Scope

Godfrey Olsen House

Inspection report

Flats 1 – 4 Godfrey Olsen,
Yonge Close,
Eastleigh,
SO50 9ST
Tel: 023 80 629610
Website: www.scope.org.uk

Date of inspection visit: 12 October 2015
Date of publication: 20/01/2016

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 inspected Godfrey Olsen House on 12 October 2015. The visit was unannounced. Godfrey Olsen House is registered to provide accommodation and personal care for up to six people with a range of physical impairments and learning disabilities. At the time of the inspection there were six people using the service.

The service had recently appointed a new manager who was not yet registered. 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. There was also a team leader in post, as well as 13 other staff members.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the individual needs of the people and knew how to spot signs of abuse. People said they felt safe and supported by the care staff and provider. Processes were

Summary of findings

in place to check the staff they employed were suitable to work with vulnerable people and medicines were managed safely and people received their medicines as prescribed.

People felt involved and listened to. They contributed to what was written their care records and risk assessments. These were kept up to date and were an accurate reflection of the person's care and support needs. The care plans included the person's likes and preferences and were reviewed regularly to reflect changes to the person's needs. People had access to healthcare services and were referred to doctors when needed.

The recruitment process records showed all necessary pre-employment checks had been completed. Staff received appropriate training and were supported through the use of one to one supervision and appraisal. All staff received a full induction which included essential training and appropriate checks had been completed prior to them commencing work. The service was supporting all staff to attend further training which would support their role.

People said the manager and staff were caring and felt they could go to them about anything and actions would be taken. Staff spoke to people in a kind, respectful and caring manner. There was an open, trusting relationship between them, which showed that the staff and provider knew the people well. Staff supported people as much as the person wanted them to whilst encouraging them to maintain their independence. Staff were offering people choices and respecting their decisions appropriately. People and their relatives were positive about the service they received. They praised the staff and care provided.

Staff felt they worked well as a team, and the manager provided support and guidance as they needed it. There was an open and transparent culture which was promoted amongst the staff. This allowed them to learn from incidents and changes were made to the service following feedback from people, their relatives and staff.

People and their relatives were able to complain or raise issues on an informal basis with the registered manager and were confident these would be resolved. The manager demonstrated a good understanding of the importance of effective quality assurance systems. There was a process in place to monitor quality and to understand the experiences of the people who used the service. There was regular contact between the provider, manager, people, relatives and the staff.

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.

People were protected from the risk of abuse. Risks to people's health and well-being were managed effectively.

People's medicines were managed safely.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Good

Is the service effective?
The service was effective.

Staff sought consent from people before providing care, and followed legislation designed to protect people's rights.

Staff completed training appropriate to their role and were supported through supervisions.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met. They had access to health professionals and other specialists if they needed them.

Good

Is the service caring?
The service was caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate

Staff treated people as individuals.

Good

Is the service responsive?
The service was responsive.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met. Their choices and preferences were respected.

People knew how to complain and said they would raise issues if the need arose. Complaints had been responded to appropriately and in a timely manner.

Good

Is the service well-led?
The service was well-led.

People and staff reported that the service was well run and was open about the decisions and actions taken.

Good

Summary of findings

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

Godfrey Olsen 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 inspection took place on 12 October 2015 and was unannounced. The inspection team consisted of one inspector. Before the inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the home, and a family member. We also spoke to the manager, one care staff and the service manager. We observed the way people were cared for in their rooms and looked at records relating to the service including two care records, three staff recruitment files, daily record notes, maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records.

The previous inspection took place in April 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe at Godfrey Olsen House. One person said, "I feel safe. If I am worried I will go to [the manager]." Relatives said that they felt their loved ones were safe, and that if there were any concerns then either their loved one or they would be able to approach staff, or the manager. One relative said they "never thought [the person] would cope living away from home, but the service had supported [the person] and they had come on in leaps and bounds". They were confident that their loved one was being looked after well.

Staff were able to keep people safe. There was a safeguarding policy in place, which staff were required to read and complete safeguarding training as part of their induction. All staff were booked onto complete refresher training in safeguarding. They were able to explain different types of abuse and what signs to look out for. They explained when and who they would report this to.

There was a robust recruitment process which helped ensure staff were suitable to work with people who lived at the home. Staff had undergone a check with the Disclosure and Baring Service [DBS] and had references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Application forms showed staff had previous experience within a caring role as well as a full employment history.

There were systems in place to ensure adequate numbers of staff were employed. Some people said there were enough staff on duty, others said there were not always enough staff on in the afternoons. One person said "Between 10 am and 4pm there is only one member of staff on. I get lonely and there isn't anyone to talk to". The manager explained that they had brought in extra staff, but that they weren't being used, due to the people's minimal support needs. There was always the manager or a team leader on duty between 10am and 4pm, to support the care staff. The manager agreed to discuss this further with people and determine if more staff were required. The service was in the process of trying to recruit more staff so as to keep the use of agency workers to the minimum. When they had to use agency staff, they tried to ensure that they were the same staff in order to keep the continuity. All new agency staff had to read the risk assessments and sign to say they had done this. Additional staff were used if people required support to attend appointments and once up to the full quota of staff, the regular staff will have additional hours which will be used to support people as they require it. For example, if someone wants to go out for the afternoon, one of the regular staff would be rostered on to take this person. Rather than using staff who were already on duty.

There were personalised risk assessments in every person's file, which gave details about the risks posed to that individual. For example, one person who was diabetic self-administered their own insulin. There was a care plan in place for this as well as a risk assessment. They were regularly reviewed and the people were involved in writing them. Consent had been obtained from all the people. There were also missing person's files within the peoples working files. These provided information about the person should they ever go missing. People were assessed as to their abilities and wishes. They were encouraged to be as independent as possible. People were able to access the local community independently and would tell the staff where they were going and what time they would be back. People were encouraged to be as independent as possible and there were risk assessments to support this. For example, one person liked to go on holiday with the support of staff. These had been risk assessed appropriately and adequate support was provided.

The manager had appropriate environmental risk assessments in place in respect of the day to day running of the home. The assessments covered areas such as electrical and gas appliances as well as water checks. These checks were all up to date.

Plans were in place should an emergency, such as a fire, occur. The staff carried out weekly fire safety checks and monthly fire evacuations. People and the staff were clear about the action they should take in an emergency and knew how to get to the designated safe area. There was an emergency information pack, which contained an up to date photograph of each person, along with details about their needs and any mobility issues. Staff had also undertaken first aid training and were able to deal with emergencies of this kind.

Medicines were administered, recorded and stored appropriately. People, who were prescribed pain relief as required (PRN), received it appropriately and there were protocols in place for PRN medicines. Staff who administered medicines had training to do so and were

Good

Is the service safe?

competency assessed. Medicines were given as prescribed and in line with pharmacy and manufacturer's guidelines.

All unused medicines, awaiting return to the pharmacy was kept secure until collection. The medication administration records (MAR) sheets were checked and there were correctly signed and no gaps shown.

Good

Is the service effective?

Our findings

The service provided effective individualised care and support. People who used the service told us they were happy with the care and support they received. People said that staff were always there to support them and they felt comfortable for any of the staff to provide their care. Individual preferences were being met. For example, a person who liked to sleep in late had their medicines times adjusted so that they were given in line with this persons sleeping pattern. Staff asked for people's consent when they were supporting them. Staff encouraged the people to make decisions and supported their choices.

People were able to choose a staff member to be their named person [keyworker]. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. People could change their keyworker if they wanted to, which showed people's wishes were being taken into account. We viewed a selection of peoples care plans and found them to be comprehensive documents, which provided a good level of information about the person's health and social care needs. The plans were person centred and aimed at meeting the persons preferred support approaches. People had been consulted in writing them and had either given written or verbal consent for staff to provide the support which had been recorded. Daily records were detailed and provided information about the support each person had received that day.

New staff complete an induction period, during which time they shadow members of staff, before beginning to work independently. All new staff were subject to a probationary period. All care staff were signed up to undertake the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care.

Staff had received appropriate training in order to meet the needs of the people within the service. All staff had undertaken essential training in areas such as Safeguarding, Mental Capacity Act, and Medicines as well as further training in specified areas. The manager had a clear view of the staff training needs and ensured that these were met. Staff were actively encouraged to continue their professional development. All staff were undertaking the care certificate and not just new staff members. Seven of the staff members were undertaking Health and Social Care Diplomas.

Staff supervisions were regular and effective, they also had annual appraisals. Staff said they were able to approach the manager outside of the scheduled supervision if they needed to discuss anything. The manager carried out "ad-hoc" direct observations on all staff. The feedback from these was then discussed with the staff member during their supervision. Any learning needs identified through the direct observations, could then be addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People's consent to care and treatment was sought in line with legislation. One person said, "I decide what I want to do; if I want to go out I just tell the staff". Staff said they always sought the persons consent prior to carrying out any task and "we empower them [people], to be as independent as possible". The manager followed the Mental Capacity Act 2005 (MCA) and staff had a good understanding of this and the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS the manager was able to explain about the process they would need to follow and how they would seek authorisation to restrict a person's freedoms for the purpose of care and treatment.

People had access to healthcare as required. Care records showed the service had worked effectively with other health and social care services to ensure people's needs were being met. Staff would support people to attend health appointments, when required. For example, staff would support people to make contact with their local doctor's surgery and if necessary they would accompany them to the appointment.

Good

Is the service effective?

People said there was choice and they could ask for anything to eat or drink whenever they liked. No one using the service required support to eat their meals, but some required staff to prepare their meals. People decided what they wanted to eat and staff supported them to go shopping for the food. Staff supported people to make healthy meal choices.

Good

Is the service caring?

Our findings

Everyone we spoke with was positive about the care they received from the staff and the service. A relative told us their loved one was very happy at Godfrey Olsen house, and if their loved one was happy, they were happy too. Another relative said, "The staff go above and beyond their duties, to support the people".

We observed a positive, caring relationship had developed between people, the manager and the staff members. The manager was clearly motivated and passionate about making a difference to people's lives, and this was approach was also shared by the other staff member we spoke with. The manager had recently come to the service from another Scope service, following the positive work they had undertaken there. They had devised a new support plan which were more comprehensive and easy to read. They were going to be used with people to record their needs. Staff treated people with dignity and respect. Relatives told us how their loved ones were listened to and how the staff treat them with the dignity and respect they deserve. Staff respected people's privacy and would always knock and wait for a response, before entering the person's room. Doors were kept closed, unless the person had requested it to be left open. All staff respected people's dignity and privacy when providing their one to one care. People understood that staff had to be there at all times, however their privacy was not compromised when using the bathroom. Staff took time to talk to the people about what they wanted to do or eat, and made time for each of them.

Peoples were involved in writing their support plans. They recorded their preferences, interests and support needs. People were encouraged to be as independent as possible whilst knowing there was someone there for them if they needed support. The manager explained that the service "is a stepping stone, for independent living. It allows people chance, to develop skills to move into supported living". People had control over their day to day plans and were able to access the local community independently, or with minimal support. People made their own choices, and staff supported them to achieve these. One person liked to go on holidays, staff supported this person to plan these and then one staff member would go with them, in order to provide their support. Staff understood the importance of promoting independence and encouraged people to do things for themselves. One staff member said, "We empower them to remain independent, by doing things such as their own food shopping".

All the people lived in their own flats, which had a kitchenette and en-suite. There was no communal lounge for them to socialise in, however some of the flats shared a lounge area, giving those people the option of socialising if they wanted to. Confidential information such as care records were kept securely so it could only be accessed by those authorised to view it.

Relatives could visit whenever the person wanted them to. The manager and staff would always confirm with the person as to whether they wanted to see them before allowing them access to the home. One person goes to stay with their family on a regular basis; the service supports this person to maintain this contact.

Good

Is the service responsive?

Our findings

People received individualised care which met their needs. People said that they had been involved in writing their care plans. A relative said "[the person] had their opinion listened too, and they were able to let their feelings known". Care plans were detailed and informative, people said how they had been involved in writing their care plans and how satisfied they were with their care. This allowed them control over their support. The care plans were updated regularly with the input of the people to ensure that the information was accurate and a true reflection of the person's current needs. They provided clear guidance to staff about the person's individual needs, and provided them with clear instructions on how to manage specific situations.

Daily records were kept for each person and included anything which had happened during that day. These records were detailed and allowed staff to record daily details of individuals such as people's health, welfare and activities that needed to be passed on to staff. This showed the response the staff had taken to any changes in the plans for the day and the reason behind it.

Staff knew what person-centred care meant and could relate how they provided it. Staff were working with people to gain skills so they may move from the home, into supported living. By identifying areas where the person needed more support, they could work specifically on those areas. For example, one person needed encouragement to do things for themselves. They were able to make drinks and snacks for themselves, but would always try to get the staff to do it for them. In order to encourage this person to maintain their independence, staff would work with the person so they did it themselves. They knew people's likes and dislikes. They were knowledgeable about the people's individual needs and how to ensure their needs are met. People's preferences were sought and their views respected.

People were supported to make choices about how they lived their lives, what they did and how they spent their time. They told us they can choose to go out into the local community with family, friends or staff. One person went to the day service once a week, which was their choice. Others chose to spend their days in their rooms. People told us they had monthly residents meetings and their views were listened too. The manager, who was new to post, sent letters to people's relatives requesting feedback about the service. Relatives responded to the letter and provided suggestions to the manager as to what could be done to improve the service; following these suggestions the manager has put an action plan in place and will look into this further.

Complaints were responded to appropriately There was a complaints procedure in place. Records showed that people who used the service were aware of how to make a complaint. Any complaints the manager received had been acted on immediately. The outcome from these was fed back to the person who had made the complaint. People said they knew that the provider would act on any complaint being made. Their views were sought on a daily basis and people were listened to.

Good

Is the service well-led?

Our findings

People and their relatives commented on how happy they were with the service and the manager. One relative told us, "I'm impressed [the manager] hasn't been here very long but changes have been made. Communication is the key, [the manager] has been very open and I know if we have a problem I would only need to ring [the manager], and it would get sorted".

There was a new manager in post, who previously worked for the company at another home. Staff said the manager was supportive and felt able to go them about anything. There was a clear management structure in place and people who used the service as well as staff and relatives, were fully aware of people's roles and responsibilities. The manager was supported by the area manager.

People and their relatives were on first name terms with the manager and felt able to go to them about anything. They were satisfied with the way their needs were being met, and the way in which the service was being run. One person expressed a wish to move from the home as they felt they had gained the skills from living there and were now ready, to move into supported living. They said, "I like it here, I like the staff, but I am ready to move on now". People said they did not want to make any changes to how the service was managed.

There were a clear set of values and the staff described the service as having "an open culture". A staff member told us "you can go to [the manager] about anything at any time, the door is always open. I don't feel like someone is watching me all the time, but the support is there if I need it".

The manager recognised the importance of having motivated and familiar staff in order to ensure people's care needs were met. People said they knew the staff well and they knew them. This meant the staff knew their needs and what support they needed. People said they liked the staff and felt comfortable with them. Staff told us they felt valued and recognised the importance of their role and the impact this had on the people who lived at the service.

Systems were in place to monitor the quality of the service people received although these were mainly informal. The home's records were well organised and easily accessible to staff. There was an effective system in place to monitor the quality of the service being provided. Regular audits designed to monitor the quality of the care and identify any areas for improvements had been completed by the manager and the team leaders. The manager undertook weekly checks of the environment. Quality assurance checks on areas such as infection control, documentation, medicines and accidents and incidents were completed by the area manager. Where issues or areas for improvement were identified, the manager had addressed them promptly. For example, a recent medicines error had been recorded. This was due to the person being out of the service at the time their medicines were due. A plan had been put in place to ensure this didn't happen again.

The provider was aware of their responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.