

Xlcare Limited

# Goddard Avenue (145)

## Inspection report

145-146 Goddard Avenue  
Old Town  
Swindon  
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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

This inspection took place on 12 March 2016 and was unannounced. The last inspection took place on 17 September 2014 and no breaches of legal requirements were found at that time as they were meeting all the requirements.

Goddard Avenue (145) provides care and accommodation for up to 12 people. The Home comprised of two separate adjoining houses. Each house provided six single bedrooms for people who have a learning disability and/or mental health support needs. At the time of our inspection there were ten (five in each house) people using the service.

There was a registered manager in place at the home. 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.

The service was safe. Staffing levels were assessed to meet the needs of the people living in the home. This included at times providing one to one support when people undertook their individual chosen activities in the local community.

We found the provider had systems in place that safeguarded people. Policies and procedures were in place to guide staff to make referrals to the relevant external agencies if the need arose. Staff we spoke with were aware of their responsibilities in reporting any concerns.

Recruitment processes that were in place enabled the registered manager and provider to ensure staff had the suitable skills, knowledge and competencies to support people. Suitable checks were made of staff that included a Disclosure and Barring Check (DBS). This helped the provider assess staff were suitable to work with vulnerable people.

Procedures were in place to manage and dispense people's medicines safely. Medicines audits were also undertaken. Stock levels that we checked were correct.

There were risk assessments in place to ensure that staff received guidance in how to support people safely. These were reviewed six monthly or before if people's needs changed. Some people we spoke with confirmed how they were involved in this process and told us they were happy with the standard of care they received and how risks were managed.

People received effective care that met their health needs. Staff worked with healthcare professionals to ensure that professional advice was sought when necessary. We received positive feedback from some professionals who supported people in the service. They felt the service effectively met people's needs.

People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people's who are unable to make decisions about their own care and treatment. Where appropriate, applications to deprive a person of their liberty were made to the relevant authority.

People were supported by staff who were kind and caring and treated people with respect. People were encouraged to maintain relationships with people that were important to them. People were involved in planning their own care where possible.

Staff understood and were responsive to people's individual needs and preferences. People were able to follow their own preferred routines during the day, for example by getting up and going to bed when they wished. People had 'goals' which they wanted to achieve and staff supported them to meet their chosen goals.

A complaints process was in place and people were supplied with the documentation in a format conducive with their needs. People we spoke with knew how to make a complaint and told us they would be happy to speak with any of the staff if they had any concerns.

The service was well led by the registered manager. Staff reported feeling well supported and able to raise any concerns or issues. There were systems in place to monitor the quality and safety of the service. This involved a programme of audits that included: medicines, the environment and people's care plans.

## 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.

Staffing levels were assessed according to the needs of people that lived in the home. Sufficient numbers of staff were on duty during our inspection.

The provider had arrangements to respond to suspected abuse. Staff received training in safeguarding adults and a clear policy was in place for staff to follow.

Safe recruitment processes were in place. Appropriate checks were undertaken before staff started work in the service.

Medicines were stored safely and securely so that only those authorised to administer were able to access them.

People had risk assessments in place for their 'activities of daily living' that guided staff in providing safe support for people. Risk assessments were reviewed regularly and if people's needs changed.

### Is the service effective?

Good ●

The service was effective.

People told us staff understood their needs. We observed this during our inspection and saw staff were attentive.

People received co-ordinated care. We saw evidence in people's care plans that demonstrated people had been visited by their GP and other health care professionals. Feedback that we received from external professionals was positive.

People received care from staff who had completed training that enabled them to carry out their roles.

Staff received regular one to one supervision and records showed these were used as an opportunity to discuss staff performance and development needs.

People's rights were protected in line with the Mental Capacity

Act 2005 and staff received training in this area.

People's nutrition and hydration needs were met and meal choices were offered to people. People's nutritional support plans were clear and detailed.

### Is the service caring?

Good ●

The service was caring.

People appeared relaxed and content in the company of staff and staff respected people's privacy and dignity.

Support plans guided staff to promote people's independence and people were supported to move on to independent living in their local community.

People were supported to maintain links with people that were important to them.

People's views were sought on a regular basis. This included surveys on a yearly basis.

### Is the service responsive?

Good ●

The service was responsive.

Staff understood people as individuals with their own preferences, likes and dislikes.

Care files were comprehensive in content. Information included; personal background information, likes and dislikes, individual support plans for all activities of their daily living needs.

Personalised care and choice was offered to people that used the service. Care plans were developed with people and people signed to say they agreed with what was written.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this.

There were arrangements in place to respond to complaints. A complaints policy and procedure was in place.

### Is the service well-led?

Good ●

The service was well led.

Staff were confident about raising issues and concerns and felt supported by the management team.

There was a management team in place to support the registered manager and who undertook monitoring checks of the service.

Staff felt the service was well led.

# Goddard Avenue (145)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 March 2016 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us.

This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about. We also gained feedback from visiting professionals.

As part of our inspection we reviewed the care records for four people living in the home and also looked at staff records to see how they were trained and supported. We made observations of the care people received. We spoke with the four members of staff on duty and wrote to three external professionals to ask for their feedback on the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us "yes I am very safe here the safest I have felt. If I didn't I wouldn't stay here, staff are good here".

We found the provider had systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. Pictorial policies were also available for people that used the service. This helped people understand what safeguarding meant and how they were protected.

We asked the staff members if they understood the term 'whistle blowing'. This is a process for staff to raise concerns about potential malpractice of other staff in the workplace. Staff understood whistleblowing and the provider had a policy in place to support staff who wished to raise concerns in this way. Staff comments included; "I would report anything that's not right. [Name] is so approachable we would have no hesitation to report anything".

Medicines were stored safely and securely so that only those authorised to do so were able to access them. A clear policy was in place and staff received training to ensure they were competent in medicines administration. Medicines were recorded on a medicine administration chart (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in the charts that we viewed. Stock levels were checked when new supplies were delivered from the pharmacy. Between these times, senior staff checked the stock levels to ensure people received their medicines in line with the General Practitioner (GP) instructions. Some people were supported to manage their own medicines and this had been risk assessed. One person told us "if I get anxious a plan is in place for staff to take over the administration for me. This reassures me".

People had risk assessments in place for their 'activities of daily living' that guided staff in providing safe support for people and were reviewed regularly. For example, one person's risk assessment in relation to eating and drinking clearly set out the support the person needed and also gave prompts for staff to ensure the person was involved as much as possible in the least restrictive way.

There were recruitment procedures in place to help ensure that staff were suitable for their role. A detailed recorded interview took place and people who lived in the home could be involved in the process when prospective candidates visited the home. Checks were made of people's suitability to work in such a service and included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults. When new staff were employed they undertook a comprehensive induction process and received supervision and guidance until they felt confident in their role. This process helped safeguard people that lived in the home.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used



the service. Safety audits were recorded and actions were recorded and signed off when they were completed. Some areas in one of the houses were in need of attention. This included the paintwork and decorations in communal areas. We discussed this with the registered manager who confirmed their awareness and a plan was in place to address these areas as part of the maintenance program.

Emergency contingency plans were in place and regular fire alarm tests took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place. People had individual personal evacuation plans in place that contained information of how they needed to be supported in the case of a fire.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify trends or lessons to be learnt.

## Is the service effective?

### Our findings

Staff told us they received sufficient training and support from the management team to undertake their role. One member of staff told us "I get excellent training and support here". Another member of staff said "since [name] has been in post it's been great. They are so supportive". Staff training included: equality and diversity, safeguarding adults, infection control, MCA, Dols and specialist training related to people's medical needs. For example, diabetes, mental health and epilepsy. Staff also completed further development training such as NVQ level 2 and 3. The registered manager said "all senior staff have undertaken NVQ 4 to support the senior role. The provider is keen to provide good training. If staff have any particular interests in training they can bring it to be discussed and arranged if possible". Records that we viewed confirmed staff received regular one to one supervision and yearly appraisals. The registered manager confirmed that they used the appraisal system to enable staff to discuss their development and discuss any training needs that in turn improved the quality of the care that was provided.

People's rights were protected in line with the Mental Capacity Act 2005 (MCA). 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 legally authorised under the MCA. We saw examples of best interest decisions being taken on behalf of people, where it had been assessed they did not have the capacity to make specific decisions. Documentation also contained details of who was consulted and involved in the decision making process. People had consent statements in their care files that were also signed by the person wherever possible and showed this area had been discussed with them.

Staff confirmed they had received training in the Mental Capacity Act 2005. Staff were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. Staff were heard routinely asking people for their consent throughout the inspection and had a good understanding of people's non-verbal communication needs that ensured their rights were respected. Staff gave examples of how they understood from people's facial expressions and vocalisation if they were happy to proceed with their routines. For example one member of staff was heard knocking on a person's bedroom door and said "hello [name] is it ok if I come in please". The member of staff did not enter until the person replied and said yes. One person we spoke with told us "I sit with my keyworker and go through my support plan. I sign everything if I consent to it and if I'm happy with it".

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). A process was in place and staff were aware what this meant and how to make an application to the relevant authority if needed.

People's rights were respected. One person told us staff supported them to plan their support and helped them to achieve their goals and aspirations for the future. However they told us if they changed their mind or didn't want to do something staff would respect their decision.

People's nutrition and hydration needs were met and meal choices were offered to people. People's care plans were clear and detailed. The registered manager told us people in one of the houses had one night a week when they chose what to have on the menu. In the other house people were more independent and cooked all their meals with limited support. Staff also confirmed pictures were used to help people who were unable to verbally communicate what they wanted on the menu. Some people were also able to shop and cook their own meals and this was encouraged within people's assessed needs. Choice and variety was available for people as were snacks and drinks any time they wished. During our inspection people were seen making their own drinks and snacks. One person told us "I like making my own drinks".

People received co-ordinated care and their on-going health needs were managed. People's care records were maintained accurately and completely to ensure full information was available to guide staff in meeting people's needs. We saw evidence in people's care plans that demonstrated people had been visited by their GP and referrals were made to other health care professionals when required. For example, a referral was made to the speech and language therapy team (salt team) for advice and support when using non-verbal forms of communication. The registered manager said "the team are working with us to use signs across the team and the residents to improve the quality of life for [name]". Documentation that we viewed confirmed the service referred people to a range of external professionals to support their changing needs.

# Is the service caring?

## Our findings

People were supported to maintain links with their families and friends. We were told people could have visitors throughout the day in the home with the agreement of the person. People we spoke with confirmed this. One person said "staff are good to me and point me in the right direction but I am independent in many ways. I do the gardening and I like to help out". This person also told us how they were supported to maintain their independence and arranged their own trips and days out.

We observed staff caring for people in a respectful and compassionate manner. People were given choices and asked what they wanted to do. On one occasion we observed staff using visual cues to support a person in communicating what choice of drink they'd like. Staff gave the person the time they needed to respond. Staff and people that used the service exchanged jovial conversations and people's interactions demonstrated they enjoyed this. This was evident as they laughed and responded to staff interactions. Staff explained to people who we were and why we were visiting the home. This reassured people and they were given the option to speak with us and their decision not to, was respected. This was an example of people being treated with respect as they were informed of visiting professionals.

All people were relaxed in the company of staff and staff had a good knowledge of peoples' likes and dislikes. Staff and the registered manager were able to describe people's routines and how they liked to spend their day. This was evident during the observations that we made during our inspection.

Some people were happy for us to speak with them in their rooms. We observed people's rooms were personalised according to their interests and personal memorabilia. The registered manager said "people are encouraged to bring in their personal items as it's their home".

As part of the provider's quality monitoring, we found people's opinions about the service they received were usually sought through surveys on a yearly basis. Surveys were sent to people who used the service, external professionals and relatives. From this action plans were developed and followed up.

Information was given to people in a way they could understand. This included in a pictorial format. For example, some policies and documentation used pictures to involve the person in the process to help them understand what was being asked.

People's cultural and spiritual needs were taken into consideration and accounted for. The registered manager told us this would always be considered and discussed at the pre admission assessment and would be provided for according to their individual needs. The registered manager told us people completed an 'end of life' questionnaire with their keyworker if they agreed to discuss this. This ensured peoples wishes would be respected and planned for if they became ill and were unable to discuss their wishes at that time.

People were given information to support their individual needs. People were supplied with details of local advocacy services. This is a service that supports people when they have to make complex decisions.

People we spoke with also informed us they received a service user guide when they accessed the service. This document set out what people could expect to receive from the service and expectations of the person. The guide highlighted people's independence would be promoted and people's dignity and respect would be upheld. One person told us how they had designed the cover of the guide and was proud of their achievement and their involvement.

## Is the service responsive?

### Our findings

The service was responsive. Staff understood people as individuals with their own preferences, likes and dislikes. Staff we spoke with demonstrated their understanding that was in line with the documentation that we viewed. Staff said "[name] can't verbally say what they want but we and some of the people living in the home are learning 'signing' to help communicate. We know [name] very well and we understand their gestures and body language to know what they need as well".

People's support needs were assessed before they came into the service. Assessments were supplied by people's social workers and wider professionals. However the registered manager confirmed they always undertook their own assessment and this included inviting the person to look around the home and if they wished to proceed a series of visits would be arranged at different times of the day. Following this overnight stays would follow if the person was agreeable. The registered manager said "This process is not rushed we ensure we can meet people's needs before they come into the service and they have to be compatible with people already living here".

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times. One member of staff told us they felt the information was clear and training was provided to help them support people in this way.

Care files were comprehensive in content with a clear index of how to access information quickly when required. Information included; personal background information likes and dislikes, individual support plans for all activities of their daily living needs. Support plans were reflective of people's current level of need. This was clear from our observations that we made. This ensured there was consistent guidance in place for staff to follow. Support plans included: health, nutrition, night and day routines, goals and aspirations and mental health. Support plans were evaluated on a monthly basis to ensure they were current and reflected any changes in the type of support that people required. The registered manager told us support plans and risk assessments were also adjusted sooner if a person's needs had changed.

Personalised care and choice was offered to people that used the service. Support plans were developed with people and people signed to say they agreed with what was written. Support plans were person centred and written in the first person that evidenced their involvement. For example, one person's documentation stated "what's important to me" and "what people admire and like about me". The plan was clear of what the person wanted to achieve and how staff could support them to achieve their goals.

We saw evidence within the care records that the home had requested the involvement of other agencies when required. For example, detailed information from the speech and language therapy team (SALT) was available that detailed guidance in relation to people's nutritional needs. Detailed information and reviews also took place with the community mental health staff. This ensured when people used the service, their mental health needs were checked and monitored. The registered manager confirmed the external health teams were responsive to people's changing needs and would respond to any

referrals swiftly.

The home kept a record for each person of all correspondence from care and health professionals who were involved in their care. The record detailed people's treatment, any recommendations and follow up review dates. Feedback we received from some professionals confirmed the service acted on recommendations and advice that was given.

People's bedrooms were well furnished and people were encouraged to personalise their rooms with photographs and memorabilia from their previous home. This helped ensure that people's rooms were arranged in accordance with the person's wishes and preferences.

There were arrangements in place to respond to complaints. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary, this included the contact details of the Care Quality Commission. Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement. The complaints log that we viewed showed five complaints had been received since May 2015 and included topics such as external lighting and food. All the complaints demonstrated they were managed in line with the organisations policy and resolved appropriately. The registered manager said "if people have any concerns they see me any time as I am around all the time". People we spoke with knew how to make a complaint.

Activities were arranged according to people's needs. Some people accessed their local community independently and some people attended a local daycentre and local college courses. One person told us how they were undertaking courses to hopefully be able to undertake paid work in the future. People had a timetable of activities that were individually tailored to their individual preferences and wishes.

## Is the service well-led?

### Our findings

Staff we spoke with told us the service was well led and the management team was visible on a daily basis and supported them well. Comments included: "we provide an excellent standard of care here. People are central to everything", "I have worked in many places and I can say I have no worries here at all. We get lots of training and it's a nice home", "I can always go to [name] they are very approachable and open" and "[name] takes the time to listen and take our ideas on board". Staff felt very confident about raising concerns with the registered manager and anyone in the team and felt this created an open and transparent culture within the staff team. Staff told us they worked together well as a team and felt they supported each other to cover any shifts that needed to be covered at short notice.

We spoke with the registered manager about their vision for the service. They told us "The staff team are committed and care about people. We all promote independence and work with people to improve their lives. Some people will eventually move onto independent living in the community one day because we are dedicated to supporting people achieve and realise their potential".

The registered manager communicated with staff about the service. Regular staff meetings took place. Staff meeting minutes confirmed detailed discussions took place as way of communicating important information to the team and as an opportunity for staff to highlight any issues or concerns. Staff we spoke with confirmed their opinions were sought and acted on. One member of staff told us "we do have opportunities to give our views in meetings. If we think of ways things may work better [name] will take on board". Meeting minutes included details of any actions that were taken forward and staff signed to say they had read and agreed with the content.

There were systems in place to monitor the quality and safety of the service provided. There was a regular programme of audits in place. These audits included the environment, financial, staffing and care delivery. The registered manager explained why they undertook audits separately in each of the houses. They said "the needs of the people are very different in each house so I have changed the quality assurance system to accommodate this. For example in one house we don't manage people's finances. Therefore this area doesn't need to be monitored". The registered manager told us following the audit a service improvement plan would be devised to address any areas of concern. This would then be updated on a monthly basis to track its progress until completion. Checks were in place to ensure the safety of the environment. These included regular testing of fire alarms and safety lighting to check that these were in good working order. This ensured the care delivery and facilities were safe and fit for purpose.

The registered manager confirmed they received sufficient support and guidance from the provider. They told us the organisation's directors visited the home a couple of times a week to oversee the service and meet people. They said "[name] is available and is very supportive. I can pick up the phone any time they are very approachable".

Regular feedback from people who used the service, their relatives and professionals was gathered to help develop and improve the service. This was gathered during care reviews, resident meetings and yearly



questionnaires. The registered manager told us that they valued people's feedback and would respond individually to any comments from people to ensure they felt listened to by the management team. Compliment feedback included: "I have always found the staff to be very friendly and helpful. Always ready to stop and listen to any concerns", "[name] is very happy to be living here" and "nice homely atmosphere". Feedback we obtained from external professionals stated 'the manager was found to be extremely receptive to any input and put actions in place based on the professional advice and guidance given.'

Staff completed yearly questionnaires and the registered manager confirmed a report would be compiled and displayed to staff so they could see their comments were listened to. The registered manager told us one had just been completed but the outcomes had not yet been collated.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends, patterns or lessons to be learnt in the types of incidents occurring. The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation. Notifications help ensure that the service can be monitored effectively by the commission.

Before the inspection, the provider completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The information contained was an accurate reflection of what we found and observed during our inspection.