Choice Pathways Limited

Gosford House

Inspection report

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Date of inspection visit: 29 April 2015
Date of publication: 05/06/2015

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

Overall summary

This inspection took place on 29 April 2015. It was an unannounced inspection.

Gosford House is registered to provide accommodation for people who require nursing or personal care. The home provides support to adults with learning disabilities or mental health disorders. It is situated in Kidlington near Oxford and is registered to accommodate up to eight people. On the day of our inspection eight people were living at the service.

The registered manager had recently left the service and the provider was recruiting a new manager. The service was being managed in the interim by the deputy 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.

People benefitted from staff who understood and implemented the principles of the Mental Capacity Act (2005). The MCA provides a legal framework to assess

Summary of findings

people's capacity to make certain decisions, at a certain time. Care staff we spoke with had completed training on the Mental Capacity Act 2005 and demonstrated a good understanding of the acts principles.

People were safe and protected from the risk of abuse. Staff told us they received regular training to make sure they understood their responsibilities to report concerns. Risks were appropriately managed and reviewed protecting people from unsafe or inappropriate care. People received their medicines as prescribed and staff carried out appropriate checks before administering medicines.

Staff had the knowledge, training and skills to care for people effectively. Staff told us, and records confirmed they were supported to carry out their role. One said "I am well supported here". Staff had regular meetings with their line manager and could access further training. For example, National and Vocational Qualifications (NVQ).

People had sufficient to eat and drink and where people needed support with eating and drinking they were supported in a compassionate and caring manner. People were supported to maintain good health and the service worked with other health professionals to ensure people's physical and mental health were maintained.

We saw the staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected and staff gave people the time to express their wishes and respected the decisions they made. One person's relative said "I love this place. They do really well with him. The staff are so good. They treat him with dignity and respect, I know he is very happy here".

Activities in the home were tailored to suit people's individual needs and preferences and each person had a personal activity schedule. This included activities in the home as well as trips out into the community.

Where they were able, people were involved in the running of the home. People were involved in the recruitment of new staff and had received training to help them with this. Some had been trained in basic first aid.

Staff had a culture of openness and honesty where people came first. The deputy manager was visible around the home and available to people, their relatives and staff. The deputy manager had systems in place to monitor the quality of care provided and used this information to improve the service.

The service worked in partnership with the NHS and local community mental health teams. A visiting healthcare professional spoke positively about the service saying "I think it's an open and honest service. I have no concerns around this home".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe. Staff had been trained and knew how to raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient to eat and drink. People who needed support with eating and drinking were supported appropriately.

The service worked with other health professionals to ensure people's physical and mental health were maintained.

Is the service caring?

Good

The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive. People's needs were assessed to ensure they received personalised care.

Complaints were dealt with in line with the policy. Everyone we spoke with felt confident action would be taken and they would be listened to.

There was a range of activities for people to engage with. Activities were tailored to people's individual needs and preferences.

Is the service well-led?

Good

The service was well led. The deputy manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first.

Gosford 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 inspection took place on 29 April 2015. It was an unannounced inspection. The inspection was conducted by one inspector.

All the people at the home had difficulty communicating verbally but we did speak with two people and one relative. We spoke with five members of care staff, the acting assistant manager, the deputy manager and the assistant area director. We also spoke with a visiting health professional. We looked at five people's care records, four staff files and medicine and administration records. We also looked at a range of records relating to the management of the home. We used a range of methods to gather information and seek the views of people. This included Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law

We reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We also looked at the 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.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "Yes, I'm safe". Another nodded and gave a thumbs up sign. A relative told us people were safe in the home. They said "Yes they are safe here. Any risks are well looked after so I have no problems at all with that. All good".

Staff could clearly explain how they would recognise and report abuse, particularly concerning people who had difficulty verbally communicating. Staff told us, and training records confirmed that staff received regular training to make sure they understood their responsibilities to report concerns. One care worker said "I'd raise any concerns with the management immediately". Another said "We protect vulnerable adults here so I would report abuse to the manager or I'd call our whistle blowing line". All staff at the home had been provided with cards giving contact details to enable them to whistle blow. Records confirmed the service reported concerns appropriately.

Risks to people were managed and reviewed. Where people were identified as being at risk, risk assessments were in place and action had been taken to reduce the risks. For example, one person was at risk of seizures. Guidance for staff on how to support the person was detailed and staff were aware of, and told us they followed this guidance. People were also assessed in relation to making their own food. For example, one person was capable of preparing a meal but required support to do this. We saw staff supporting this person appropriately. Risks were reviewed annually or as people's circumstances changed.

There were sufficient staff on duty to meet people's needs. Staffs comments included; "Only if someone goes suddenly sick are we stretched, but we are ok, we manage", "Yes there is enough of us here. I know they've just recruited some more so it should get even better", and "We have enough staff to do what we need to do". A relative said "I have never noticed less than enough staff here". The deputy manager told us staffing levels were set by the "needs of our residents." They went on to say "What is good is that if one of our residents needs one to one care there is never any argument. We get staffed appropriately". During the day we observed staff were not rushed in their duties and had time to chat with people and engage with them in activities. The staff attendance rota confirmed planned staff levels were maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff have a criminal record or were barred from working with children or vulnerable people.

People received their medicines as prescribed. The care worker checked each person's identity and explained the process before giving people their medicine. This ensured people received the right medicine at the right time. Medicines records were accurately maintained. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines.

One person received their medicine in their tea. We were told this was the person's preferred way of taking their medicine. Records showed the GP had been consulted and had confirmed this was a safe way for the person to receive their medicine. Staff informed the person when they were being given tea containing their medicine to keep them informed and to ensure they had the person's consent.

Accidents and incidents were managed and investigated. Information from these investigations was loaded onto the provider's central data base to look for patterns and trends. Learning from this analysis was shared at monthly managers meetings. For example, following an incident between two people care plans and risk assessments were reviewed and action taken to reduce the risk of reoccurrence.

Plans were in place in case of emergencies such as loss of utilities, minimum staffing levels and fire. Emergency contact details were provided for staff with instructions on what to do if the emergency arose and also gave details of emergency accommodation, should the need arise.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. All staff received an induction training period and shadowed experienced staff before working at the home. Training included safeguarding vulnerable adults, autism, Mental Capacity Act (MCA) and epilepsy. Further training was also available. For example, medicine administration.

Staff knew the people they supported. One staff member told us a person liked their lunch at a particular time every day. They said “Routine is so important to them so we make their lunch at exactly 12 o’clock”. We observed this person and as midday approached they sat down at the dining table to wait for their meal. Staff brought their meal to them at their preferred time. Another person liked to be left alone in one of the activity rooms where they sat using a computer. Staff told us when they went to the room they let them “have their own space” but would regularly check to see if they needed support. We saw staff checking this person regularly whilst they used the room. A visiting healthcare professional said “I think the staff are very knowledgeable. They know these people inside out. I think residents here are safe".

Staff supported people effectively. One person was having their lunchtime meal and we saw they had bread and sandwich filling on the plate. Staff told us the person liked to make their own sandwiches so they provided the ingredients. A member of staff sat next to the person as they prepared their sandwich. They said “They can make it just fine but they like someone sat next to them through lunch, so we do”. The person made their sandwich and ate it without needing support.

The service sought people’s consent. Where people were able to give consent they had signed their care plans. Where people could not sign their care plans we saw photographic evidence showing the person with their care plan. This showed people had seen and had input into their care plan. Throughout our visit we observed staff seeking and obtaining people’s consent before supporting them.

We discussed the Mental Capacity Act (MCA) 2005 with the deputy manager. The deputy manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. Care staff we spoke with had completed training on the Mental Capacity Act 2005 and demonstrated a good understanding of the acts principles. One member of staff said “We’ve had the training and regularly discuss this at supervisions. We need to keep on top of this and promote resident’s best interests, remembering it is ultimately their choice”.

At the time of our visit eight people were subject to a Deprivation of Liberty Safeguards (DoLS) application. These safeguards protect the rights of people. People, GPs and people’s families had all been involved in assessments and applications were made to the appropriate authorities. For example, one person had been assessed as lacking capacity to decide where they lived. The application noted they would be at risk if they lived alone. Their best interests were considered and the application had been approved.

Staff told us, and records confirmed they had effective support. Staff received regular supervision consisting of formal meetings with their line manager. Supervision meetings were held every four to six weeks. Staff had input into these meetings and could raise issues. For example, one member of staff had requested further training and records confirmed this had been provided and they were working towards a Qualification and Credit Framework (QCF) at level three. Any identified actions from supervision meetings were recorded and followed through. For example, at one meeting it was decided a multidisciplinary meeting was required to review and discuss one person’s care. Healthcare professionals were contacted and the meeting took place.

One member of staff told us how they felt supported. They said “We are assessed and re-trained every year and we get regular supervision. It’s also nice to have time out to just talk to somebody about work”. Another said “I am well supported here. I wanted to learn the signing method some of our residents use to communicate. I brought it up at a supervision meeting and I got the training. I use it every day now”. One staff member told us they were new to their role and had no experience prior to working at the home. They said “I started from nowhere but I’ve been given all the training and support I needed. I am really happy here”.

People had sufficient to eat and drink. Menus were provided weekly in picture form for people to choose their meals. Meals were individually prepared for each person by staff, or where they were able, by the people themselves. People also had access to the kitchen during the day and we saw people frequently preparing themselves snacks to

Good

Is the service effective?

eat. Where people needed support with eating their meals we saw this was provided appropriately. Staff monitored people's meals to ensure they maintained a healthy, balanced diet. Two people told us they enjoyed the food at the home. One nodded enthusiastically when asked and another said "Yes, I like my sandwiches".

People were supported to maintain good health. Various professionals were involved in assessing, planning, intervening and evaluating people's care and treatment. These included the GP, psychiatrist, Speech and language Therapist (SALT), and physiotherapist. We spoke with a visiting health professional and asked about the service. They said "Staff here always put people first to meet their needs. They follow guidance and advice and they contact me appropriately when required". A relative told us that "Access to other healthcare professionals here is absolutely brilliant". Referrals were documented in people's medical folders and we saw referrals were made appropriately.

Good

Is the service caring?

Our findings

A relative told us how their son was cared for at the home. They said “I love this place. They do really well with him." and "They treat him with dignity and respect, I know he is very happy here”. Staff told us about the relationships they had formed with people. Comments included; “I love it. I love helping people and making a difference in their lives”, “It is brilliant here and so are the residents”, “there can’t be a better place to work”. One person we spoke with said “I like it, I want to stay”.

Throughout our visit we saw people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. Staff took time to speak with people as they supported them. We observed many positive interactions. For example, staff sat next to a person chatting to them whilst they ate their lunch. The person laughed and clapped their hands and clearly enjoyed the interaction. Another person was reading a book with a member of staff. The person pointed at pictures and bounced in their chair smiling.

Staff treated people with dignity and compassion. We saw how staff spoke to people with respect using the person’s preferred name. When staff spoke about people to us or amongst themselves they were respectful. All the records used respectful language. Staff knocked on people’s doors and waited to be invited in before entering. Where they were providing personal care doors were closed. Staff told us they promoted people’s dignity by “closing doors and curtains when I provide personal care”.

A residents ‘Bill of Rights’ was displayed in the office. This list 12 rights people could expect. For example, one stated “The right to be able to communicate”. Also displayed was a ‘Dignity balance poster’. This listed attitudes and actions that would promote or neglect people’s dignity. For example, a positive was ‘Asking before performing personal care’. A negative was ‘treating people as objects’. Staff were aware of these posters and followed their guidance. We spoke with staff about treating people with dignity and supporting them to express their views. Comments included; “We respect people’s choices and make sure they are happy with us supporting them”, ”Service users can say what they want to do and we respect that choice 100%”, and “It’s about their choices, every time”.

People were involved in the day to day running of the home. The service used a ‘Living the Life’ outcome tool. This listed people’s personal aims and goals and rated them, allowing staff to assess people’s quality of life and achievements. Some people’s aim and goals included cleaning and tidying around the home. People were also involved in the recruitment of new staff. Where people were involved in recruiting staff they had received training. Some people had also been trained in basic first aid. The deputy manager said “Where they are able we try to involve them as much as possible to promote a sense of belonging and community”.

Information relating to people and their care was held in the office. The office had a keypad door lock ensuring people’s information remained confidential.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to make sure the service could meet their needs. People had contributed to assessments. Care records contained details of people's medical histories, allergies and on-going conditions. The service operated a key worker, and co-key worker system. This meant the key worker took a particular interest in a person's care and progress. Key workers were the point of contact for individual people and their families.

Staff were aware of people's needs and preferences and displayed an in depth knowledge of the people they supported. For example, one member of staff told us about how one person sometimes needed encouragement. They said "They are usually very keen to help but sometimes they need encouraging, especially if it is a cleaning or tidying activity".

People received personalised care. All the care plans held personal information about people including their care needs, likes, dislikes and preferences. Things of importance to people were highlighted. For example, one person had stated their mother's birthday was important to them and requested support with buying a card and present. Another person had stated they wanted to continue "Attending the day centre". Staff supported people and records confirmed they were achieving their goals. Care plans were regularly updated and reviewed and we saw people and their families were involved in this process.

Throughout our visit we saw people being offered choices around activities and being given the time to consider and make a preference. Staff made suggestions and people's preferences were respected. One person wanted to be read to. The member of staff asked what book the person wanted to read and respected their choice. Another person wanted something to do and was give an activities box. Staff told them "You choose what you want to do and then return the box". The person took the box to the table and chose an activity before returning the box

The service responded to people's needs. One person had been assessed as being at risk of choking. The service had made a referral to the Speech and Language Therapist (SALT) and they had assessed the person's needs. SALT had provided guidance for staff to support this person which included; correct positioning when eating, not eating three hours before going to bed and having full diet of soft moist food. Staff were aware of, and followed this guidance.

People had their own, individual activities schedule. These were displayed in picture form, on the notice board in the dining room so people could read them. Activities included reading, baking, cooking, videos and garden games at the home. Many people had trips out planned on their schedule. Visits to day centres, garden centres, the shops and the library were listed. One staff member said "We have weekly schedules for all our residents. They do like routines so sometimes it can seem a bit repetitive but it is what they want". The home had a quiet room where people could sit and read in peace. It also had two activity rooms in the large garden. One contained books and a computer, the other was a sensory stimulation room containing equipment designed to help stimulate people's senses. The well maintained garden contained furniture, so people could sit and enjoy the outdoors, and a large trampoline.

The service used a 'Living the life' outcome tool. People identified the aims and goals they wished to achieve and these were rated to allow progress to be scored. People's aims and goals covered both learning and development as well as personal goals. For example, caring, learning, contributing and good relationships were listed along side being happy and enjoying life. One person's weekly goals were to attend the day centre and to "help collect cups from bedrooms". People's progress was monitored and the results scored and analysed. People were able to monitor their own progress. Staff told us this outcome tool was popular with people as it allowed them to "see how they are doing and making progress". At the end of a monitoring period staff and the person met to discuss what had happened, celebrate success and try to improve their personal care plan. Staff were also able to monitor behaviour and analyse the data to look for patterns and trends with people's behaviour allowing revisions to care to be focused on need.

The service had a complaints policy displayed in the home. There had been no complaints since our last inspection, however historical complaints had been dealt with compassionately, in line with the policy. The deputy manager told us complaints were extremely rare because the home was a "close knit community" and any issues were dealt with before they escalated to where a formal

Good

Is the service responsive?

complaint was necessary. People and their families were given a welcome pack when they joined the home that explained the complaints procedure. The procedure was also contained in people's care plans. A relative told us "I've never needed to complain. If I have an issue I simply talk to the manager and it is dealt with".

The service maintained a comments folder and recorded comments made by relative's and visitors. One comment recorded how a person's relative entered the home unannounced and heard their daughter "laughing loudly" whilst engaged in an activity. They went on to say "I was moved to tears and was so happy to hear that. Thank you".

Regular 'service user' meetings were held and minutes recorded. People attended these meetings and were able to raise issues. For example, it was suggested the service supported a mental health charity and people had agreed on 'MIND'. People wanted the service to contact the charity and records confirmed this action had been completed and a link established on the provider's website. Information relating to events was also shared at these meetings. The provider's talent contest for people was announced, auditions were planned and the venue for the grand final had been booked.

The deputy manager told us two people had expressed an interest in voting in the coming general election. The service was supporting their decision to vote by ensuring they were registered to vote and by providing them with information to help them make "personal choices" of how to vote.

Good

Is the service well-led?

Our findings

There were systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements. For example, a recent audit identified a review of the 'cleaning strategy' was required. We saw the review had taken place and a new strategy was in place. Compliance audits were regularly conducted by the provider's senior managers and any identified actions carried forward from these audits for managers and staff to address. For example, one audit identified three staff needed to sign their medication assessment records. This action was forwarded and records confirmed the staff had signed their records.

The provider issued regular monitoring reports to keep the deputy manager updated with action plans and any patterns and trends identified across the organisation. These reports were linked to the Care Quality Commissions (CQC) reporting domains of Safe, Effective, Caring, Responsive and Well led. This ensured actions were focussed on the regulations and our inspection methodology. Out of hours visits by senior members of staff were also conducted and gave an impression of how the service was functioning during the evening, at night or at weekends.

Staff were involved in the provider's business plans. The provider's 'Business development Plan 2015' was displayed on the staff notice board. Aims for the service were identified and actions to achieve those aims were listed. For example, one aim was to arrange a holiday for people in the home. Key workers had been identified to support people in choosing and booking the holiday. Staff told us they were engaged in this process. Another aim was to update and review people's 'support plans'. Records confirmed this had been completed.

The management and staff displayed a positive and open culture where the deputy manager and senior staff were available and approachable. People knew who the deputy manager was and we saw people and staff approach and talk with them in an open and trusting manner. The deputy manager knew people by their name and took time to talk with them. Members of the senior management board regularly visited the home and attended meetings with both people and staff.

Staff spoke positively about the deputy manager and senior managers. They told us they were visible, approachable and supportive. Comments included; "I often see senior managers around the home. I find them supportive and they are nice" and "It's a really friendly atmosphere here". Staff told us they felt the service was open, honest and had good communication. One said "I believe it is honest, staff and the company are tip top, everyone is given a chance", "Communication is good. Not only with work but with personal things as well" and "Yes it is open and honest and there's not a culture of blame. We look for solutions not blame". A relative said "Communication is more than good. Any little thing and I soon get to hear about it. Excellent".

There was a whistle blowing policy in place and staff were given cards with details of how to whistle blow. This included contact details for the provider's in house whistle blowing scheme. Staff were aware of this policy and procedure. On the back of the whistle blowing cards the providers core values were listed and were displayed on a poster in the office. Values included integrity, dignity, respect, excellence trustworthy and reliable and committed and passionate. Whilst staff displayed these values in their work during our visit, not all of them were aware of the provider's core values.

The provider held annual awards for staff. Awards were given to staff across 12 categories and finalists attended a function. Prizes were given to winners and staff performance was celebrated.

The service worked in partnership with visiting agencies, particularly the NHS and local authority. The service had strong links with local community mental health teams and with the local community. A visiting healthcare professional spoke positively about the service saying "I think it's an open and honest service. I have no concerns around this home".

The provider sought to improve the service to deliver consistent, high quality care. Records showed staff had completed training in relation to the Care Quality Commissions (CQC) new inspection methodology, Key Lines of Enquiry (KLOE) and service ratings. The service had also issued guidance to managers relating to the Health and Social Care Act 2008, Regulation 20. The new Regulation 20: Duty of Candour means that registered persons must act in an open and transparent way with relevant people in relation to the care and treatment

Good

Is the service well-led?

provided to service users in carrying on a regulated activity. This guidance was issued by the provider's director of operations and supported managers in meeting this regulation and improving the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The deputy manager of the home had informed the CQC of reportable events.