

Guyatt House Care Ltd

# Guyatt House Care

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

**Outstanding** 

Is the service responsive?

**Outstanding** 

Is the service well-led?

**Outstanding** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Guyatt House Care is a 'supported living' service providing personal care to people living in their own homes. At the time of the inspection 45 people who were autistic or living with a learning disability or needed support with their mental health were being supported with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support

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. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. One person told us, "I think it's awesome living here. I can be independent. I work in an office and feel part of the team."

People were supported by staff to pursue their interests which enriched people's lives. One person told us, "Whenever staff see something, they think I would like to try they go the extra mile to try and sort it out for me." Staff supported people to achieve their aspirations and goals. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

#### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received exceptionally kind and compassionate care. The service had received many compliments about the staff and dedication to the people they supported. One family member had stated, "I am constantly grateful for the caring attitude shown by all staff." Staff protected and respected people's privacy and dignity. They fully understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and had a good understanding of their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received a very high standard of care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that really enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received very good quality care, support because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. The local authority told us, "Guyatt House Care always join meetings and respond to advice given and are willing to engage and try new ways of working." Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. People's quality of life was greatly enhanced by the service's culture of improvement and inclusivity. People were excited to tell us how staff had helped them achieve their goals and set new ones. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was outstanding (report published December 2019).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

#### 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 exceptionally safe.

Details are in our safe findings below

**Outstanding** 

### **Is the service responsive?**

The service was exceptionally responsive.

Details are in our responsive findings below.

**Outstanding** 

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

The service was exceptionally well-led

Details are in our well-led findings below.

**Outstanding** 

# Guyatt House Care

## 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 Health and Social Care Act 2008.

#### Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in nine supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support

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

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 June 2022 and ended on 12 July 2022. We visited the office location on 20 June 2022. We met with people on 21 and 23 June 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does 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 nine people who used the service and five relatives about their experience of the care provided.

We spoke with eight members of staff including the registered manager, two team leaders and five support workers.

We reviewed a range of records. This included three people's care 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 spoke with two professionals who regularly visit the service.

# 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 Outstanding. At this inspection this key question has remained the same. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- Staff had exceptional skills and knowledge of safeguarding systems and procedures and applied them when appropriate. People were kept safe from avoidable harm because staff knew them exceptionally well and had taken the time to ensure people understood how to protect themselves from abuse.
- Staff had facilitated safety information sessions with people when they discussed what keeping safe meant to them. They supported people to make posters about safety so they had visual reminders in their homes that they could look at. One person told us, "I feel safe here, it's not dangerous, everyone is really nice." Staff supported people to understand how to use the internet and social media safely. One person told us, "I feel safe here."
- Relatives told us that their family members were supported to keep safe. One relative told us, "They are perfectly safe, it's great. [Family member] is in a single person placement and it's completely different, [family member] has changed so much for the better."

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Assessing risk, safety monitoring and management

- There was a culture of positive risk taking, following effective assessment and planning, so that people were not routinely prevented from taking part in activities that others may consider to be a risk. People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff consulted and involved other agencies to ensure people understood the possible outcomes of their actions. This meant they had as much freedom, choice and control over their lives as possible.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff were open and transparent about the risks people faced to

ensure they received the support needed when taking risks that could have an undesirable outcome.

- Staff's extensive training about people's individual needs meant staff were aware of every detail about the risks people faced and the action they needed to take to reduce them. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. This meant that when needed staff could make detailed referrals to health professionals to ensure people received the support they needed.
- Relatives and people told us they received the support they needed from staff that knew them extremely well and reduced risks to them. Staff supported people to take risks that were important to them. One person told us how they had overcome a fear of petting animals with the support of staff. Another person had been given the number to call if they needed reassurance or support when staff were not with them. One person told us how staff had supported them to carry out health and safety checks in their home and report their concerns to their landlord.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. One relative told us, "[Family member] is quite complex in their needs, they keep them happy and steady – which isn't easy and they are very skilled."

### Staffing and recruitment

- The provider went the extra mile to ensure that staff were recruited to work with specific people to ensure their skills, knowledge and aptitude were a direct match for each person's needs. This was reflected in the extremely positive comments people made about their staff. One person told us, "I have the best staff, they are more like companions." Another person said, "I think staff know me, and what I need, better than I know sometimes."
- People were involved in the recruitment process to ensure the right people were employed. One person told us they were involved in staff interviews and liked to ask people, "How are you going to keep me safe." One relative told us, "Staff care about people it isn't just a job for them."
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. One person told us, "[Staff member] knows me and my routines. They are brilliant at their job they do it really well." Another person told us, "I have lovely staff, it's wonderful to get to know them, they are great friends."
- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- Staffing levels were suitable to meet people's needs.

### Using medicines safely

- People were supported to administer their own medicines as appropriate. One person told us, "I want to take my own medicines so staff are teaching me how. At the moment they watch me do it."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff continued to receive training and have their competences checked to administer medicines safely.

### Preventing and controlling infection

- The provider had supported one person who used the service to send out regular newsletters to other people about COVID-19 and how they could reduce the risks. They had also made a video about how to complete COVID-19 tests to help explain and reassure other people who used the service. This meant the



world to the person knowing they and others were safe with access to the latest guidance in an accessible format.

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The registered manager and provider took on board learning from incidents. They fully embedded this and ensured staff were aware of the actions to be taken in future. For example, we saw evidence that recommendations following a serious incident had been implemented in the person's home so that they had access to the information they needed to prevent further problems. This had been supplied in a format that the person understood and could relate to.

- There was an effective system in place to ensure all accidents and incidents were thoroughly investigated and when needed with the support of healthcare professionals involved in people's cases. There was an open culture around reporting accidents, incidents and near misses.

# 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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider took great care to ensure people were supported by the same small team of regular staff. Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff used innovative person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- The staff had supported one person to write a transformation plan regarding where they were now and where they would like to be. Staff had worked closely with the person, their family and other professionals to establish what was important to the person. They set long term goals and supported the person to manage their behaviour in different ways to help achieve their goals. The success of the support provided had meant that the person had avoided forced hospital admissions for a long period.
- People were really proud to show us the person-centred plans that they had designed and written themselves. These included what and whom was important to them, what they liked and disliked, their achievements and goals and aspirations for the future. One person told us that staff had supported them to overcome their fear of visiting the GP and it had made life "Much easier". They told us, "It's made a lot of difference, I'm a lot calmer about it now." Staff had supported people to display their support plans in a way that was meaningful to them. This included pictures, photos and drawings.
- We observed that the provider's exceptionally responsive, person-centred care had a positive impact on people's well-being and increased their independence. Staff empowered people to be active citizens and have equal rights in their local and wider community, such as exercising their right to vote. One person told us they had recently voted for the first time and staff had helped them understand the options and what each candidate said they wanted to achieve. The person told us, "Voting made me feel good."
- One person told us they were overwhelmed about how much effort and time the provider and staff had put in to make sure they got to understand their needs before offering them a service. As the person lived a considerable distance from the service the provider had organised (at their own cost) for two staff to stay near the person for a week so that they could get to know them to ensure they could meet their needs in the way they preferred.
- Before offering the service to people there were frequent multidisciplinary team meetings with healthcare professionals. The person had lived in an institution long term before moving into supported living and told us, "It's a massive change. I have more control. I hope this will be the start of something. When [staff member] came to meet me they said, "You're in control" not like in hospital where all the decisions are made for you. The best thing is I'm more of a person, not a number and the quietness. The things that most people take for granted like going for a walk when I want."

## 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.

- Staff ensured people had access to information in formats they could understand. People were able to show us their support plans that the staff had helped them to put together in a way that was meaningful for them.
- There were visual items, including photographs which helped people know what was likely to happen during the day and who would be supporting them. Staff understood how importance of this to some people and the impact of not having this information on their day.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff understood when people needed low arousal situations and that for some people they preferred limited information to manage their stress levels.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication in different formats and when people were trying to tell them something. One person showed us a collage that staff had helped them to put together about action they could take to improve their safety. This meant they could look at it to remind them what they needed to do.

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 were supported with their sexual orientation and identity without feeling discriminated against. One person told us they were excited to be attending the upcoming pride festival. Staff had also supported them with learning how to keep safe on the internet when making new friends and had supported them to join a group to make local friends with similar interests. This had meant they could start building relationships in a safe environment.
- People told us they were encouraged and motivated by staff to reach their goals and aspirations. One person said, "Whenever staff see something they think I would like they go the extra mile to sort it out for me." One relative told us, "Staff are sensitive to what [family member's] needs are. But there's always the business of trying to take things a step forward once [family member] reached one challenge. The [staff] themselves are extremely in tune with their care plan and take individual initiative."
- Staff provided person-centred support with self-care and everyday living skills to people. One person told us, "Staff supported me to learn how to use a public bus in a whole new area – now I have complete independence. It makes me feel quite chuffed." Another person told us how staff had supported them with overcoming their fears such as having the hallway light turned off at night. Staff knew people extremely well and what was important to them and what they wanted to achieve. One person told us, "The best thing is I have my independence but the staff keep an eye on me. It makes me feel good."
- Staff helped people to have freedom of choice and control over what they did. For example, one person did not enjoy going out into the community for activities. However, the staff had got to know them and understood that the person really enjoyed one to one time with senior staff. The senior managers ensured that they met regularly with the person. This enabled the person to access hobbies and interests that transformed their life.
- The service enriched people's lives by supporting them to access a variety of stimulating and engaging activities that truly reflected their individual interests. Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new

social, leisure and recreational interests. One person told us how the highlight of their week was working in the providers office one day a week and a café. During the lockdowns the provider had innovatively set up a home office for the person so they could still carry out the tasks they enjoyed remotely as they understood the importance of this to them. The person told us that their jobs, "Help me to feel part of the community."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative told us, "We're always taken seriously and listened to. We have had problems with one staff member and I went to [staff member] about it and it was addressed immediately and it got put right without offending the staff member. They are constantly working on relationships."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- We read communications between family members and the provider and saw how suggestions and points raised were responded to. The provider's responses gave clear explanations about what actions would be taken in response to matters raised, and where learning took place this was also included.

# 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 Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Its vision and values were imaginative, and people were at the heart of the service. People received short and long-term improvements in care and quality of life as a direct result of the actions of staff. When staff were offered a position, they were sent a letter about the providers values including, "We aim to provide excellent services. By listening to our colleagues and customers. We use feedback to continually improve, ensuring the quality of support exceeds expectations." The feedback we received about the service showed that the values were put into practice by the staff,
- Staff felt respected, very well supported and valued by senior staff which supported a positive and improvement driven culture. Staff spoke very highly of the culture within the service and the wider organisation. One team leader told us, "We support people to live their best lives." One relative told us "Staff are very generous with their time and they go the extra mile and we value that very much."
- Management and staff put people's needs and wishes at the heart of everything they did. There was a particularly strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements. The registered manager and all other staff we spoke to talked about people with great warmth and respect. They were excited and motivated about what a difference they could make to people's lives and how they could support them to achieve their goals. One person told us, "I think it's awesome [being supported by Guyatt House Care.] It makes me feel happy and enjoy life."
- The registered manager and staff empowered people to achieve their goals and aspirations. One person told us how they wanted to carry out health and safety audits in their supported living home so staff took time to explain what they needed to check and supported them until they could do it independently. They had also become the spokesperson amongst their friends that they lived with and reported any concerns to the housing provider.
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. One relative told us, "They try to get [family member] to look after their teeth much more now, they encourage them but if they don't want to that's their choice. But by staff helping them [family member] feels they are in control. [Family member] is now going fortnightly to see a dental hygienist to eventually do some major dental work and the trust is being built up."
- The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. There was a progressive and positive

approach which ensured staff had access to any specialist training required to support service user's unique needs. For example, staff had been recruited with experience of mental health needs and further training provided regarding one person's specific needs before they started providing a service to the person. One team leader who was involved with recruitment told us, "I only pick the best for my team. One relative told us, "The best thing about the service is the staff – I think that the high calibre of staff that is recruited and retained makes the service."

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 their responsibilities under 'Duty of Candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The dynamic and highly individual nature of the care provided required the management team to have excellent oversight of the service. They continuously monitored the service to drive improvement and ensure that people using the service were empowered to be involved in their own care.
- There was a strong emphasis of assessing quality including the views of people who used the service, management, staff and other stakeholders. Different policies and subjects were reviewed monthly from the perspective of each group of people to ensure everyone had input about what worked well and what could be improved. Meetings were held with people who used the service so that they could give their views on quality audits and the providers policies. One relative told us, "Everything is perfect and I'm thrilled with it – the way they dealt with COVID-19 was amazing."
- The registered manager was extremely passionate about providing outstanding outcomes for people. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Despite the pandemic they registered manager had found different ways to continue to meet people's needs in a way that placed them at the centre of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. People and their relatives spoke highly of the staff support. One relative stated, "[Staff member] is exceptional – she is warm, able and she really cares and is such fun. I don't think I've met anyone as good as her before in the care sector." Another relative told us, "Yes they've always been very good and approachable, we can phone about anything."
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Exceptional performance was rewarded through the provider's internal rewards and gifts. This encouraged continual high-quality performance from staff and improved outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff commented that the registered manager and senior staff were visible and accessible and could be easily approached. One staff member told us, "I can't fault anybody since being in this role even in difficult moments there is always someone to support and guide me through - from [registered manager] to direct line manager and other team leaders, everyone has been fantastic."
- Staff engaged with people and their relatives at every opportunity to ensure they supported them to live their life how they wanted to. One relative told us, "[Family member] chooses how their life goes. They choose if they see us, where they would like to go and how they live their life. When we're talking about choice [family member] chooses things for themselves, staff step back and let them choose. They are the boss in their own home and can make all the decisions themselves. It's [family member's] life and their will

and the care team are very aware of that."

- Staff encouraged people to be involved in the development of the service, for example people, and those important to them, worked with managers and staff to develop and improve the service. One staff member told us, "I often get asked how things are going - what improvements need to happen - how to deal with things." One relative told us, "We are regularly asked via survey and we get feedback - 'you said we listened'. Every now and then we have house meetings which we used to do in person, but now it's on zoom because of COVID-19 to sort the big issues between us families, staff and people."

- The service has a systematic approach to working with other organisations to improve care outcomes. People's records evidenced a significant level of contact with health and social care professionals, as well as community links. Health professionals spoke positively about working with the service and staff. The local authority told us, "They (Guyatt House Care) support work re Positive Behaviour Support planning and liaison with families and ourselves for a multi-disciplinary team approach."