had person centred health information within their care records. For example, health records noted people's medicines, skin integrity, presentation of pain and sleeping patterns. The provider also ensured that people had information for use by hospital staff in the event of people being admitted to hospital. People had hospital passports which were pocket sized documents providing information about people's medicines, communication, allergies and personal care.

Good

# Is the service caring?

## Our findings

People continued to be supported by staff who were caring. One person told us that staff, "We're like family", and described the registered manager as being, "Like a sister." Another person told us staff were, "Good."

People were supported to maintain the relationships that were important to them. The support people required to maintain relationships beyond the service were stated in care records. For example, one person's care records stated, "I like to keep in touch with old friends from [previous service's name]. I call them sometimes." Another care record noted, "My [relative] visits me." A third person's records stated, "I have a Facebook account, so I can keep in touch with families and friends. I need your help to type my password." A member of staff told us, "People have friends form other services or who they know from other activities and they pop round for a visit." We observed a person being supported to visit friends in another care home for a barbeque at the time of our inspection.

People were supported to make decisions. People's care records contained information about how people wanted to receive their care and support. For example, one person's records stated, "I always chose my clothes in the morning and get them ready before personal care." Another person's care records noted that they preferred to shower rather than to have a bath in the morning. We observed people chose the activities they wanted to participate in during our inspection.

People were supported to develop their independence. Staff supported people to maintain and acquire new skills around daily living activities. This included skills teaching around household tasks such as laundry, cleaning, cooking and tidying people's bedrooms.

People's dignity and privacy were respected. Staff had guidance in care records on promoting people's dignity. For example, guidance was given to staff in one person's care records which stated, "Please remind me to use the lavatory. Sometimes I am engaged in activities and may leave it too late to use the toilet." Another person's care records stated, "Do not touch my possessions without my permission as this will really upset me." A third person's care records stated, "I love my privacy so please make sure the door is shut when I am having my personal care."

Good

# Is the service responsive?

## Our findings

People continued to receive care and support that was responsive to their needs. People's needs were assessed by health and social care professionals and the provider prior to receiving a service. Care plans and support plans were informed by these assessments and guided staff as to how to meet people's needs. People were supported with regular reviews of their needs to ensure that the service continued to meet them.

People's behavioural support needs were met. Where people presented with behaviours that may challenge, staff made referrals to healthcare specialists. People's behavioural needs were assessed and staff received guidance on supporting people's agitation. For example, care records informed staff about the triggers for people's behaviours and how to respond to behaviours which may challenge. The registered manager reviewed incidents to see what actions could be taken in the future to avoid a recurrence.

Care records noted people's preferences so that support could be delivered in line with them. For example, one person's care records said, "I enjoy using public transport." We found this person was regularly supported to travel on public transport. Another person's care records noted a person as saying, "I am a big fan of bubbles. I love the Jacuzzi." They were supported to use a jacuzzi on most days at the service. A third person's records stated, "[Person's name] likes all types of music, especially opera and classical music." We observed this person being supported to watch an opera performance on a laptop during the inspection. They responded, "Yes" when asked if they were enjoying it.

People and their keyworkers met with the registered manager to discuss people's support. Minutes were taken of these meetings for future reference. Keyworking meetings covered areas including people's health and activities. Plans were agreed and outcomes were reviewed.

People were supported to engage in the activities of their choice. One person showed us the guitar they liked to play with staff and another person told us that they were regularly supported with their favourite activity, drinking cappuccino in a café with staff. A health and social care professional told us, "There is a high volume of activity. The things I see are really positive." The activities people participated in included, swimming, lending from the local library, attending an interactive story group, music and computer sessions and going to the pub. People who wanted to were given the support they required to follow their religious beliefs, with one person regularly attending church services.

People received support to watch their favourite television programmes. Staff supported people to tune in to their favourite programmes. One person told us they enjoyed watching darts and tennis. In the care records of another person we read a person say, "My favourite programmes are Dr Who, X-factor and EastEnders." A third person's care records noted they liked religious programmes in general and "Songs of praise" in particular.

People were supported to avoid social isolation. People with complex needs who were identified to be at risk of social isolation received support in line with good practice. Staff supported people to participate in

the 'hanging out programme.' The hanging out programme involved person centred one to one sessions which included staff mirroring the non-verbal sounds people made, jointly interacting with objects that people chose and massage.

The provider actively sought the views of people. People completed a survey in which they shared their views. Where people required support to complete the surveys, relatives and advocates provided assistance. People were supported to participate in organisation-wide forums where people shared their experiences of the service and contributed to the planning of its improvement.

The provider had a complaints policy that was available to people in an easy read format. The registered manager ensured all complaints were addressed in line with the complaints procedure. In addition, the service kept a record of complaints that staff had supported people to make about the services they received outside of adult social care. For example, people were supported to lodge formal complaints against a taxi company and a housing association. This meant the service supported people's rights as consumers to complain when they were dissatisfied with a service.

Good

# Is the service well-led?

## Our findings

The service continued to be well led. People and staff we spoke with held the registered manager in high regard. One person told us, "She's lovely. She's the best." We found the registered manager to be a role model to staff. One member of staff told us, "[The registered manager] leads from the front. She's hands on and shows the best ways to work with people. If we do what she does, we can't go wrong." Another member of staff said, "She's fair, warm, open and honest. She knows the people so well and they adore her. I would like to have the relationship with people that she does." A third member of staff told us, "The manager is passionate about [people] having a good life."

There was a relaxed atmosphere at the service. The staff we spoke with told us they were they were happy in their work. One member of staff told us, "This is the job. What else would give you this level of job satisfaction?" Another member of staff said, "I really like this work. We do so much. It's always busy."

The registered manager ensured effective communication throughout the team and externally. One healthcare professional told us, "The registered a manager is very much on top of things. She is always good at keeping in contact and communication is crucial." The registered manager arranged team meetings each month. These were used by staff to exchange ideas about improving the delivery of care and support to people. For example, we read in the minutes of one team meeting that staff discussed a person's behavioural support plan. In another meeting a person's altered sleep pattern was discussed. Staff signed the minutes of team meetings to agree their accuracy.

Senior managers from the provider's office undertook quality assurance visits to the service. They reviewed issues including people's care records and risk assessments. Where there were shortfalls an action plan was produced. Outcomes form these action plans were reviewed at the following quality audit visit.  Each month the provider ensured improvements at the service were carried out.

The provider continued to work in partnership with health and social care professionals. One healthcare professional told us, "The [registered] manager engages with health professionals and seeks advice and support when there is a change in clients' presentation or new staff members have training needs." The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.