

Allag Care Limited

# Gwendolen Road Care Home

## Inspection report

305 Gwendolen Road  
Leicester  
Leicestershire  
LE5 5FP

Tel: 01162736277

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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

### About the service

Gwendolen Road Care Home is a residential care service providing accommodation and personal care for up to 14 adults. The service specialises in supporting people with learning disabilities, mental health needs and dementia. At the time of our inspection there were eleven people using the service.

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

The home had a family atmosphere and people and staff had caring relationships with one another. Staff respected and celebrated people's diversity and individuality. The home was multicultural, and people celebrated their own and each other's festivals and events. Staff encouraged people to be independent and part of the local community.

People felt safe at the home and staff knew how to protect them from harm. The home was well-staffed, and people had one-to-one time with staff if they needed it. Staff were well-trained and safely recruited to ensure they were suitable to work with people using care services.

The home was clean, hygienic and accessible to people with limited mobility. Bedrooms were personalised in the way people wanted. Staff managed people's medicines safely and ensured they had them at the right time.

People liked the meals provided and the menu offered them plenty of choice and variety. Staff served English and Indian dishes at each meal and catered for vegetarians and people who wanted a halal diet. The kitchen had a food hygiene rating of '5' meaning that hygiene standards were 'very good'.

Staff knew people's likes and dislikes and what was important to them. They enabled people to keep in contact with family and friends and take part in activities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was well-led, and the managers and staff respected people and were approachable and kind. People and staff had a say in how the home was run and managers listened to the views. The registered manager audited all areas of the home and made ongoing improvements to ensure care was high-quality and met people's needs.

### Rating at last inspection

Good (report published 21 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## 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.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led  
Details are in our Well-Led findings below.

Good ●

# Gwendolen Road Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

Gwendolen Road Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the provider information return. 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 took this into account when we inspected the service and made the judgements in this report.

During our inspection we spoke with six people using the service. We spent time observing the people living in the home to help us understand the experience of those who could not talk with us. We also spoke with the registered manager, deputy manager, support manager, and three care workers.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at four people's care records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. A person said they had no concerns around 'safety and security'. Another person told us they felt safe because they could speak to staff or managers about anything they wanted to.
- Staff knew how to protect people from harm and report concerns about people's well-being to managers and external agencies where necessary. If safeguarding incidents occurred staff kept detailed records and worked with the local authority to ensure people were safe.

Assessing risk, safety monitoring and management

- People had risk assessments which told staff how to support them safely. These were reviewed and updated regularly and if people's needs changed. The registered manager said risk assessments were being rewritten in a different format on the advice of the local authority.
- Instructions to staff were clear and easy to follow. For example, one person had a moving and handling risk assessment using photos to show the correct positioning of pillows and the person themselves. This ensured the person was assisted comfortably in the way they wanted.
- Staff members gave us examples of how they reduced risk to people. A staff member used distraction techniques when assisting one person to transfer to prevent them getting anxious. Another staff member said, "[Person] is at risk of falling so we always walk them and stay with them if they are mobile."

Staffing and recruitment:

- People said the home was well-staffed. A person said there were always staff around and they thought everyone had the attention they needed from staff.
- Staff numbers were flexible. The registered manager said if more staff were needed on duty at any time, for example if a person was unwell, they were supplied. A care worker said, "We always have the staff we need."
- Care plans and risk assessments made it clear how many staff each person needed to assist them with moving and receiving personal care. Staff understood the importance of this and said they always complied.
- Staff did not start work at the home until safe recruitment checks had been carried out. This was to ensure staff were suitable to work with people who use care services.

Using medicines safely

- Staff managed medicines safely. There had been no reported medicines errors since we last inspected. The deputy manager oversaw medicines management and carried out regular audits to ensure people were having the medicines they needed on time and as prescribed.

- Only trained staff assessed as competent administered medicines. Staff told people what their medicines were for each time they administered them to help ensure people understood why they were taking them.
- The home's contract pharmacist inspected the home's medicines management systems to check they were safe and provided advice and support to staff on request.

#### Preventing and controlling infection

- The home was cleaned to a good standard. Staff were trained in infection control and knew how to prevent and control infection in the home.
- Staff used personal protective equipment (PPE) such as gloves and aprons and understood the importance of following correct handwashing procedures.

#### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and what action to take afterwards to reduce the risk of a reoccurrence.
- The registered manager was making improvements to the home's admission procedure. The registered manager said the new admission form will include more exploration of risk factors and medicines regimes to ensure staff could meet people's needs if they came to the home.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving into the home to ensure staff could meet their needs. However, this procedure had not always been effective and had resulted in a person being admitted to the service with needs the staff couldn't always meet. As a result, the registered manager was improving the admission procedure and introducing a new assessment form where risks to the person and others including medicine regimes could be explored fully.
- The home's assessment procedure covered people's individual needs, including their culture, faith, age, sexuality and disability.
- People, relatives, and health and social care professionals were involved in assessments and their views considered when decisions were made as to whether the home was suitable.

Staff support: induction, training, skills and experience

- All staff completed an induction when they started work at the home followed by ongoing face-to-face and online training. Records showed staff training was extensive and up to date.
- A care worker told us, "I was new to care when I came here so I had a full programme of training. Since then I've done more and more training. I can't fault the training here. It has given me the skills I need for the job."
- Staff were trained in general care and took specialist courses, for example on learning disabilities and mental health, to ensure they could meet the individual needs of the people using the service.
- Staff were encouraged to develop their skills and take on roles in the home involving more responsibility. The registered manager said, "We are looking for dedication from our staff. If they are dedicated, we support them to progress to more senior and management positions."

Supporting people to eat and drink enough to maintain a balanced diet

- People liked the meals provided and said the menu offered them plenty of choice and variety.
- Staff served English and Indian dishes at each meal and catered for vegetarians and people who wanted a halal diet.
- The home had a set menu but there were always alternatives. A staff member said, "If people don't want the day's choice staff go out and buy them exactly what they do want."
- People's nutritional needs were assessed and if they needed support with their nutrition staff referred to dieticians and/or speech and language therapists.

- The kitchen had a food hygiene rating of '5' meaning that hygiene standards were 'very good'.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives and access healthcare services and support

- Staff supported people to see their GPs and other healthcare professionals when they needed to.
- People's healthcare needs were assessed, and care plans put in place to ensure they were met.
- Staff monitored people's health and knew what action to take if a person was unwell.

Adapting service, design, decoration to meet people's needs

- A person said their bedroom was suitable for their needs and they had the right equipment to enable them to change position comfortably.
- The premises and gardens were accessible to people with limited mobility. There was a passenger lift to access the first floor.
- People's bedrooms were personalised and decorated in the way they wanted.
- Fire signs and escape routes were displayed around the home in pictorial formats, and regular fire drills were carried out. Bedrooms were personalised and sensory for some service users. All were comfortable, warm and safe.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

- People told us they were asked for their consent and tasks were explained by staff.
- Staff asked people for their consent before providing any care or support and understood people's individual capacity to make decisions.
- DoLS representatives visited people in the home to provide ongoing support and contact.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff had caring relationships with one another. A person said staff treated everyone 'like family'. They said the staff were trustworthy and attentive to people's needs. Another person said the staff 'genuinely care about the residents'.
- Staff were knowledgeable about the people using the service and their likes, dislikes, and preferences. A care worker said, "We know what makes our residents happy. For example, one person finds sarcasm funny, so I use it with them and they love it. It makes them laugh."
- People's diversity and individuality was respected and celebrated. People and staff were multicultural and celebrated their own and each other's festivals and events. The home had a diversity wall where people's faiths were displayed in pictorial format.

Supporting people to express their views and be involved in making decisions about their care

- Care plans were person-centred and showed people were involved in every area of their care and support.
- People had a say in all areas of their lives including choosing their clothes, food, décor, activities, and what staff planted in the garden.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A staff member told us, "We knock of people's bedroom doors and announce who we are. We say, 'Good morning, it's [name] your support worker', so they know exactly who's knocking on their door."
- Staff promoted people's independence and supported them to enhance their skills. People were supported to use public transport on their own, where possible, and move towards living independently where possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans which covered their likes/dislikes, preferences around activities and foods, personal care preferences, and the things that are important to them. For example, one person liked to have music playing in their room and to dress in fashionable clothes and staff ensured this happened.
- Staff knew people well and helped them determine their own lifestyles considering their cultural preferences. A care worker said, "Every individual here is different and wants different things. We give them the chance to live like they want to live."
- People made progress at the home. Some people's mobility had increased and they, and others, were living more independently, for example by using public transport on their own.
- Staff used positive behaviour support if people became distressed. They knew what triggers to look out for and the techniques to use to enable people to deal calmly with certain situations and emotions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were in their care plans, and staff knew how to communicate effectively with them. Some people used communication aids, for example picture cards, to communicate with others.
- Key documentation in the home, for example the service user guide and residents' meeting minutes, were pictorial and in plain English, or other languages on request, to make them more accessible. Pictorial information was displayed throughout the home to support people to understand their environment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to keep in touch with relatives if people wanted this. Staff provided transport for people, so they could visit their relatives, and arranged for people and their relatives to meet at the home.
- Some people took part in activities in the community, for example by attending day centres, places of worship, and other social gatherings.

- Staff knew people's hobbies and interests and ensured they could pursue these. Staff organised group and one-to-one activities based on what people wanted to do including day trips, visits to the cinema, and club nights. A person said they had recently gone on a day trip and had enjoyed this.

#### Improving care quality in response to complaints or concerns

- People said they would tell the staff or managers if they had any complaints and were confident these would be addressed. They told us they were comfortable to speak out and that staff and managers were 'approachable'.
- If people were unable to complain verbally, staff, who knew them well, said they would speak out on their behalf. A person said, "[Some people] are not always able to do this [complain] verbally but staff are always around and aware of what residents need."
- The home's pictorial complaints procedure was displayed in communal areas and staff and managers regularly checked that people were satisfied with their care and support.

#### End of life care and support

- If people needed end of life care staff provided this. The deputy manager had had end of life training and understood the importance of ensuring people at the end of their lives were comfortable and pain-free.
- When required, staff worked with healthcare and other professionals to give people the end of life care and support they needed. If people had spiritual needs staff arranged for representatives of their faith to visit them at the home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A person said living at the home made them 'smile' and another person told us they were 'happy' there. A further person said, "The home is comfortable and staff take good care of the residents."
- A care worker told us, "I would recommend this home because the care is excellent, the management are excellent, and the home is multicultural and good at meeting everyone's needs."
- People received personalised care and support centred around their individual needs and preferences.
- The staff worked closely with health and social care professionals to ensure people had the care and support they needed.
- The current CQC ratings were displayed on the provider website and within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People said the managers and staff were easy to talk with. A person said, "They are approachable. I could approach any manager or staff member about anything."
- Managers and staff spoke with people every day to check they were satisfied with the home. A person said they felt well-respected by the managers and staff and that living at Gwendolen Road made them feel like 'part of a family'.
- Staff shared their views about the home in meetings and supervision sessions and when they were on shift. They said management always listened to them and ensured they had a role in improving the service. A care worker told us, "We have monthly staff meetings and we all get the chance to speak at them. It's teamwork here!"

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

- Managers carried out quality audits on all aspects of the home to ensure it was running effectively. For example, audits of people's care files showed they were up to date with no gaps in records.
- The registered manager understood their legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- The staff team were established and took pride in providing high-quality care and support for people. A care worker told us, "This is a happy place to work and we have good relationships with the people here and

the managers. The managers are approachable and supportive. They lead, they don't boss."

#### Continuous learning and improving care

- Since we last inspected improvements at the home have included: a new training provider who designs bespoke courses based on people's individual needs; improved activities and trips out; and a new state of the art interactive TV for people to use.
- Following a visit from the local authorities' health and safety and commissioning staff a window restrictor and wardrobe were made safe and risk assessments improved.

#### Working in partnership with others

- Staff worked with a range of health and social care professionals. For example, they shared a communication book with a local day service to ensure staff at both services were up to date with a person's needs and preferences.
- People were supported to use local services, shops and places of worship and be part of the local community.