

# Vijaykoomar Kowlessur

# High Gable 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 

### Overall summary

We carried out this inspection under section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looked at the overall quality of the service.

We undertook an unannounced inspection to High Gable House on 18 July 2014. High Gable House is a care home registered for a maximum of nine adults who have learning disabilities. The home consists of two separate houses.

At our last inspection on 25 February 2013 the service met the regulations inspected.

The service had a registered manager who had been in post since December 2013. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Managers and staff had received training on safeguarding adults, the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. Staff said they had considered people's needs in regard to this legislation, and were liaising with the local authority to establish if people needed to be assessed.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

People were involved in decisions about their care and how their needs would be met. People were supported to eat and drink according to their individual preferences.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People told us they were happy with the care provided. Staff were appropriately trained and skilled to care for people. They understood their roles and responsibilities as well as the values and philosophy of the home. Staff received supervision and an annual performance review. They confirmed they were supported by the manager and received advice where required.

The management team was accessible and approachable. People who used the service and staff felt able to speak with the manager and provided feedback on the service. Monthly audits were carried out across various aspects of the service, these included the administration of medication, care planning and training and development. Where these audits identified that improvements were needed action had been taken to improve the service for people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. Managers and staff had received training on safeguarding adults. The service was meeting the requirements of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

The risks to people who use the service were identified and appropriate actions were taken to prevent the likelihood of these risks occurring.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective. People received care from staff who were trained to meet their individual needs. Staff were supported by managers to carry out their roles effectively.

People's dietary needs were met and they received assistance with eating and drinking as required. People were supported to maintain good health and had access to healthcare services.

Good



### Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported. People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and their care records included detailed information and guidance for staff about how their needs should be met. Where they were able to, people consented to their care.

People said they knew how to make a complaint if they needed to. They were confident staff would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

Good



### Is the service well-led?

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Good



# High Gable House

## Detailed findings

### Background to this inspection

We undertook an unannounced inspection to High Gable House on 18 July 2014. The inspection was carried out by an inspector and a specialist advisor who was a nurse with knowledge of learning disabilities.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider before our visit about the service, the staff and the people who use the service. The provider also 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.

During the visit, we spoke with four people using the service, three care staff and the registered manager. We spent time observing care and support in communal areas.

We also looked at a sample of five care records of people who used the service, five staff records and records related to the management of the service. We spoke with the local safeguarding team and a General Practitioner to obtain their views of service delivery.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

Arrangements were in place to protect people who use the service from the risks of abuse and avoidable harm. People who used the service told us they felt "safe." One person said, "The staff are nice." We saw that staff knew how to communicate with people and support them if they became distressed. Information was available in a pictorial format for people about whom they could talk to if they had concerns about the way they were treated. Staff could explain how people might communicate that they were distressed or being abused. Staff knew how to report concerns if they felt people were at risk of being abused. They understood the services policies regarding abuse and safeguarding. These were available for staff to consult. Staff told us, and training records confirmed that they had received training in safeguarding adults.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had attended a forum run by the local authority on the recent Supreme Court ruling regarding DoLS. They said they had considered people's needs in regard to this, and were liaising with the local authority to establish if people needed to be assessed. Staff had been trained to understand when an application for a DoLS authorisation should be made, and how to submit one.

When people who used the service became distressed staff responded to them in a sensitive manner so that their safety and wellbeing was supported. Staff could explain how they managed situations where the behaviour of people who use the service presented a risk to themselves or others. Staff explained how they responded to each person's behaviour in a way that met individual's needs regarding communication and the triggers for their behaviour. Particular ways to respond to people's behaviour were recorded in their risk assessments and care plans. One person liked to listen to music to help them to relax and this was recorded in their care plan.

People's care plans contained up to date risk assessments that detailed any identified risks to their safety or that of others. For example, a person needed support with moving and handling and the risks relating to this had been assessed and a plan was in place to address these.

Where appropriate people who used the service and their relatives had been involved in preparing risk assessments. We saw that a person wished to go out to the shops and in line with their risk assessment they were accompanied by a member of staff. The staff member was able to explain the specific risks that the person might face when in the community, such as not understanding how to cross the road safely, and what they needed to do in order to maintain the person's safety. Action was taken to mitigate the risks to people who used the service so they could participate in community based activities safely.

Sufficient staff were on duty to meet people's needs. One person said, "Staff are around when I need them." Three staff were on duty when we visited as the majority of people who used the service were attending day services. Staff explained that additional staff would be available later in the day when people returned from their community based activities. We saw that daily records and the rota highlighted when staff were provided to support people to access services or activities in the community. Where people needed support from staff this was provided. The manager explained that they monitored staffing levels and made sure that sufficient staff were available to meet people's individual needs.

The service followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

# Is the service effective?

## Our findings

People were supported by staff who had the skills to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Two members of staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and had also had specific training on autism and managing behaviour that challenges. All staff had completed a vocational qualification in care. A training matrix was used to identify when staff needed training updates, and it showed that these were taking place every six months.

Staff told us the manager was approachable and regularly discussed the changing needs of people who used the service with them. We looked at the minutes of staff meetings and these showed that care issues had been discussed and actions required to meet people's needs were identified and addressed. Supervision records showed that staff were having supervision every three months in line with the service's policy. Staff told us they found their supervision with the manager supported them to meet people's needs. Staff had received an appraisal in the last year. Records showed that staff appraisals identified areas for development and any required training.

People were supported to eat and drink to meet their needs. One person said, "They asked me what I want to eat." People who used the service had individual menus each week, which were created in consultation with the person and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and where they wished to, were involved in the

preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support. One person told us they regularly went with staff to do the weekly shopping.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The dietician and the speech and language therapy team had been consulted regarding appropriate diets when needed to meet people's needs. This information had been recorded in the people's care plans.

Records showed that staff involved medical and healthcare professionals when necessary, and people were supported to maintain their health. People who use the service had health care passports which outlined their health care needs and medical histories. These were accompanied by communication passports that outlined how people could be communicated with and how they responded to medical treatment and symptoms such as when they were in pain. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. People's care records showed that each person who used the service was regularly supported to see the health and medical professionals they needed to, and each instance of doing so was recorded on a form with details of the appointment, the outcomes and actions for staff.

People were supported to see other healthcare professionals, such as speech and language therapists, dentists, dieticians and psychiatrists. People's care records showed that there was regular input from the specialist community nursing and integrated care team. Changes to people's needs were reflected in their care plans and staff acted on the advice of medical and other professionals.

# Is the service caring?

## Our findings

People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. Staff engaged positively with people who used the service, using a range of communication techniques (for example, Makaton on sign language and symbols) to establish people's views. People told us that they were "happy" and "liked" the way staff treated them. One person said, "Staff are nice."

Staff responded to people sensitively when offering to support them with their personal care needs. Staff understood people's preferences relating their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included if they preferred certain foods or when they wished to have same gender care when staff supported them with personal care.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Care plans were available in a range of pictorial formats that reflected people's communication needs. Staff explained that these were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want in how their care and support was provided.

The manager explained that he regularly consulted people who used the service and their relatives. Meetings were held with people during which issues regarding future activities and the general running of the service were discussed. These minutes were in an easy read format so that people who used the service were able to understand and participate in decisions. The manager had monthly discussions with the relatives of people who use the service and these were recorded in their daily notes and reflected in their care plans. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner. One person told us, "The staff always asked what you want." Staff training records showed that staff had been trained in the principles of dignity.

# Is the service responsive?

## Our findings

We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. Staff also understood the importance of meeting people's cultural and religious needs, by supporting them to attend the place of worship of their choice and community activities. One person told us, "Staff will help, when I need them."

Care records showed that people and their relatives had been involved in the initial assessment and on going reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. This also supported people to become familiar and comfortable using the service. Staff had carried out risk assessments and on going monitoring of people's needs. People had individualised care plans that were regularly reviewed and updated. Where people's needs had changed the service had responded by consulting with the relevant health and care professionals. One person had recently had an operation and changes to their care had been discussed with the relevant professional and this had been included in their care plan. Staff knew about these changes and how they were to respond to meet the needs of the person.

People were able to discuss their needs with staff at monthly key worker meetings. The records of these meetings showed that changes to people's needs had been discussed with them and their relatives. Staff had included

this information where appropriate in people's care plans. People's care plans showed that where people's needs, wishes or goals had changed the service had responded so that people received care which met their individual needs.

People were able to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went on a shopping trip in the morning, while another person went to the local park in the afternoon. Care records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs.

The service responded to people's and relatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Minutes of meetings with people and discussions with relatives showed that they were asked if they had any concerns about the service. Where they had concerns, action was taken to address these and the outcome had been recorded.

Staff told us they took any comments about how the service could be improved seriously and acted on them. The manager told us that he used any feedback about the service to improve the care and support that people received. We saw that where a person had requested a change to their daily routine this had been incorporated into their care plan.



# Is the service well-led?

## Our findings

The service had an open culture that encouraged good practice. The manager was available and spent time with people who used the service. Staff told us the manager was open to any suggestions they made and ensured they were meeting people needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs.

The values of the service were discussed with staff in their induction. Training records showed that staff were encouraged to complete professional qualifications and on going training so that they had the skills to implement the values of the service. Staff showed they understood people's needs and told us that they were provided with relevant training before dealing with any new care needs that people might have.

Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development. Staff told us that the manager discussed areas of good practice relating to autism and learning disabilities with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

The manager regularly involved people and their relatives in monitoring and assessing the quality of the service. The

manager had regular contact with relatives, community advocates and professionals and had acted on any feedback from this to improve how the service met people's needs. Health and social care professionals had told us the service acted and delivered care based on their recommendations. The manager had recently sent out surveys to people used the service, relatives and professionals to get their views of the service and to identify any areas for improvement.

The manager carried out regular audits of the quality of care provided by the service. These included audits of care plans and risk assessments, medication and health and safety. The audits and records showed that where improvements needed to be made these had been addressed. People's risk assessments had been updated in response to their changing needs.

We reviewed accident and incident records, and saw that each incident and accident was recorded with details about any action taken and learning for the service. There had been two incidents in the last month. These had been reviewed by the manager and action was taken to make sure that any risks identified were addressed. The procedures relating to accidents and incidents were available for staff to refer to when necessary, and records showed these had been followed for all incidents and accidents recorded.