London Borough of Barking & Dagenham

Gascoigne Road Care Home

Inspection report

80 Gascoigne Road
Barking
Essex
IG11 7LQ

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected 80 Gascoigne Road on 28 and 29 June 2016. This was an unannounced inspection.

80 Gascoigne Road is operated by the London Borough of Barking and Dagenham. It provides care and support to up to 12 people in a residential setting, specifically for people with learning disabilities. At the time of inspection, the service was caring for 12 people. Our last inspection of the service was in 2014 and at that time the service was found to be compliant.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to ensure that people using the service were safe. Care staff had undertaken training about safeguarding adults and had a good understanding about safeguarding principles and how to raise an alert.

Risk assessments were carried out and were robust and detailed. Risk assessments were updated in line with people's changing needs.

Medicines were managed safely for people. Effective systems for the management, administration, storage, and disposal of medicines were in place.

Care staff were aware of their responsibilities under the Mental Capacity Act 2005 and how to ensure people using the service were given support to make decisions. Care staff were mindful of consent and ensuring that people were given autonomy and respect. The service was aware of its responsibility to inform CQC of any Deprivation of Liberty authorisations.

Care staff received relevant training to their role as well as a detailed induction programme and we saw records of robust recruitment. Relevant checks had been carried out before staff commenced employment.

Staff appraisal, training, and supervision supported them in their role. Care staff understood best practice guidance and implemented them to meet the needs of people. The registered manager supported staff so that they were effective in their role to care for people and deliver quality care.

People had access to health care services to meet their needs and professional guidance was implemented to maintain their health. Referrals were made to health professionals when needed and visits to and from health professionals were recorded.

Care plans were detailed and person centred and people were involved in their care planning and decision

making. Staff knew people well, were aware of their personal histories, and understood their likes and dislikes. Staff were aware of people's communication needs and adapted the communication methods accordingly.

Care staff provided care and support to people in a way which respected their dignity and privacy and people using the service told us about ways in which this was upheld.

The registered manager for the service had a good relationship with care staff and the people using the service and their relatives. There was open communications between all parties. The service had quality assurance systems in place.

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 using the service told us they felt safe and staff demonstrated knowledge of safeguarding and how to raise alerts.

The service had robust risk assessments in place and these were updated on a regular basis or when people's needs changed.

Staffing levels were meeting the needs of the service and staff were recruited safely. The service had robust staff recruitment procedures in place including carrying out checks on staff.

Medicines were managed in a safe way. Records were kept and audits were carried out on a weekly basis.

Is the service effective?

Good

The service was effective. Staff received training and appraisals and told us they felt supported by management.

Staff and management demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and these were put into practice.

People were supported to have sufficient to eat and drink and were offered a varied diet on a daily basis. Nutritional needs were documented and monitored.

People were supported to maintain good health and had access to healthcare services and on-going healthcare support. Referrals were made promptly to relevant healthcare professionals.

Is the service caring?

Good

The service was caring. Positive and caring relationships were formed between staff and people using the service. People told us they felt cared for.

People using the service were supported to express their views and be actively involved in making decisions about their care.

People's privacy and dignity was respected and promoted and people using the service told us that this was happening.

Is the service responsive?

Good

The service was responsive. People were receiving personalised care in line with their assessed needs.

People were supported to follow their interests and care needs were reviewed regularly.

People told us they felt listened to and would know how to make a complaint.

Is the service well-led?

Good

The service was well led. Staff were supported and motivated and the registered manager demonstrated open communication with staff and people using the service.

The registered manager displayed good visible leadership.

There were effective quality assurance practices in place.

Gascoigne Road Care Home

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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team.

The inspection was carried out by one inspector. On the day of the inspection we spoke with the registered manager three care workers, the cook and five people who used the service. After the inspection we spoke with three family members of people using the service. We also looked at four care files, daily records of care, medicines records, four staff recruitment files, training records and policies and procedures for the service and quality assurance systems.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "I do feel safe here". Another person told us, "I wear a buzzer around my neck, if I press it they [staff] come straight away".

Staff told us they had attended training courses in safeguarding and were able to identify different types of abuse and they were aware of their responsibility to report any allegations of abuse. The registered manager told us, "I am confident that the staff can recognise any potential safeguarding. We have a clear process and I will contact the safeguarding team and the Community Learning Disability Team. We are an integrated team and can access the referral forms on our intranet ".

We saw that policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. One care worker told us that they were aware of the whistleblowing policy and how to raise an alert and stated, "I would contact management or look at the whistleblowing policy on the intranet. I'd contact the police or the CQC ".

The service had robust risk assessments in place and we saw records of these. The registered manager told us that they had a "Positive risk", approach to carrying out risk assessments and advised, "We identify a hazard and try and minimise the risk, we put things in place to minimise ". For each risk assessment identified, control measures were stated and any further actions that were required. For example, one person was identified as being at risk of falls during personal care. The control measure identified was, "[Person] needs prompts and supervision and encouragement. Staff need to ensure that there are no hazards that can cause any slips or trips". Identified hazards included ensuring there were no objects on the floor and ensuring a non-slip mat was used. Another person using the service had an ileostomy bag . An ileostomy is where the small bowel (small intestine) is diverted through an opening in the tummy (abdomen). The risk identified was possible infection. The control measure was; "To monitor ileostomy area and work closely with GP ".

People using the service also had risk assessments in place for their medicines. One person was identified as being at risk of refusing their medicines. The risk assessment stated, "Two staff to administer medications at all times. [Person] is not able to self-medicate. Any refusals to be documented and errors need to be reported straight away".

People using the service with behavioural needs had relevant risk assessments in place. For example, the service created, "Behaviour Support Plans", which explored the risks and actions for known behavioural situations. For example, one person was documented as being "Argumentative", at times. An action plan was in place that stated, "Staff should calmly ask [person] to calm down and give him time to respond. Two staff should be present and offer reassurance". We saw documentation from the Community Learning Disability Team (CLDT) that showed approval for the behavioural support plans in place.

The coordinator for the service told us and records showed weekly medicines audits were carried out. This

involved observation of staff whilst they administered medicines and recorded elements such as whether start dates were correct on medicine administration record (MAR) sheets, whether the number of tablets left matched the balance expected from the MAR chart and whether refusals were recorded. Any potential side effects from the medicines administered were listed and documented if they occurred.

People using pendant alarms and sensory mats had information about each time these were used. This meant that the service could monitor and review the information and adapt risk assessments accordingly. For example, for one person using a sensory mat, their risk assessment stated, "Staff to plug in alarm mat once [person] is in bed. This will alert staff when [person] get out and stands on the mat. Staff to assist [person] and reset the buzzer and re-plug when [person] returns to bed".

Accident and incident policies were in place. Procedures of how to raise alerts were clearly documented in the relevant policies. Accidents and incidents were documented and recorded and we saw instances of this. For example, one person recently had a fall. This was recorded and a referral to the relevant health professional for support was made. Staff told us they knew how to deal with emergencies. One member of care staff said, "We will call the emergency GP or an ambulance".

Systems were in place to reduce the risk of financial abuse occurring. The registered manager told us that they did not keep anyone's money at the service. They advised us that everyone at the service either had a Court of Protection order in relation to their finances or Local Authority appointeeship. We saw records of this during the inspection. The registered manager showed us the petty cash records and receipts for all transactions.

The service had a robust staff recruitment system. All staff had references and criminal record checks were carried out. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service. The service had a sufficient level of staffing. The registered manager told us, "Our minimum is three staff on each unit. We staff the units responsibly and never go below six care workers between the units. For example we had one staff member on emergency leave today; the first port of call is to contact our relief staff. We have one person who has been a relief worker for us for 20 years, she is local and we can call her at any time. We avoid using agency staff and if we need to, we will pay for staff to work over time". They also told us, "We don't have a high staff turnover. Most of our staff have worked here for over five years and staff know the residents extremely well". One member of care staff said, "We have enough time to support people and there are always cover arrangements if there are absences". This meant that there were sufficient numbers of staff on duty who were familiar with the people using the service and their needs.

The premises were well maintained. Senior staff had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

Good

Is the service effective?

Our findings

Staff completed an induction programme which included shadowing a senior member of staff. One member of care staff told us during their induction they were given time to read through people's care plans, "To get to know the people I'd be working with", and that "Day to day the shift leader would write down what I would be doing". We saw records of training courses attended by all staff on a training matrix provided by the registered manager which showed that staff were undertaking training annually in areas such as safeguarding, autism awareness, management of aggression, medication, first aid and personal safety. Staff told us the training they had received was "Good". One member of care staff stated, "The training is very useful, it's an eye opener and refreshes memory".

The registered manager told us about an apprenticeship scheme at the service and how they have implemented this for the past four years. They told us how apprentices have continued to work at the service, two as bank staff and four as permanent. This meant that staff working at the service was consistent.

We saw documentation showing that all staff had completed their appraisals for 2016. Staff received supervision every four to six weeks and records confirmed this. The coordinator at the service told us that supervision was "Helpful", and that there was an, "Open door policy, we can always have a chat". A member of care staff told us, "Supervision is very useful, you talk to your supervisor about what is happening on the floor and we talk about progress. We have supervision around every month but if there is something not right we can always contact our supervisors at any time and have a chat". Another member of care staff stated, "Supervision and appraisals are useful, we can bring up key points, for example training". The registered manager told us that they had supervision with their line manager every six to eight weeks. This meant that there were effective measures in place to support staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. The service had informed us of DoLS authorisations and we saw records for people subject to DoLS. One person subject to a DoLS was supported by an advocate and we saw records pertaining to this when they attended a recent review for the individual. Staff demonstrated an understanding of the MCA, with one member of care staff telling us, "Capacity can fluctuate, a person can have capacity in one thing but not another". Another member of staff stated, "I always seek consent, for example if I'm going to trim someone's toe nails and they say no I won't do it".

People using the service told us they enjoyed the food. One person said, "The food is very nice, we have lasagne, spaghetti, fish fingers. The food is lovely, I can't fault it". People were involved in preparing food in accordance with their abilities. One member of care staff told us, "On Saturday we made pizza from scratch, everyone chose their toppings". We observed people in the kitchen helping themselves to food and drink without restriction. We saw records in people's daily records that they were eating a varied diet and spoke with the cook who told us, "We choose the food based on what they like. I will present the residents with choices and they decide. If they don't like what's on offer we always make them something else". One person using the service told us, "If I don't like what's on offer, they will always make me something else". The cook also showed us a print out of everyone who is on a special diet, for example those on a pureed or fortified diet. She told us, "I keep records of whatever I cook, we always have vegetables and we always have enough food. We do online shopping. Those on pureed diets get the same options as everyone else depending on what they can eat, for example I may have to replace an ingredient if it is a high risk food, which depends on what it says on their SALT (speech and language therapist) assessment". We saw that the cook kept records of people's SALT assessments and this meant that there was a record of people's dietary needs and the cook was aware of foods that could be high risk for those on specials diets.

People's care plans were indicative of their dietary preferences and needs and people with specific dietary needs had these clearly stated. For example for people who consumed pureed foods or who were at risk of choking, the relevant health professional assessments were documented within their care plans. In addition, we saw that there were lists of foods in people's care plans that could increase the risk of choking and the cook also had a list of these foods printed out in the kitchen.

People were supported to maintain good health and access to healthcare services. We saw that within care plans, people had a 'hospital passport" which had information about who they were (name, date of birth, address, next of kin) as well as information about their medicines and health needs. People's care plans included information and assessments from healthcare professionals. We saw records that people with any swallowing difficulties or risk of choking had been assessed by a Speech and Language Therapist (SALT) and their recommendations and guidance were documented in care plans. We also saw records of nutritionist guidelines and advice. For example, one person using the service had a nutrition plan in order to gain weight over a period of time. We saw records that showed these guidelines were being adhered to and that the person was gaining weight. We also saw records that referrals were being made to health professionals, for example one person who had been assessed at risk of falls was referred to the falls clinic and their attendance had been recorded.

People with behavioural needs had regular input from the Community Learning Disability Team and we saw documentation relating to this, as well as documentation recording any behavioural incidents. The registered manager told us, "We are very responsive to people's changing health needs, we have access to an occupational therapist, physiotherapist and psychologist. If we can't get a review we will make a referral, people listen to us". This meant that the service was proactive in involving relevant healthcare professionals and ensuring that people were receiving the health care they needed.

Good

Is the service caring?

Our findings

People using the service told us they liked living there. One person said, "I like it here, I get good sleep here, I eat well. I like my own company and I get my space". They also told us, "I get on well with the staff. They are very nice, they help me keep myself clean, they see if I'm alright". They also told us that staff were, "Caring," and that they felt respected. A second person told us, "The staff look after me, they're caring and kind". A third person told us, "I like it here, the staff are kind and I like the atmosphere". A family member of a person using the service explained, "I love it there [the service]. He loves it. He's never been away from home before and it's taken him some time to get used to it but they were very good, kind and understanding. If he ever needs to go to hospital staff go with him, they know what they are doing and treat him with dignity and respect". The registered manager told us about the actions they take when someone goes into hospital. "If someone's in hospital I send staff every single day, for example when [person] was in hospital recently I sent a member of staff at each meal time because [person] didn't want to eat alone and needed encouragement".

A second family member explained to us, "[Family member] is always fed well, for his birthday they asked us for photographs to make him a collage, I think the staff are very caring. Generally I think it's a nice and clean place, it doesn't smell and they let us visit at any time we like, they don't stipulate times".

A member of care staff told us, "Everyone needs time alone, people will spend time in their rooms. I will pop by and say hello but respect their wishes should they wish to be alone". During our inspection we observed a caring approach between staff and people using the service.

People told us they felt respected by staff. One person said, "They knock on my door before coming in. They make sure I'm alright". The registered manager reiterated this by saying, "We knock on bedroom doors, we always ask permission, we've instilled that now, we are good at respecting dignity and privacy". A member of care staff told us, "When giving personal care I will always close the door. If someone comes I'll ask them to come back later. If I need to change someone I will take them to their room privately". Another member of care staff said, "If someone can wash themselves but needs minimal assistance I will turn away when they are cleaning themselves. I help them with that they're not capable with".

People were supported and encouraged to develop independent living skills. A member of care staff told us, "You've got to give them the chance, for example encouraging people to take things to the kitchen or wiping the table. With personal care, if someone struggles with some aspects but can manage others, I will continue to encourage them to carry out the tasks that they are able to". Another member of care staff said, "[Person] always makes their own coffee so I always respect that".

People were supported to express their views and communicate. Each person's care plan contained a "Communication Passport", which highlighted the communication needs for the individual by looking at what the person may do, and what it may mean. For example, for one person it stated, "Sitting straight looking at something focused", which usually meant, "I am interested and could come closer and explore it". Another example was, "Whilst eating my lunch, when I stick my tongue out and keep eye contact", this

usually meant, "I am ready for the next spoon". One member of care staff told us how they communicate with people at the service who are non-verbal. "I will talk to their family and if they are non-verbal I will always communicate and explain things to them. For example when choosing what to wear, I will give them lots of options and ask them to choose".

The registered manager told us about their efforts to make the service "Homely", stating, "The staff have put a lot of work into making it homely, everyone is invested in this place. Everyone who comes here improves".

Good

Is the service responsive?

Our findings

People using the service received personalised care. We looked at people's bedrooms with their permission and one person showed us their fish tank and told that they chose the fishes themselves. They told us that they were involved in choosing the décor of their room. Another person said, "I like my bedroom, I am happy here".

We looked at people's care plans and saw that they were person-centred and tailored to their individual needs. People's care plans were detailed and highlighted their needs and preferences on an individual basis. People's likes, dislikes, hobbies and interests were documented and we saw that these needs were being met. For example, one person enjoyed playing the piano. They told us they could play whenever they wanted and showed us their two keyboards. Care plans also contained a section called, "You need to know this". This listed important details about the person, for example, "Sometimes I can shout and be quiet. I will tend not to reply when spoken to when I am worried". Details on how to manage such occurrences were also contained in care plans, for example, "Ask me if I need anything or would like to chat. Please offer me to sit quietly maybe in my room". Care plans also contained a pictorial leaflet named, "This book is about me", which included information about the person's life history, family contact, memories, likes and dislikes. This meant that the service was responsive to people's needs and care staff had the information readily available in care plans when needed.

The service operated a key working system and each person's care plan contained a "Key Worker Document", which had information about who the person's key worker was and what they were responsible for helping the individual with. For example, one person's document stated, "My keyworker is responsible for helping me to keep my bedroom tidy, help me to buy new clothes, explain things, attend my reviews and help or organise my birthday arrangements". Key worker documents were signed by individuals and their key workers. Staff told us that they read through care plans to get to know the people they cared for. One member of care staff said, "I key work [person]. He's a kind person, he always says thank you. Key working is useful. It helps you keep an eye on what people like and dislike and you get to know them thoroughly".

Reviews or care plans were carried out six monthly and we saw records of this. Reviews were documented pictorially and looked at outcomes and what people were working towards and whether any changes needed to be made. The registered manager told us about their reviews and stated, "It's all about personalisation and being outcome focused. Everyone here is an individual. The fact that they have a learning disability doesn't matter. We are here to serve them".

We observed that people were supported to follow their interests. One person using the service enjoyed embroidery and they showed us examples of their work. There was a touch-screen computer in the lounge area and people were supported to use it for internet browsing and online shopping. One person told us, "I like online shopping, especially on Amazon!" People also had access to an iPad and told us they enjoyed using it to contact their friends and family. Daily record documentation showed that people were taking part in activities they enjoyed, as per their care plans. For example one person, who was very interested in a mode of transport, was regularly supported to use the internet to print off photos. People using the service

had the opportunity to go on an annual holiday. One member of care staff told us, "We went to Eastbourne and everyone who went really enjoyed it. There are some people who refuse to go and that's fine". One person using the service showed us a holiday brochure and told us they visited the location frequently and said, "I enjoy it".

People using the service told us they knew how to make a complaint. One person told us, "I would speak to my keyworker". We saw a copy of the service's complaints procedure which was in easy read, pictorial format. This was posted up in the communal areas of the home. The registered manager told us there had been no formal complaints raised but that there was regular communication between people using the service, their families and advocates. She explained, "We have never had a formal complaint. If anyone ever had a concern I'd encourage them to make a complaint if they wanted to".

Good

Is the service well-led?

Our findings

The service had a registered manager in place that was supported in the running of the home by two coordinators. We saw that staff meetings were taking place, with the most recent on the 18 February 2016 and included discussions such as training, annual leave, key working, staff allocations and events. The registered manager told us, "We meet every day [with staff] in one form or another. People are in and out of my office every day". A member of care staff told us, "We have team meetings, but because we do shift work we have handover every time and if we have any issues we will discuss them there and then and they are always addressed". Another member of care staff said, "We have team meetings, they're useful".

People using the service told us the registered manager was "Nice". One person said, "We can always speak to her". A family member of a person using the service told us, "The manager is very helpful". The registered manager told us about their management style stating, "I've got a really good relationship with the people here. I lead by example and staff follow this, it encourages people. I am here all the time and if I am having conversations with people I pull staff into the conversations and ensure people are creating positive relationships". During our inspection we observed positive working relationships between staff and people using the service.

The registered manager told us about a 'workplace options programme' available to staff. She said, "It's a system where they can call and get advice at any time as well as receive physical support such as physiotherapy. There is also a telephone counselling service they can use. I encourage them to use it. They are well supported". One member of care staff told us, "The registered manager is supportive. She supports her staff and the support she gives us, even the smallest thing, you can go to her".

There were policies and procedures in place to ensure staff had the appropriate guidance and staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current.

The registered manager told us, and we saw records of a newly developed quality assurance audit system they had recently implemented which took place on a quarterly basis. This looked at aspects of the service such as health and safety checks, care plan audits, risk assessments, staff and service user feedback. The registered manager told us that they also carried out informal spot checks stating, "I pick up everything as I see it. I am checking things every day". This meant that there were effective quality assurance processes in place to monitor the service.