

Expect Ltd

# Expect Limited - 1a Gainsborough Avenue

## Inspection report

1A Gainsborough Avenue  
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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 

### Overall summary

The inspection took place on 21, 22 and 24 April 2015 and was announced.

1a Gainsborough Avenue provides accommodation and support for up to three adults with a learning disability. The service is provided by Expect Limited. The property is a dorma bungalow and has two bedrooms, a large and small lounge, kitchen and bathroom downstairs, with a

further two bedrooms and toilet on the first floor. There is a large paved area at the front and rear of the building. It is situated in a residential area convenient for amenities in Maghull.

There is a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

During our inspection we used a number of different methods to help us understand the experiences of people who lived at 1a Gainsborough Avenue. This was because some of the people who lived at the home communicated in different ways and we were not always able to directly ask them their views about their experiences. We spoke with two people who lived in the home about their experiences. Our observations showed people appeared relaxed and at ease with the staff.

People were kept safe because there were arrangements in place to protect them from the risk of abuse. Staff understood what abuse was and the action to take should they report concerns or actual abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager informed us people who lived at 1a Gainsborough Avenue were supported to make key decisions regarding their care. We found the home manager knowledgeable regarding acting in people's best interests. We saw this followed good practice in line with the Mental Capacity Act (MCA) (2005) Code of Practice.

Each person who lived at the home had a plan of care. The care plans we looked at contained relevant and detailed information. This helped to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes. A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm. Risk assessments and behavioural management plans were in place for people who presented with behaviour that challenged. These gave staff guidance to ensure people's safety when at home or out in the community.

Medication was stored safely and securely. Staff had completed training in medication administration. Medication administration records (MAR) were accurately kept to show when people had received their medication. Risk assessments were carried out for people who administered their own medication.

We looked around the building. We found it was clean and well maintained. Staff had a rota in place to ensure

cleaning was completed daily. We found audits/checks were made regularly to monitor the quality of care provided and ensure it was safe and standards of cleanliness and décor were maintained.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks.

We saw there were enough staff on duty to support people as needed in the home. This included support with personal care, to attend employment and take part in regular activities when they wished to. We saw the staff rotas which confirmed this.

Staff received an induction and regular mandatory (required) training to update their practice and knowledge. Records showed us that staff were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs. Staff told us they felt supported in their roles and responsibilities.

People who lived in the home were supported to make their own drinks and snacks, with staff support. As well as indicating they wanted a drink or snack we saw staff asking them throughout the day. Staff had good knowledge of people's likes and dislikes in respect of food and drinks. We saw that people who lived in the home had plenty to eat and drink during our inspection.

People who lived in the home took part in a variety of activities both in the home and in the community. Some people attended a day centre and enjoyed activities both in the home and in their local community.

During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

A procedure was in place for managing complaints. There were no current complaints. We found that complaints had been managed in accordance with the home's complaints procedure.

# Summary of findings

Systems for routinely monitoring the quality of care, support and treatment provided took place but were not always effective. The provider did not monitor the service to check improvements had been made to the quality and safety of the service.

# 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?

The service was safe.

Staff understood how to recognise abuse and how to report concerns or allegations.

People who displayed behaviour that challenges had a plan of care and risk assessments in place to protect them and other people from the risk of harm.

There were enough staff on duty at all times to ensure people were supported safely.

Recruitment checks had been carried out for staff to ensure they were suitable to work with vulnerable adults.

Medication was stored securely and administered safely by trained staff.

Good



### Is the service effective?

The service was effective.

Staff were knowledgeable regarding acting in people's best interests. We saw this followed good practice in line with the Mental Capacity Act (MCA) (2005) Code of Practice.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Good



### Is the service caring?

The service was caring.

We observed positive interactions between people living at the home and staff.

Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

We saw that people had choices with regard to daily living activities.

Good



### Is the service responsive?

The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed to reflect their current needs.

Good



# Summary of findings

Staff understood what people's care needs were. Support was provided in line with their individual plans of care.

A process for managing complaints was in place and people we spoke with knew how to make a complaint.

## **Is the service well-led?**

The service was well led.

The registered manager provided an effective lead in the home and was supported by a clear management structure.

The service had systems in place to demonstrate it was well led. Systems for routinely monitoring the quality of care, support and treatment provided took place but were not always effective. The provider did not monitor the service to check improvements had been made to the quality and safety of the service.

Staff described an open and person-centred culture within the organisation.

**Good**



# Expect Limited - 1a Gainsborough Avenue

## 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 21, 22 and 24 April 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector.

Before the inspection the provider completed a provider information return (PIR) which helped us prepare for the

inspection. This is a form which asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We contacted the local authority commissioning team. They told us they had no current concerns about the home.

We looked at the notifications and other information the Care Quality Commission had received about the service.

During the inspection we spent time with the three people who lived at the home and spoke with two of them about their experiences and views about living in the home. We also spoke with the home manager and two care staff.

We looked at the care records for the three people who lived in the home, three staff recruitment files and records relevant to the quality monitoring of the service. We looked round all areas of the home, including people's bedrooms, bathrooms, kitchen area and lounge areas.

# Is the service safe?

## Our findings

During our inspection we used a number of different methods to help us understand the experiences of people who lived at Gainsborough Avenue. This was because some of the people who used the service communicated in different ways and we were not always able to directly ask them their views about their experiences. We spent time with three people who were living at the home. People appeared relaxed and at ease with the staff.

An adult safeguarding policy and procedure was in place. The policy was in line with local authority safeguarding policies and procedures. The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Staff we spoke with and the training records we viewed confirmed adult safeguarding training had been undertaken within the provider's recommended guidelines of every three years. We were informed that the guidelines had recently changed and that adult safeguarding training was now undertaken every two years. We were sent information informing us that all staff were now expected to complete the provider's online adult safeguarding training in May 2015.

All of the staff we spoke with were clear about the need to report through any concerns they had to the 'on call manager'.

The home employed a full complement of staff. Staff from the current staff team covered staff sickness and annual leave. This helped the manager to ensure people who lived at the home received support from a consistent and familiar staff team who knew their needs.

The staffing numbers on the day of the inspection were in accordance with the staff rota. Staff worked a three week rolling rota to provide the support. We looked at the staff rota for the current three week period which confirmed the staff numbers. Staff we spoke with told us they felt there were enough staff working throughout the day to support people and to access activities both in the home and in the community. We found there were mainly two staff working at all times to support three people who lived in the home. These staffing numbers enabled people who lived in the home to go out into the community and be supported safely.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at three staff personnel files. We saw that appropriate checks had been undertaken before staff began working at the home. Application forms had been completed and applicants had been required to provide confirmation of their identity; references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. The provider had a policy of having support staff sign a declaration that they had not committed any offences the previous year. In addition DBS checks took place every three years to ensure they were still safe to work with vulnerable people.

We found risk assessments and behavioural management plans had been completed. Having these records in place helps staff to support the person in a consistent way and to ensure their safety and the safety of others in the home.

The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included taking medication, physical and mental health needs and accessing the community.

Medication was managed appropriately and safely. Medication was only administered by staff who were trained to administer medicines. Staff confirmed that medication training was provided for the staff who administered medication. The manager told us they carried out practical competency assessments with staff to ensure they were administering medication safely. New staff were observed and assessed by the manager before they were 'signed off' as competent to safely administer medication. This check provided assurance that staff were able to administer medicines safely to people.

Medicines were stored safely and securely in a locked wall cupboard. The majority of medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people

## Is the service safe?

had been administered their medicines as prescribed. The registered manager told us that medication practices were audited on a monthly basis and we saw confirmation of this.

One of the people who lived in the home was able to administer their medication themselves. Staff had completed a risk assessment with the person to ensure they were safe to do so. The risk assessment was regularly reviewed. The provider had a policy to manage the safe administration of medications. However we have informed the provider that this policy did not include any guidance for staff to follow should people administer their own medication. They informed us of their plans to review the medication policy to include self-medication.

Procedures were in place to support people with their finances and we saw regular checks were carried out to ensure people's financial records were up to date and accurate.

We looked around the home, including people's bedrooms and bathrooms. We found the home was clean and tidy. Cleaning rotas showed daily tasks which the staff knew were to be completed each day to maintain a clean and safe environment.

Arrangements were in place for checking the environment to ensure it was safe. We saw paperwork which showed that a monthly health and safety audit was undertaken to ensure the building and its contents were safe and in working order. Specific weekly checks took place which included checks of the water temperatures, fire fighting equipment, the fire alarm and medication stock checks.

# Is the service effective?

## Our findings

Information was recorded in people's care files regarding health appointments and daily notes were written to record what people had done each day. Clear record keeping helped staff to inform/ update family members. The manager told us it was the role of people's key workers to keep people's support plans and care records up to date. Key workers also coordinated and supported people with health appointments. We saw from the care records that great importance was given to good and clear recording of people's health needs and appointments. Staff completed medical appointment forms which showed preparation for the appointment and the outcome of the appointment was clearly recorded to inform all staff. This ensured all staff were kept updated on people's health needs and any changes that may have taken place.

Each person who lived in the home also had a health action plan which contained current information about their health needs and how they required support to maintain a healthy lifestyle.

The staff took a personalised approach to meal provision. A menu was in place as a guide. Care records contained people's likes and dislikes and indicated any dietary needs. People who lived in the home were supported to make their own drinks and snacks, some with staff support. As well as indicating they wanted a drink or snack we saw staff asking people throughout the day. Staff had good knowledge of people's likes and dislikes in respect of food and drinks and people's routines in respect of meal times. Staff knowledge of people's preferences led them to offer a choice of favourite meals and snacks. We saw that people who lived in the home had plenty to eat and drink during our inspection. This helped ensure that people did not become dehydrated or hungry.

With regards to food stores there was plenty of choice available in the fridge and freezer, for snack foods and meals. During the time we spent in the home we saw one person and a staff member go out to do the food shop.

People's support plans recorded what people liked to eat. People were weighed to monitor weight gain or loss.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as CoSHH (the Control of Substances Hazardous to Health)

infection control, equality and diversity, nutrition awareness, food hygiene, moving and handling, infection control, safeguarding adults, and medication administration Records we saw confirmed this. Other training courses were offered throughout the year. Examples of these were and Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS), first aid, autism awareness and dementia awareness. Staff were advised by the Human Resources team when they were expected to attend a particular training course. This process gave staff a month to complete online training or a specific date to attend a training course. We asked staff about their training and they all confirmed that they received regular training. Records we saw confirmed that training was up to date or planned for May 2015.

All members of the staff team who worked at Gainsborough Avenue had achieved a recognised health and social care qualification at level 2 or above. This helped to ensure staff had the skills and knowledge to meet people's needs.

Staff we spoke with confirmed they received induction, supervision and support. The manager informed us they held staff supervisions every two months. We saw supervision records were kept for all the staff team. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

Staff team meetings took place. We saw minutes from meetings that had taken place in December 2014 and March 2015. Staff meetings helped to ensure staff were kept informed of any changes in the organisation or at Gainsborough Avenue, and to discuss the care and welfare of the three people who lived in the home.

The manager and support staff we spoke with were able to describe how they supported people. They described how they enabled people to make choices about their lifestyle and day to day routines. We observed staff supporting people safely in the home and using strategies to reduce their anxiety and promote their well-being.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests. At the time of our

## Is the service effective?

inspection no-one living at the home was subject to a DoLS authorisation. We discussed this with the registered manager and asked them to take advice regarding one of the people who lived in the home, in case a DoLS was required. The Deprivation of Liberty Safeguards (DoLS) is

part of the Mental Capacity Act (2005) that aims to ensure people in care home and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

# Is the service caring?

## Our findings

We observed the care provided by the staff to help us understand people's experiences of care and to help us make judgements about this aspect of the service. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. People who lived in the home seemed relaxed and comfortable in their presence. Staff interaction with people was warm, respectful and demonstrated a good knowledge and there was plenty of interaction and laughter.

The staff we spoke with had a good understanding of people's individual needs, choices and preferences. We observed staff taking their time when supporting people to ensure they understood what people needed. We saw their relationships with people who lived in the home were positive, warm, and respectful.

The staff members told us they had worked with the people who lived in the home for several years. This consistency of staff ensured people's complex health needs were understood and support was provided as required. People who lived in the home told us they preferred being supported by people they knew. One person who lived in the home told us, "They (the provider) used to have staff working here who we didn't know. Sometimes we didn't know who was coming to support us." They told us they preferred it now that the same staff worked in the house.

People who lived in the home were supported according to their wishes and preferences. The care records (person centred plans) we looked at recorded their likes, dislikes and how they wanted to be supported.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and

how they accommodated these in how they supported people. This information was clearly and comprehensively recorded in people's person centred plans. Information also included people's likes and dislikes and their daily routines as well as how to reduce people's anxiety using distraction methods. Staff we spoke with confirmed that when they had started working at Gainsborough Avenue they used the information recorded in the person centred plans to get to know people and learn about their support needs.

People's care records contained personal development and support plans. These documents described activities for independent living and the progress people were making towards completing the task. People who lived in the home were encouraged and supported by staff to be as independent as they could. We saw documents which showed the activities people had achieved and some that were still to be achieved. This showed that staff were supporting people to develop new skills to promote their independence in day to day living. One person who lived in the home told us about taking their own medication and about going out to local shops independently. Staff we spoke with told us the plan that was worked out and the steps that had been taken to achieve this independence over time. This preparation helped to ensure the person was safe to do so.

We saw that people who lived at the home were involved in meetings when decisions were made about what to do and what to eat. Discussions were currently being held about this year's holiday destinations.

People had family members who visited them. There had not been any requirement to use the local advocacy service. Family members were involved in decision making when this was necessary or requested by the person concerned.

# Is the service responsive?

## Our findings

The people who lived at the home were involved in planning their lives. We saw that people made day to day choices about activities they wished to take part in or places in the community they wished to visit. All three people who lived in the home had a full activity programme each week. This involved community activities, shopping, attending day centres and meeting up with friends. They were encouraged to complete daily living tasks, such as their laundry and cleaning their bedrooms. One person particularly enjoyed gardening. We saw daily records which had been completed by the staff which confirmed that people had carried out activities or been to places of their choice.

We spoke with two people who lived in the home. They told us they were happy with the activities they took part in. They told us about a recent barbeque held for their friends and regular trips out for lunch to the local pub. The people who lived in the home were involved in going shopping to buy the food and other household items required for the house.

We looked at the care record files for the three people who lived at the home. We found the provider used the 'CHASE' model of care planning. This way helped people who lived in the home plan their goals more effectively and set weekly outcomes regarding people's community access, health achievements, their safety and economic well-being. This helped to show people were achieving more independence, as well as achieving goals they wanted to. We saw that staff supported people who lived in the home to 'set their goals'. Examples of goals set included achieving independence with personal care routines and buying items independently. We saw that staff reviewed the goals each month. Goals which had been achieved were recorded and new goals set. Staff told us that two of the

people who lived in the home wanted to visit the 'Coronation Street' studios. They planned this trip with staff. We saw photographs which showed they had completed this goal.

We found that 'person centred plans' were completed with the people who lived in the home. We saw care records that contained relevant and individualised information such as people's preferred routines, like and dislikes and their wishes. They also showed the food and activities people enjoyed. Support plans had been completed which showed how people wanted to and needed to be supported. We observed support being provided and people received their preferences of food and choice of activities, in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect changes in people's support or health needs. We saw information had been updated in all areas of the care records in 2015. This helped to ensure the information recorded was accurate, up to date for people to receive the support they needed.

Two people who lived in the home gave us permission to see their bedroom. We found the rooms were clean and tidy and decorated to the person's personal choice. The rooms were homely, personalised and comfortable.

The home had a complaints policy in place and a process to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The home manager explained there were no on-going complaints. They said they met with the people who lived in the home frequently to discuss any issues they had. We spoke with two people who were able to confirm they were happy at the home and did not have any worries.

The manager told us they had good relationships with family members who visited regularly, so any issues would be discussed informally with staff and sorted out straightaway.

# Is the service well-led?

## Our findings

The service had a registered manager in post who also held responsibility for another home within the organisation. The manager told us they worked shifts at Gainsborough Avenue and the other home as well as having some managerial hours. We saw the manager was supported by a full complement of staff and they were clear as to their roles and responsibilities. The organisation had an 'on-call' service for out of hours support for staff. This was provided by managers who were able to advise and assist in the absence of the registered manager.

Our discussions with the manager and staff showed that the culture of the home was based around treating people as individuals. Staff had a good knowledge about people's individual needs and choices.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that the registered manager carried out monthly quality assurance audits. Records showed reports from February and March 2015 when no errors or issues were found.

We were told in September 2014 the 'Head of Quality Assurance' completed an annual audit. Gainsborough Avenue achieved an overall score of 96.47%, a 5.68% increase on the previous year's audit. This audit included a sampling of training records, medication administration records (MAR) and a health and safety check. This ensured any omissions, errors or issues were addressed in a timely manner and that documents were kept up to date. However we were told that there was no process to report on the completion of issues raised. The report did not record if the issues found in the annual visit in September 2014 had been addressed. We were told the Head of Quality Assurance did not return to assure themselves that the service was fully compliant. We asked if other manager from the organisation visited throughout the year to carry out audits. We were told this did not happen. This meant

that the provider's system for assessing and monitoring the quality of service was not effective in ensuring people received the right care and support and protected from the risks of unsafe or inappropriate care and treatment by ensuring accurate and appropriate records were maintained.

We saw quality audits which had been completed by the staff during 2013/2014. These were related to gas and electrical appliance testing and the heating and water system. Service contracts were in place. These included fire prevention equipment, stair lifts and legionella.

We saw that weekly fire alarm and emergency lights checks took place to ensure they were in good working order. Weekly fridge and freezer temperatures were taken each week to ensure the equipment was safe as well as the temperature of the hot water in the taps to prevent scalding.

The provider had a formal process in place to seek the views of people who used their services. This included residential and supported living services. Information was not available just to show the views of people who lived at Gainsborough Avenue, their relatives or the staff who worked there. From the satisfaction surveys sent out in 2014 only 15% (9) of people in residential or supported living services responded. We saw from the information sent to us that the provider was concerned about this poor response and agreed to improve the way they gather people's views on the services provided. We saw from the information provided that the level of satisfaction was very positive, with people's overall satisfaction of the service they receive was 85%. However the registered manager met with the people who lived in Gainsborough Avenue each week. This process provided a way of getting people's views and addressing any issues they had.

The manager sent us notifications in accordance with our regulations to report on incidents that affect people's safety and wellbeing.