

London Borough of Barking & Dagenham

# Gascoigne Road Care Home

## Inspection report

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Essex  
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Date of inspection visit:  
19 February 2019

Date of publication:  
11 March 2019

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Gascoigne Road Care Home is a residential care home providing accommodation and personal care to 10 people, at the time of the 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.

People's experience of using this service:

- People and staff were positive about the management and the service. However, the service was rated 'requires improvement for 'well led' at this inspection. There was not an effective system in place to monitor training and to obtain people's feedback on the running of the home regularly.
- We also found that staff references had not been recorded to evidence that references had been sought and received. We made a recommendation in this area.
- People continued to receive a safe service.
- Risks associated with people's needs had been assessed.
- There were sufficient staff to meet people's needs.
- Medicines were being managed safely.
- Staff had the knowledge and received the support they required to meet people's individual needs.
- People were supported with their nutritional needs and had choices with meals.
- The staff worked well with external health care professionals and people were supported with their needs and accessed health services when required.
- People continued to receive care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy.
- Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.
- People's independence was promoted and their privacy and dignity was respected.
- Care plans were person centred and detailed people's support needs.
- People received opportunities to pursue their interests and hobbies, and social activities were offered.
- The service met the characteristics for a rating of 'Good' in all but one of the key questions we inspected. Therefore, our overall rating for the service after this inspection was 'Good'.
- More information is in our full report.

Rating at last inspection:

- At the last inspection on 26 June 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'. However, the rating for Well-Led had deteriorated to 'Requires Improvement'.

Why we inspected:

- This was a planned inspection based on the rating of the last inspection.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Gascoigne Road Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

This service is a care home for people with learning disabilities and is registered to accommodate up to 12 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was carried out on 19 February 2019 and was unannounced. This means the home was not aware we were coming to inspect them.

#### What we did:

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report.

We requested the service completes a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan

to make.

During the inspection we spoke with the head of learning disabilities, the registered manager, a unit coordinator, four staff, four people and two relatives.

We looked at the care records of three people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits, premises safety checks, complaints and care plans.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. There were assessments for skin integrity, epilepsy, manual handling and nutrition.
- Staff knew how to support people with their behaviour. Positive behaviour plans were in place for people that may demonstrate behaviours that may challenge.
- There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do in the event of an emergency.

Using medicines safely:

- People received their prescribed medicines safely.
- One person told us, "I have my tablets at 8pm at night and 8am at mornings."
- We saw that staff gave people their medicine in a safe way, engaged positively with people ensuring people took their medicines. Staff completed a Medicine Administration Chart (MAR) when the person had taken the medicine.
- We checked MAR charts and found that people received their medicine as prescribed.
- Audits were carried out by the registered manager to check that medicines were being managed in the right way.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents.
- People told us they felt safe. A person told us, "I feel safe." Another person commented, "I do feel safe."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding.
- A staff member told us, "Abuse is when someone comes to harm. There is many types of abuse like physical, verbal or finance. If this happens, I will let my manager know straight away. I can also go to the social service or CQC."

Staffing and recruitment:

- People were supported by sufficient numbers of staff who had the right mix of experience and skills.
- Staff had a positive approach and responded to people's needs in a timely manner when required.
- A relative told us, "[Staff] never rush." We saw that staff were generally available when people wanted them and they responded to people's requests quickly.
- Staff told us there were enough staff to support people but they may be short on some days but this did not impact on the care people received.
- We fed this back to the management team who told us that this may be due to not having sufficient cover in place in case of emergencies, such as when staff called in sick. We were informed by the management

team that staff were being recruited to cover posts.

- We were informed no staff had been recruited since our last inspection. We checked the file of staff recruited prior to our last inspection.
- Checks such as criminal record checks were carried out before employing staff. However, we found there were no references in one staff file and only one reference had been sought and received in another staff member's file. The providers policy stated that two references must be requested at pre-employment stage.
- We were informed that these references had been requested and received but were not saved in the staff file, which meant it was a recording issue.
- Staff we spoke to confirmed that pre-employment checks had been carried out.

Preventing and controlling infection:

- Systems were in place to reduce the risk and spread of infection.
- The environment was clean and tidy. A relative told us, "The home is always clean and tidy."
- Staff knew how to prevent the spread of infection.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.



# 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

Good: 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:

- Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- The service assessed people's needs and choices through reviews. Where changes had been identified, this was then reflected on the care plan.
- This meant that people's needs and choices were being assessed to achieve effective outcomes for their care.

Staff support: induction, training, skills and experience:

- People and relatives told us that staff were suitably skilled to support people. A relative told us, "Staff are good and know [person] well." Another relative told us, "[Person] had rash and blotches on their face but [person] skin is so much better now."
- Staff told us that they were happy with the training they received. A staff member told us, "Training is very good."
- Records showed that a number of staff training had expired in 2018 and refreshers were due. We discussed this with the management team who informed that refresher training would be booked.
- After the inspection, we received evidence that the training had been scheduled for 2019.
- Staff had received supervision and appraisals to identify training needs and support them when required.
- Staff felt supported. A staff member told us, "I am supported here."

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

- People were offered choices for their meals and liked the food.
- We observed staff offer people choices and engaged with people during meal times. They were supporting people when needed and asking them if they enjoyed their meal.
- A person told us, "I get choices, I like the food." A staff member told us, "They get a lot of choices."
- Risks to nutrition and hydration were assessed and people were offered the support they required.
- For people at risk of choking, risk assessments were in place with guidelines on warnings and meal plans.
- We observed that staff closely monitored the amounts people ate and drank. A person told us, "I am eating very well."

Supporting people to live healthier lives, access healthcare services and support:

- People had access to the healthcare services they required, such as GP, dentists and hospitals.
- Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this.
- Staff requested healthcare support when this was needed and followed the advice given.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and professionals.
- The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.
- Staff requested people's consent before carrying out tasks. We observed staff asked people if they consented to speak to us and also prior to giving them their medicines.
- A staff member told us, "If someone needs cleaning, I will ask them before."

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

- The premises and environment met the needs of people who used the service and were accessible.
- We observed people's rooms were decorated with their preferences and there were posters of people's favourite tv characters and football team.
- A sensory room had been created, which was out of order at the time of the inspection due to repair works. The unit coordinator told us the sensory room should be reopened soon.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and relatives told us staff were caring. A person told us, "The staff are very nice." Another person commented, "Staff are friendly." A relative told us, "I like the staff."
- We observed relationships between staff and people were friendly and positive. Staff spoke with people in a kind manner, their approach was positive towards people and people came to hug staff.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.
- Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them.

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

- People's families were encouraged to be involved in making decisions about care and support where this was appropriate. A relative told us, "They keep us involved with decisions."
- When necessary, people had access to advocacy services if they required support making decisions.
- We saw staff respected people's choices and acted on their requests and decisions. A person told us, "They give me different choices."
- There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need.
- However, this was not recorded therefore it may be difficult for the home to ascertain certain short and long-term goals and follow up on actions on previous meetings.
- We discussed this with the management team, who informed this would be formalised with a view to identifying people's goals and aims and discussing progress of this on key worker meetings.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way.
- We saw staff throughout our inspection were sensitive and discreet when supporting people.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People and relatives told us that people were encouraged to be independent.
- We saw people were independent with eating meals with staff nearby to support if needed. People mobilised independently and went to their rooms and other parts of the home.
- A person told us, "I can do things on my own." A staff member told us, "We do try and let them do as much as they can do for themselves."

- The unit coordinator also told us that they had supported people to move on to independent accommodation as a result of promoting independence where possible.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care that was responsive to their needs.
- We observed staff supporting a person, by addressing the person by the name of their favourite celebrity, as the person reacted positively to the name. This meant that staff responded to the person's preferences and receive personalised support.
- People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. For example, people's likes and dislikes were recorded with their support needs and staff were knowledgeable about these.
- There was an 'About me' section that detailed people's interactions, social circle and background information. A staff member told us, "Care plans are helpful and it is informative."
- People were supported to follow their interests and take part in activities, education and also attended day centres.
- One person told us they were going to watch their favourite football team play with staff. The person also told us, "I go to college on Thursdays, I do reading and writing." Another person commented, "I do piano's." A staff member told us, "We go cinema's, we go [name of café] and day centres."
- There was a weekly activity programme for inside and outside of the home.
- We observed that staff spent time with people watching tv, playing games and reading books.
- People received information in accessible formats.
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- The complaints procedure was available in an 'easy read format'. There was a touch screen monitor that enabled staff to support people to access the internet and access information when required. The terms and conditions of the home, menus and activities was available in a picture format.
- We observed communication between people and staff were good and people were given information in accessible formats.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure which they followed.
- All complaints were recorded along with the outcome of the investigation and action taken.
- People and relatives were aware of how to make complaints.
- Staff were able to tell us how to manage complaints. A staff member told us, "If I get a complaint, then I will write it down and let the manager know straight away for them to look into it more."

# 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.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found that there was not an effective system to gather people's and staff feedback.
- Quality monitoring materials such as surveys were not being sent to people and meetings were not held to obtain people's thoughts on running the home and acting on their feedback where possible, to create a cycle of continuous improvement.
- We discussed this with the management team who informed that they were aware of this and were in the process of creating a suggestion box for people and relatives to leave feedback and were also in the process of creating questionnaires to send to people and relatives.
- People told us they liked living at the home and liked the management.
- A person told us, "I like her [Registered manager] is very nice, I am happy here." Another person told us, "I love it here."
- Staff meetings were held regularly.
- The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The management team carried out audits to check that staff were working in the right way to meet people's needs and keep them safe.
- Audits had been carried out on care plans and medicine management to ensure people received personalised high-quality care.
- A service improvement audit was also completed by the quality assurance team. These audits identified areas for improvements to ensure people always received safe and effective care.
- However, we found a number of staff training was overdue for refresher training.
- We attempted to look at the provider's training matrix and found this was difficult to follow as the training matrix included all the provider's staff training across social care that was not specific to the home.
- This meant that there was a lack of oversight to monitor staff training requirements, specifically for the home, which may impact on the care people receive.
- After the inspection, we were sent a training matrix specific to the home, which showed area's staff had completed training, when this expired and when the next training was booked.

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

- Staff told us the service was well led. One staff member told us, "[Registered manager] is really nice. She is supportive."
- Staff were clear about their roles and were positive about the management of the service and felt they could approach the management team with concerns and this would be dealt with.
- There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff were passionate to support people.
- Staff told us that they had been working at the home for a number of years and enjoyed their role in making a positive difference to people's lives.
- However, we found some issues with record keeping whereby staff references had not been recorded to ensure regulatory requirements were being met.

We recommend that the service follows best practice guidance on recording documents.

#### Working in partnership with others

- Staff worked in partnership with other agencies.
- Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.