

Mrs Elizabeth Greaves

Gwenlyn House

Inspection report

17 Chesterfield Road
North Shore
Blackpool
Lancashire
FY1 2PP

Tel: 01253626342

Date of inspection visit:
20 February 2018

Date of publication:
19 March 2018

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

Gwenlyn House is registered to accommodate up to three adults. The home is situated in the North Shore area of Blackpool, within easy reach of local amenities. Accommodation comprises of three single bedrooms, a large lounge and dining room. Off street parking is available for visitors. At the time of our inspection visit there was one person who lived at the home.

At the last inspection on 25 November 2015 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The person who lived at the home told us they were happy, felt safe and were treated with kindness at all times. The person said, "I am very happy living here."

The carers in the home were the registered provider and her husband. The service did not employ any staff. The person who lived at the home was independent and could attend to their own care needs with minimum supervision.

Suitable arrangements were in place to protect the person from abuse and unsafe care. The person told us they felt safe and their rights and dignity were respected.

Risk assessments had been developed to minimise the potential risk of harm to the person during their daily routines and delivery of their care. These had been kept under review and were relevant to the care provided.

The registered provider and her husband had the skills, knowledge and experience required to support the person who lived at the home with their care and social needs.

We found the person who lived at the home was in good health and did not need to take any medicines. Appropriate arrangements for storing medicines were in place should the person need to take any medicines in the future.

We saw there was an emphasis on promoting dignity, respect and independence for the person who lived at the home. They told us they were treated as an individual and received person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place to live. We found equipment had been serviced and maintained as required.

The service had safe infection control procedures in place. The person who lived at the home told us they

were happy with the standard of hygiene in place.

We found the person who lived at the home had been supported to have maximum choice and control of their lives and they were supported in the least restrictive way possible; the policies and systems in the service supported this practice.

We looked at the care records for the person. There was information in place about their support needs and how these were being met.

The person was happy with the variety and choice of meals available to them. We observed the person had unrestricted access to the kitchen and could prepare drinks and snacks whenever they wished.

The person who lived at the home had access to healthcare professionals and their healthcare needs had been met.

We found a variety of activities were organised for the persons entertainment. These included external activities in the local community and going on holiday with the registered provider.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was on display in the hallway for people's attention. The person we spoke with told us they were happy with the service and had no complaints.

There was no formal internal quality assurance in place but informal checks were made routinely. Everyone talked together frequently to discuss any plans or changes. Decisions were made as a family group.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Gwenlyn House

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 comprehensive inspection visit took place on 20 February 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for adults who are often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 20 February 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of the person who lived at the home had been received.

We also contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 a range of people about the service. They included the registered provider, her husband and the person who lived at the home. We also observed care practices and how the registered provider and her husband interacted with the person in their care. This helped us understand the experience of person.

We looked at the care records of the person who lived at the home, arrangements in place for meal

preparation and records relating to the management of the home. We also checked the building to ensure it was clean, hygienic and a safe place for the person to live.

Is the service safe?

Our findings

We spoke with the person who lived at the home. They told us they felt safe and their rights and dignity were respected. They told us they received safe and appropriate care which was meeting their needs. They said they liked the registered provider and her husband and wouldn't wish to live anywhere else. The person said, "I am happy and feel safe living here."

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. The person told us they were safe and well and had no concerns about their care.

We saw risk assessments had been completed documenting the actions required to support the person to maintain their independence safely. For example, whilst accessing the community and undertaking activities during their daily routine. The assessments had been kept under review with the involvement of the person. This ensured support provided was appropriate to keep the person safe.

The carers at the home were the registered provider and her husband. The service did not employ any staff. The person who lived in the home continued to be independent and could attend to their own needs with minimum supervision.

The person who lived at the home continued to be in good health and did not need to take any medicines. We found appropriate arrangements for storing medicines were in place should the person need to take any medicines in the future.

We looked around the building and found it was clean, tidy and safe. The person who lived at the home told us they were happy with the standard of hygiene at the home.

We looked at how accidents and incidents were managed by the service. There had been no accidents since our last inspection. However, the registered provider told us should an accident or 'near miss' occur this would be reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

The person who lived at the home continued to receive effective care because they were supported by people who had a good understanding of their needs. We were able to establish through our observations and discussions they received effective, safe and appropriate care which was meeting their needs and protected their rights. The person who lived at the home said, "I am very happy here."

We looked at the care plan record of the person who lived at the home and found it contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described support the person received and activities they had undertaken. The care plan had been signed by the person consenting to care and support provided.

The registered provider and her husband continued to have the skills, knowledge and experience required to support the person who lived at the home with their care and social needs. The person told us they were very happy with the support they received.

The person told us they enjoyed food provided by the service. They said they received varied, nutritious meals and always had plenty to eat. They did not work to a set menu and the person was asked daily about meals and choices available to them for the day. We saw the person had unrestricted access to the kitchen and made their own breakfast and snacks throughout the day.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The service shared information with other professional's about the person's needs on a need to know basis. For example, when the person visited healthcare services the registered provider would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about the person's care needs to ensure the right care or treatment could be provided for them.

The person's healthcare needs had been carefully monitored and discussed with them as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for the person to receive continuity with their healthcare needs

Accommodation was on two floors with no passenger lift available. This meant people wishing to move into the home would need to be physically mobile. There was an open plan lounge and dining room on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. We saw the person had been encouraged to personalise their bedroom with their own belongings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Is the service caring?

Our findings

During our inspection visit we spent time observing interactions between the registered provider and the person in her care. This helped us assess and understand whether the person who used the service received care that was meeting their individual needs. We saw the registered provider was caring and attentive. She was polite, respectful and kind and showed compassion. We spoke with the person about their care. The person said, "I am receiving the best care possible."

We looked at the person's care records. We saw evidence they had been involved with and were at the centre of developing their care plan. The plan contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date, well maintained and informative. We saw evidence to demonstrate the care plan had been reviewed and updated on a regular basis. This ensured the information documented about the person's care was relevant to their needs.

There was clear collaboration between the service and the person they supported. For example, the person's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

The registered provider had a good understanding of protecting and respecting the person's human rights. They were able to describe the importance of promoting individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We spoke with the registered provider about access to advocacy services should the person in her care require their guidance and support. The service had information details for the person if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The person told us their privacy was respected when they wanted to spend time in their room. The person said, "I like to spend time on my own in my room sometimes. I listen to my music if that is what I want to do."

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of the person they supported. The person who lived at the home told us registered provider helped and encouraged them to enjoy a good quality of life. They told us how they were supported to express their views and wishes. This enabled the person to make informed choices and decisions about their care and support.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of the person who lived at the home. The person's care plan had identified information about whether the person had communication needs. These included whether the person required easy read or large print reading. The person told us they were happy with the support they received from the registered provider.

The service had a complaints procedure which was on display in the entrance hall. The procedure was clear in explaining how a complaint could be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. The person who lived at the home said they were happy and had never had anything they wanted to complain about.

Discussion with the registered provider confirmed the person's end of life wishes had been discussed and recorded so they were aware of these. The registered provider told us the service had not previously provided end of life care. They said if an end of life situation arose they would liaise with healthcare professionals to ensure the person received the appropriate care.

Is the service well-led?

Our findings

The person lived at Gwenlyn House as part of the family, with everyone sharing the same communal facilities. The person was involved in decision making about the running of the home and their own lifestyle. It was evident the person was treated as part of the family and involved in family activities. During our inspection visit we observed the person discussing with the registered provider a recent holiday they had taken in Devon. The person said, "We have lots of holidays together."

The registered provider was an individual who also managed the home on a day to day basis. Registered providers 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 registered provider was knowledgeable about the support the person in her care required. She was clear about her role and was committed to providing a high standard of care and support for the person. Throughout the inspection visit we saw the person was comfortable and relaxed in the company of the registered provider. The person told us they were very lucky to live with the registered provider and be treated as a member of her family. The person said, "I really am lucky to live here. I am so happy."

There was no formal internal quality assurance systems in place but informal checks were made routinely. Everyone talked together frequently to discuss any plans or changes. Decisions were made as a family group about holidays, outings, meals and any changes made to the environment. This meant the person who lived at the home was given as much choice and control as possible into how the service was run for them.

The person told us they were encouraged to express their views about any improvements or changes they would like to see made to the service they received. They told us they were happy and didn't feel improvements needed to be made. The person said, "I have lived here for over 30 years and couldn't be happier. I spend every day with [registered provider] and her family. I love it."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included healthcare professionals including G.P's and district nurses.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.