

Accomplish Group Support Limited

Ganwick House

Inspection report

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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

About the service

Ganwick House is a residential care home providing accommodation and personal care to seven people at the time of the inspection. The service specialises in the care and support of people who may have a learning disability, autistic spectrum disorder or mental health conditions. The service can support up to eight people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to eight people. Seven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home.

People's experience of using this service and what we found

People told us they felt safe. Staff had completed safeguarding training and knew how to report any concerns they may have. Risks to people's safety and well-being had been identified and assessed. Staff knew the action they should take and followed the guidance provided to them.

Staff told us there were enough staff on duty and our observations confirmed they were able to meet people's needs and spend meaningful time with people. Staff were recruited safely and received a comprehensive induction and training to provide them with the skills required for their roles.

Medicines were stored and managed safely. The registered manager monitored any accidents and incidents and lessons learnt were shared with staff.

Personalised care plans were in place. Staff were knowledgeable about the people they were supporting and knew what was important to each individual. People's health and wellbeing was monitored, and staff supported them to access healthcare services, when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a robust system in place to gather feedback from people, relatives and professionals. No formal complaints had been raised at the service; however, there was a procedure in place should any concerns be raised.

There was a positive, open culture at the service. The quality assurance system in place provided the registered manager with a detailed overview of service quality and where improvements needed to be made.

Staff spoke highly of the registered manager and their dedication to people and staff. It was clear that all staff were committed to delivering a quality service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Ganwick House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Ganwick House is a 'care home'. 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care workers. We used the

Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and were observed to be relaxed and comfortable in the presence of staff.
- Staff had completed safeguarding training and were able to explain the procedures they needed to follow should they have any concerns.
- Information regarding safeguarding and how to report concerns was displayed in the service.

Assessing risk, safety monitoring and management

- Risks associated with people's needs or the environment were assessed, and measures put in place to mitigate them. Care files contained various risk assessments which had been regularly reviewed.
- Staff understood the risks to people's safety and welfare and knew what action they needed to take.
- Regular health and safety audits were taking place to monitor the safety of the environment.

Staffing and recruitment

- There was a safe system of recruitment. This included a Disclosure and Barring Service check (DBS) and uptake of references. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Staff were attentive and able to respond promptly to the needs of people. Our observations showed there were enough staff working to meet people's needs and staff were spending meaningful time with people.

Using medicines safely

- People's medicines were managed safely. We checked medicines and saw accurate records for each person.
- Records showed that medicines were audited regularly so that any potential errors could be identified and addressed quickly.
- All staff undertook medicine training on a regular basis and confirmed that their competency was checked.

Preventing and controlling infection

- Staff had completed infection control training and understood their role and responsibilities.
- The premises were clean and tidy throughout with no unpleasant odours. Areas which required remedial works had been identified and included on the service maintenance programme.

Learning lessons when things go wrong

- Accidents or incidents were minimal. Any reports were monitored and checked by the registered manager

to ensure appropriate action had been taken and if any learning could be identified. Discussions took place in staff meetings and handovers to share any learning.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Assessments of people's needs were comprehensive. People's goals and care preferences were identified.
- People's care plans were holistic and reviewed regularly to ensure information was current.
- Good practice guidance was used to inform assessment and care planning processes.

Staff support: induction, training, skills and experience

- Staff spoke positively of the induction process and received training in a range of topics to ensure they could meet people's needs. We saw records of staff training were monitored so refresher training could be booked when required.
- Staff confirmed they received regular supervision and felt supported by this process.

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

- People were supported to access a healthy balanced diet which also reflected their personal choices and dietary needs.
- Meal times were set to suit individual needs and people were supported to make meal choices using pictorial information, verbal prompting, and through being shown the options available.
- Where possible, people were involved in the preparation of their meals and snacks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had a good understanding of people's health and wellbeing and ensured people attended health checks and appointments.
- Records showed the service had worked with other professionals to promote health such as GPs and local community teams.

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

- People were supported to personalise their own space. Each bedroom was individual with different colour schemes and design. Staff told us that these choices were reflective of people's personalities.
- There were enough communal facilities and spacious grounds and garden that people could access.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's ability to consent to their care was recorded in their care plans. We saw that, where people lacked the capacity to make decisions, 'best interest' meetings had taken place, with the relevant stakeholders to discuss what was best for the person.
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed thoughtful interactions between staff and people.
- Staff treated people with respect and spoke to them in a way they understood and, in line with their individual communication needs.
- Staff explained how they got to know people and worked to build up a good rapport. Staff talked about people in a caring and kind way.

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

- People were supported and encouraged to express their views and make decisions about their care as part of regular reviews.
- Where people did not communicate verbally, staff told us they recorded people's reactions to their care and relatives were involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they could be. Care plans detailed the tasks that people could carry out for themselves and the ways in which they could be supported to further develop their skills.
- Staff gave us examples of how they maintained people's dignity and privacy and confirmed that personal information about people should not be shared with others.
- Staff respected people's right to be alone and to be private when they wanted to be.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that reflected their needs and preferences.
- We saw that, as far as possible, people were involved in planning and reviewing their care. Where people were not able to plan their own care, we saw relatives had been involved.
- Many staff had worked with the people living at the service for a long time and knew them well.
- Records showed that reviews of people's support plans were carried out at regular intervals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes.
- Some people used facial expressions and gestures to communicate. Staff understood the ways in which people who did not communicate verbally expressed their feelings and needs.
- The registered manager was aware of the AIS. Information was provided in different formats such as pictorial, verbal and use of signs that people were familiar with.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests were recorded in their individual care plans and were known to staff. Staff supported people to maintain relationships with people who were important to them.
- People had individualised activity programmes. People were supported to lead an active life, going out most days if they wanted to.
- People were supported to develop their independence and set meaningful achievable goals to aspire to.

Improving care quality in response to complaints or concerns

- Records showed that there had been no formal complaints received in the last 12 months. People were able to express their concerns to staff using their preferred method of communication.
- Staff monitored those people less able to make complaints for signs of distress or upset. They looked at the causes of this and sought to resolve this as quickly as possible.
- A complaints policy and procedure were in place and was readily available in the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were positive about the support they received from the registered manager. They told us that they found them supportive and approachable.
- Staff showed a commitment to providing people with good quality care and support. All staff we spoke with told us how they liked working at the service and felt involved and valued.
- The registered manager was a visible presence in the service and showed a detailed knowledge of people's needs.
- Staff said that communication with the registered manager was good. Staff meetings were held regularly, and they felt confident in raising issues or suggesting ideas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and the importance of being transparent with others, as well as taking on improvements across the service.
- The registered manager encouraged an open culture that included the feedback of people and staff for the benefit of improving the service offered.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider ensured that they visited the service at regular intervals to undertake their own assessment. Where shortfalls were identified, actions were taken to make improvements.
- There was a clear management structure in place and staff understood the lines of accountability and responsibility.
- Quality assurance processes were followed to monitor and improve the service. A comprehensive action plan was developed from several sources of information to help drive improvements at the service.

Working in partnership with others

- The provider worked alongside local authorities to ensure placements were suitable. A range of other healthcare professionals and community organisations supported the service.
- The registered manager was able to demonstrate how they worked in partnership with commissioners, health care specialists and local GP services in addition to the local community team for people with

learning disabilities when required.