PLUS (Providence Linc United Services)

Gaywood Street

Inspection report

24, Gaywood Street
Elephant & Castle
London
SE1 6HG
Tel: 020 7261 9210
Website: www.plus-services.org

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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

Gaywood Street is a home for up to five people with a learning disability who may have additional physical disabilities. When we visited there were three people living at the home. The inspection took place on 26 May 2015 and was unannounced.

The home was last inspected on 9 August 2013 and all the regulations were met at that visit.

The home has a registered 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 were protected because staff were knowledgeable in recognising signs of potential abuse. They knew the action to take to keep people safe and the reporting procedures to follow.

People received medicines when they were prescribed and staff had the correct information to administer medicines safely.

Summary of findings

Recruitment procedures were safe and there were enough staff available to care for people. Staff had received appropriate training to enable them to meet people's needs. Staff liaised with healthcare professionals to obtain advice about how to support people with their healthcare needs. Staff were implementing care practices that reflected the advice received.

People were assisted to eat and drink sufficient amounts to meet their individual needs and preferences. People were cared for in line with the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were treated in a caring manner and with regard for their dignity and individuality. Staff were attentive to people's non-verbal communication and provided care that took account of their individual needs and preferences. Specialist equipment was provided to meet people's needs and allowed them to be as independent as possible.

There were systems to ensure the quality of the service provided was checked regularly and action was taken if necessary to ensure suitable standards of care.

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 home was safe. Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures to follow. Recruitment processes ensured staff employed had appropriate skills, knowledge and experience.

People received medicines when they were prescribed. There were sufficient staff to meet people's needs. Risks were assessed and managed with the aim of preventing harm to people.

Is the service effective?

Good

The home was effective. Staff were trained in a range of subjects that reflected people's individual needs. Systems, such as supervision and appraisal were in place to support staff to provide appropriate care.

Staff assisted people with meals and drinks and ensured they had sufficient to meet their nutritional needs and preferences. People's healthcare needs were met and staff acted on advice from involved professionals.

Staff were aware of the Mental Capacity Act 2005 and in the Deprivation of Liberty Safeguards and acted in accordance with them.

Is the service caring?

Good

The home was caring. Staff treated people with respect and regard for their dignity and privacy.

Staff were aware of how people communicated. They were attentive to people's non-verbal communication, recognising what they were saying and responding to their wishes.

Is the service responsive?

Good

The service was responsive. Care planning took account of people's individual needs. Care guidelines took into account specialist advice so it was reflected in people's care.

People had opportunities to take part in activities which they enjoyed including music, sensory activities, and attending social clubs.

Is the service well-led?

Good

The service was well led. There was a registered manager and the focus of the home was on providing good quality care. Visits to the home were made by one of the provider's senior managers to monitor the quality of care.

There were effective working relationships with other professionals involved with people at the home and this benefited people by making sure their care was co-ordinated.

Incidents were responded to appropriately and action was taken to minimise the chance of recurrence.

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.

The inspection took place on 26 May 2015 and was unannounced. Two inspectors carried out the inspection.

We reviewed the information we held about the home including records of notifications sent to us. During the inspection we met all of the people who lived at the home, spoke with one person and observed staff interaction with two people. We spoke with the registered manager and three care staff.

We looked at personal care and support records for two people. We looked at other records relating to the management of the service, including medicines records, the communication book, and accident and incident records. After the inspection we requested and received information about staff training. We contacted four professionals involved with the home and received responses from two; their views are reflected in this report.

Good

Is the service safe?

Our findings

People were protected because they were cared for by staff who were knowledgeable about keeping them safe. Staff were trained in safeguarding people and knew how to report their concerns if they felt any of the people living at the service were at risk of harm. Four staff had received training in equality and diversity which helped them to be aware of harm people may experience through discrimination. The provider had a whistleblowing procedure with which staff were familiar, and they were aware of their duty to report poor or abusive practice by colleagues. A healthcare professional told us that the support that staff give to people living at the home "helps to ensure that they are safe from abuse or harm."

Staff assessed issues and situations which could put people at risk; such as if they needed assistance with moving, and put in place plans to manage the risks. All staff had been trained in safe moving and handling methods and knew how to assist people who needed help to move safely. Staff encouraged people to do as much as possible independently and with regard to their safety. For example one person moved around the building independently but when outside needed to use a wheelchair and received assistance from staff.

People were protected in emergencies because staff knew how to respond to them. They had received training in first aid and fire safety. Emergency equipment was available including first aid kits, fire detection and safety systems. Regular checks made sure that the equipment was in good order. The home had a personal emergency evacuation plan for each person which described the assistance they would need to leave the building in an emergency.

The provider had recruitment procedures which were safe and ensured people were looked after by suitable and experienced staff. We spoke with a newly recruited member of staff who described their recruitment process. They told us they had to provide information for the organisation to make checks on their suitability for the post. These included referees' details (including a previous employer) and a work history. They also provided information for a check of the Disclosure and Barring Service records which replaced criminal record bureau checks. The recruitment process included an interview with two managers and a person who used the provider's services. Appointments to posts were not confirmed until the person had successfully completed a probation period of at least six months.

There were enough staff to care for the people living at the home and to address their needs. At least two staff members were on duty throughout the day and evening. At night time one person slept in the home. Staff could use the provider's 'on call' system to request advice and guidance from a senior member of staff.

People received their medicines as required. The provider had safe arrangements for the management of medicines. Staff gave people their medicines at the times prescribed by the GP. Records of medicines administration were completed and showed staff had appropriate information to give medicines safely. Staff had information about why each person took the medicines prescribed for them. Medicines given 'as needed' included instructions from the prescriber about when they would be necessary so people were only given them in the correct circumstances. Staff were familiar with the situations in which these medicines were given and described them to us.

The building was visually clean although we noted there was damage to kitchen cupboards which would have made it difficult to ensure hygienic conditions. We discussed this with the manager who provided information that the damaged areas had been identified by the provider as needing replacement. They also identified areas where improved cleaning was necessary, such as of bathroom tiles. A member of staff was responsible for health and safety in the home and they did regular checks were made of safety equipment to ensure it was working properly and protected people from harm.

Good

Is the service effective?

Our findings

People were supported by staff who were trained to meet their needs. A member of staff told us the training they had received was "great" and they said "you can never know enough" to provide good care for the people who lived at the home. They also said "I have learned so much here [at Gaywood Street]." and mentioned working with other professionals as an area where they had developed new skills.

Staff had received training that was relevant to the needs of the people living in the home. All staff had training in areas the provider had identified as mandatory for their work. This included a range of health and safety courses including safe moving and handling, fire awareness, food hygiene, infection control and first aid. In addition, staff had training to meet the specialist needs of the people who lived in the home. This included supporting people with eating and drinking, nutrition and diet and behaviour support.

A newly appointed member of staff received an induction to the home and the needs of the people who lived there. In the first two weeks of their work at the home they were additional to the usual staffing levels and 'shadowed' experienced members of staff. New staff had the opportunity through this to become familiar with the people living at the home, and their needs and communication methods. The staff member said they found this useful to get to know the people and how best to assist them.

Staff were supported to do their jobs so they could look after people well. They received supervision and appraisal in which they discussed their roles and responsibilities, and identified if any further training was required. Staff said they felt supported by their manager and the organisation. They said they could approach their manager informally as well as in formal settings such as team meetings and supervision sessions. This gave them the opportunity to discuss concerns about the care of people living at the home.

People were protected because staff knew their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Two people were subject to the Deprivation of Liberty Safeguards to ensure their safety whilst using the service. An application had been made to assess the third person's need for DoLS. The principles of the MCA were built into care plans, for example in one person's record was the statement "always assume I have capacity [to make decisions]." If someone could not take part in a decision meetings were held for relevant people to make decisions in the person's 'best interests'.

People had enough suitable food to eat and had drinks when they needed them. Staff knew people's needs regarding their food and drink and how best to assist them. Staff made daily records of what people ate so they could be sure they were provided with sufficient quantities. The records showed they had a variety of meals and fresh items were included on the menu. Staff prepared meals that people liked and took account of their needs. For example one person needed their food to be pureed and this was provided. We observed a member of staff offering a person a drink. They asked the person how they liked it to be served and which cup they preferred, and waited for them to respond independently. A member of staff described how they assisted a person with their meals. They showed they understood the importance of communication with the person during meals and how they should be seated to make sure they could swallow properly.

People's individual health care needs were attended to. The staff team worked jointly with a range of professionals to ensure the people living at Gaywood Street maintained good health and received the specialist care they required. This included physiotherapists, speech and language therapists, psychologists and occupational therapists. Their advice and recommendations were taken into account in care planning and we saw that staff implemented the plans in their work. Each person had a health action plan which described their health needs and how they were met. These were compiled with the involvement of health care professionals. They also had hospital passports to ensure if the person had to be admitted to hospital staff there had access to important information about their care needs and communication methods.

People with mobility needs were able to go to all parts of the building because it had been designed to be accessible. There was level access throughout the home and garden and a lift between the two floors. Toilets and bathrooms had facilities suitable for people with mobility needs, including an adapted bath and grab-rails. We saw a range of equipment which was suitable for people living in

Good

Is the service effective?

the home. This included sensory equipment to provide stimulation and entertainment for people and items which promoted people's independence at meals such as adapted cups and cutlery.

Good

Is the service caring?

Our findings

People received care that was kind and compassionate. We observed staff talking with people in a warm and respectful way. They engaged people in conversations about subjects of interest to them. We noted when staff began their shifts at the home they greeted the people who lived there. People looked pleased to see staff members and gave positive responses.

People's emotional needs were considered during their care. Staff provided care which was sensitive to people's emotional wellbeing. A professional involved with the home told us that staff were "always aware of [people's] emotional needs". Staff knew people well so could recognise signs that they were distressed and they knew how best to assist them. Staff knew what issues might cause the person to become unhappy. We observed a situation when one person was becoming upset. They talked with the person and distracted them with warmth and humour and averted any distress.

People could make their views known to staff because they knew them well. Staff understood how people communicated. They were attentive to people's non-verbal communication, understanding of what they were saying and responsive to their wishes. For example we saw a member of staff responded when a person indicated they wanted to spend time with them playing their guitar.

The staff recognised the importance of relationships for people who lived at the home. They supported people to maintain contact with their relatives by keeping in touch and providing updates about their welfare. They also helped people communicate with each other. A professional told us that staff "facilitate communication" between people who live at Gaywood Street and they believed "this helps to ensure that [people] respect each other."

People were supported to celebrate birthdays and religious festivals.

Staff treated people with regard for their dignity. People were wearing clothes which were appropriate for the weather and which they chose if they were able to do so. Staff supported people to change their clothes after meals if they had spilt some food or drink. Staff made sure that people were assisted with personal care tasks in privacy with the doors and curtains closed. People were called by their names and they were given choices of, for example, food and drink, and activities.

Staff had experience in providing care for people at the end of their lives. They had undertaken specialist training in end of life care and worked closely with health care professionals to meet people's needs. We discussed this with the manager and they explained to us the efforts they had made to ensure that the people received good care. Photographs of people who used to live at the home were displayed and staff recognised their importance in the history of the home.

Good

Is the service responsive?

Our findings

People's care was responsive to their needs. Each person had assessments of their care needs and these were used to form individual support plans. Staff reviewed and developed support plans in response to changing needs and they included input from involved professionals. Care guidelines gave staff information about how to assist people with their needs and helped them to be consistent in the way they provided care. Each record had details of how people liked to spend their days and their usual routines throughout the week.

Staff made notes and passed information about people in daily handover meetings. This helped staff to keep up to date on people's progress and welfare. The records gave information about how people responded so staff could use it to review current arrangements and adjust them to take their preferences into account.

People took part in a range of activities in and out of the home and were assisted to take part in things they enjoyed. One person liked watching tennis matches on television and was supported to do this during our visit. They also liked playing the guitar and this was part of their daily routine. Another person went shopping during our visit and a third person went for a walk and a drink in a local pub. Staff told us the people from the home were regular visitors to the local facilities, such as the shopping centre and cafes and were familiar with the local area. Some people also attended a social club for people with disabilities and had the opportunity to make friends there.

A health care professional told us, "The activities are tailored to the individual," they gave the example of someone being accompanied to see the football team they supported. A computer was available for people's use and was bought because one person particularly enjoyed using the office computer.

People were encouraged to take part in household activities as far as they were able to. For example people were encouraged to be in the kitchen when meals were prepared so they could experience the smells and sounds of the cooking process. Staff would involve people in tasks as far as they were able to participate.

Staff were aware of people's methods of communicating and were sensitive to people's moods which would assist them in detecting if people were unhappy with an aspect of their care. There had been no complaints made about the home in the last year. It would be difficult for people at the home to raise complaints independently so the contacts with other professionals, and family members were important in ensuring that their views were represented.

The provider made efforts to ensure that people who used services had opportunities to express their views. For example recruitment of staff included a person who used a PLUS service as part of the interview panel. They also have a shadow management board made up of people who use services and employees to ensure their views contribute to the main management board's decision making.

Good

Is the service well-led?

Our findings

The home had a registered manager in post as required by their registration with the Care Quality Commission (CQC). In addition to managing the home at Gaywood Street she managed a supported living service for four people just over a mile away run by the same provider. Staff told us they could contact the manager easily when she was at the other service. The registered manager said the staff were competent to deal with events in the home and seek assistance when required.

People living in the home benefitted because staff and managers had discussions about how to provide the best care for them. The culture of the home was open and there was a relaxed atmosphere between staff and the manager. Staff were encouraged to express their views. A member of staff told us "my manager is someone I can speak to" if they had a problem. They felt the management style was "open" and the staff discussed issues and "worked as a team". Another person described the management style as "hands on" and our observations were this was the case; she was familiar to and with people who lived in the home and with their needs.

There were internal systems to check the quality of the service provided for people. Individual staff members had responsibility for particular areas, for example health and safety and medicines. They oversaw the operation of safe systems in the home and they were checked periodically by the manager and the provider. For example health and safety audits were conducted by a member of the provider's management team and made recommendations to improve the condition of the building and the facilities available.

The head of service from the provider visited the home at least every two months and carried out a series of audits. The visits included spending time with people who lived and worked at the home, checking the building and records. These visits resulted in a report which highlighted and gave a timescale for actions to improve the quality of the home. For example it was suggested that the records for one person did not show they were helped to take part in activities outside of the home. This had been improved in response to the visitor's observation.

The staff were familiar with senior managers and said they felt able to talk to them if they had concerns. The registered manager checked financial records each week and a full audit was done by the head of service. An auditor from the provider ensured that people's funds were managed appropriately.

The manager was aware of the requirements of their registration with the Care Quality Commission and adhered to the conditions of their registration.

The care and communication records were in good order and contributed to the smooth running of the home and providing good care.

The provider has been awarded 'Investors in People' accreditation which assesses organisations on their staff management practice.