

Allag Care Limited

Gwendolen Road Care Home

Inspection report

305 Gwendolen Road
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Leicestershire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 18 January 2017.

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 seven people using the service.

The service has a registered manager. This 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.

People told us they felt safe using the service. We saw they were relaxed and comfortable and happy to approach staff and managers with questions or to socialise with them. They also got on well with each other and were considerate to each other's needs.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities both at the service and in the wider community. The provider operated a robust recruitment procedure to help ensure the staff employed were safe to work with people using care services.

Staff worked effectively with people and were knowledgeable about their needs, likes and dislikes. They understood the way the different people they supported communicated their needs both verbally and non-verbally and responded effectively to them. The staff team was multilingual and able to converse with people in Gujarati and English.

People and relatives told us the food was of a good standard. People had a choice of English and Indian dishes and were seen to enjoy their food which was wholesome and well-presented. If people needed assistance to eat their meals staff provided this. Some people were able to help staff with the cooking and said they enjoyed this.

Staff supported people to maintain good health. Their healthcare needs were assessed when they came to the service and records showed people had access to a range of healthcare professionals including GPs, learning disability and mental health practitioners, district nurses, chiropodists, opticians, and dentists.

People got on well with the staff and took an interest in their families. They were keen to tell us that a staff member had had a baby which had been brought to the service for them to see. By involving people in their family lives staff helped people to feel valued and part of a wider social circle.

Relatives told us there was a friendly and relaxing atmosphere at the service and they were always made to feel welcome when they visited. They said staff included them in their family's member's care and support

and took account of their opinions and suggestions.

People's needs and preferences were recorded in their care plans so staff had the information they needed to support them in the way they wanted. Records showed that people's well-being and level of independence had increased since coming to the home.

People said they enjoyed the activities provided at the service. A craft session was taking place of the day of our inspection visit and people were enjoying this. Activities care plans listed people's hobbies and interests and stated how staff were going to support them with these.

People were involved in how the service was run. One person was able to show visitors round all the communal areas and enjoyed doing this. Two people sat on staff interview panels. One person has shown an interest in learning office skills so the registered manager and staff were teaching her these. People were invited to join the staff on training courses, for example one person has completed their food safety training.

People and relatives we spoke with all commented on the quality of the premises and the positive effect this had on them. The premises were spacious and well-maintained and presented. All the people living there had ensuite facilities. There were three lounges and two dining areas so people had a choice as to where they spent time.

People, relatives and staff told us the registered manager was good at running the service. They told us he always had time for people, and was 'hands on', kind and approachable.

Managers and staff carried out regular audits of all aspects of the service and used the results to bring about ongoing improvements. People, relatives, and visiting professionals had been invited to fill in quality questionnaires and all rated the service as 'good' or 'excellent'.

Since the service began operating two people had progressed to the point they'd been able to move on from there to community living. Other people had become more confident and taken on areas of responsibility at the service. This was in keeping with the service's stated purpose of supporting people to increase their independence skills, and take therapeutic risks and steps towards integrating in the wider community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities.

Medicines were safely managed and administered by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access healthcare services and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people with respect.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in

decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff assisted people to take part in activities.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good ●

The service was well led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Gwendolen Road Care Home

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 18 January 2017 and was unannounced. It was carried out by one inspector.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We met with six people using the service and two of them gave us detailed feedback on what it was like to live at Gwendolen Road. We also spoke to two relatives, the registered manager, deputy manager, the provider's quality inspector and assistant quality inspector, a senior care worker, and two care workers

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

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "The staff make me feel safe – they are like my family." A relative commented, "I definitely have peace of mind with my relative being here."

We saw that people were relaxed and comfortable at the service and happy to approach staff and managers with questions or to socialise with them. The people using the service also got on well with each other and were considerate to each other's needs.

Staff at the service were knowledgeable about safeguarding (protecting people who use care services from abuse). They had all had training in safeguarding and records showed the subject was regularly discussed during staff meetings and handovers. The managers and staff we spoke with all knew what to do if they suspected a person was at risk and how to report this to the local authority who take the lead in safeguarding investigations.

The minutes of the most recent residents meeting showed that safeguarding was on the agenda and staff had explained to people what abuse was and how to report it. This helped to ensure that people knew what to do if they saw or experienced anything that made them feel unsafe.

In one of the dining rooms staff and people have created a pictorial 'safeguarding wall' to raise awareness about abuse. This contained information about abuse in a format that was easy for people to understand and was used to raise awareness amongst people using the service, relatives and staff about how to stay safe and keep others safe.

We looked at how staff managed risk to ensure the people they supported were protected from harm. The risk assessments we saw included the information staff needed to keep people safe.

For example, one person who was at risk of falling had appropriate risk assessments and care plans in place for this. These included instructions to staff on how to assist the person to move about the premises safely. Staff were told to support the person to use appropriate aids and adaptations and accompany them on a one-to-one basis when they walked. During the inspection we observed staff did this and the person was seen to make their way about the premises safely and when they wanted to.

Another person's risk assessment showed them to be at risk with regard to social boundaries. Their risk assessment explained why this was and instructed staff to maintain professional boundaries while simultaneously being sensitive to the person's feelings. This meant staff could support the person to stay safe in a kind and respectful way.

On occasions the service admitted people on an emergency basis. This could pose a challenge to staff as they needed to ensure they had the information they needed to support the person safely as soon as they moved in. We looked at the records of one person who had come to the service in an emergency. Staff had obtained a recent social services assessment for the person, and had spoken with their social worker on the

phone. The information they collected had then been used as the basis for their care plans and risk assessments. These were satisfactory and showed that staff had taken appropriate action to protect the person and others from the risk of harm.

Records showed that risk assessments were reviewed and updated as people's needs changed. Where possible people and families were consulted when risk assessments were written and reviewed and encouraged to contribute to them. We saw that one person's risk assessments had changed as they became more able to access the wider community safely. This was an example of staff at the service enabling a person to gradually become more independent while at the same time remaining safe.

We looked at staffing levels at the service. We saw there were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities both at the service and in the wider community.

The people, relatives, and staff we spoke with all told us they were satisfied with the staffing levels and the suitability of staff. One person said, "There are plenty of staff here." Another person told us, "The staff are really good but if I ever had any problems with them I would go straight to the manager."

A member of the care staff team explained the service's staffing levels to us and said, "We do have enough staff but if I thought there wasn't I would tell the manager." Records showed there were enough staff on duty to support people safely and that staffing levels were increased if people needed extra support or new people came to the service.

The provider operated a robust recruitment procedure. This included interviewing staff and obtaining police checks and references. This helped to ensure the staff employed were safe to work with people using care services.

We looked at how people's medicines were managed so that people received them safely. One person told us, "Staff tell us when we need our medicines. They bring them to where we are." We saw some medicines administered during our inspection visit. This was done safely but informally so as not to create an institutional feel at the service.

Records showed that people's ability to manage their own medicines was assessed when they first came to the service. If people were not able to do this staff took charge of their medicines. However this arrangement was continually reviewed with a view to people taking responsibility for at least some aspects of their medicines in the future if this was judged to be safe.

Medicines and associated records were securely stored in a designated area. A staff noticeboard in this area displayed key information about safe medicines management for staff including details of the service's contract pharmacist who staff could go to for advice at any time day or night.

We looked at one person's medicines records. The person's care plan stated they were 'unable to manage their own medicines' so staff looked after them for them. The person had been prescribed both regular and PRN (as required) medicines. There was a protocol in place for the latter, explaining the signs, symptoms and behaviour that might mean the person needed their PRN medicine. This helped to ensure staff administered the medicine correctly in line with the prescriber's instructions.

Only senior staff with appropriate training were authorised to give out medicines at the service. Managers carried out regular staff competence checks to ensure they were doing this safely. Records showed that medicines were audited at least weekly or more often if needed, for example if a new person was admitted

to the service. This meant that management could take prompt action if they had any concerns about the safety of medicines.

Is the service effective?

Our findings

People and relatives told us the staff were well-trained and effective. One person said, "The staff are really good and always know what to do." A relative commented, "All the staff are friendly and helpful and seem very well trained. They are good at looking after the residents." Another relative told us, "The staff know what to do when my [family member] gets upset."

During our inspection visit we saw staff working effectively with the people they supported. They understood the way the different people they supported communicated their needs both verbally and non-verbally and responded effectively to them. When one person became distressed staff used distraction and redirection techniques to intervene. They used information in the person's care plan and their skills in working with people with learning disabilities to support the person until they were calm. This was an example of staff using their knowledge and training to provide effective care and support.

Records showed staff had the training and support they needed to work effectively with the people using the service. This included completing the Care Certificate, a national qualification for people who work in care. It covers both general and specific areas of care and support including working with people with learning disabilities. Staff also had specialist training from healthcare professionals to enable them to provide more complex support where necessary to specific people using the service.

Staff told us they were satisfied with the training they'd received. One relatively new staff member told us, "I am learning a lot here. I've been on all the training courses and I am also learning from the manager and the other staff who are very knowledgeable about the service users and how to support them."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at people's records and spoke with staff to see how their consent to care and treatment was sought in line with legislation and guidance. We found that staff carried out mental capacity assessments as necessary with regard to people making certain choices and decisions. Relatives' views were also sought, where appropriate, and if the decision was complex and/or high-risk staff involved external health and social care professionals to ensure a joint-working approach.

At the time of our inspection visit staff had referred two people to the DoLS team for assessment as they were subject to continual supervision at times and considered not safe to leave the service unaccompanied.

This showed that staff had taken action to ensure any decisions made to restrict a person's liberty were lawful.

We looked at how people were supported to eat and drink enough and maintain a balanced diet. People told us they liked the meals served. One person said, "The food is lovely. I have English and Indian food. I like both." A relative commented, "The food seems very good. My [family member] likes Indian vegetarian food so that is what she gets but they do English food as well for those who like it."

Some people were able to help staff with the cooking and said they enjoyed this. One person told us, "I've made samosas and cheese and potato pie with the staff. Sometimes I help cook for everybody and sometimes I just cook for myself." Another person said, "I like cooking. I cooked sweet and sour chicken for us all."

Relatives told us that, where necessary, staff assisted people to eat and drink. One relative said, "My [family member] can't ask for a drink herself and I have noticed that staff offer her drinks at regular intervals." Another relative commented, "My [family member] is unable to eat by herself at the moment so staff feed her. They do this very nicely and she is eating well."

Records showed that people's nutritional and hydration needs were assessed when they began using the service. Care plans provided information for staff on people's likes and dislikes, how food choices were made, meal time preferences, and the level of assistance required at meal times.

We looked at one person's 'Diet (Eating, Drinking and Nutrition)' care plan. This explained the staff support they needed, in this case cutting up food, and the utensils they needed to help them to eat independently. The care plans also stated, '[Person's name] is able to prepare simple meals with staff supervision at all times such as sandwiches, tea and coffee.' This meant staff had the information they needed to support the person with their nutrition.

Staff ensured people were involved when their eating and drinking care plans were written. For example, to assist one person to indicate what their favourite foods and drinks were they set out a range on foods on the kitchen table. The person was then able to point out their preferred items which meant staff were aware of their likes and dislikes.

We observed lunch being served. People ate in small groups or alone if they preferred in one of the dining rooms. People had a choice of English and Indian dishes and were seen to enjoy their food which was wholesome and well-presented. One person's care plan stated they needed the one-to-one assistance of a member of staff to eat their meal. This was provided and the person was supported to eat their meal at their own pace.

We looked at how the service supported people to maintain good health. People's healthcare needs were assessed when they came to the service. Care records showed people had access to a range of healthcare professionals including GPs, learning disability and mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and, where appropriate, their relatives, and referred them to healthcare professionals as necessary.

Records showed that one person needed medical care for an ongoing health problem. Staff had put a temporary care plan in place to ensure they had the support they needed from staff at the service and a healthcare professional. Another person had needed to do physiotherapy exercises following a fall. Records showed staff had supported them to do these to ensure they made a good recovery.

People had 'emergency grab sheets' in their files. These are designed to help healthcare and ambulance staff understand people's support and communication needs. They help to ensure people's needs are met effectively if they need to go to hospital.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, "My depression has gone since I moved here." They told us that the support of staff had helped them to improve their mental health. They explained, "The staff are always here to listen to me and to help me and that has made me feel much better."

People got on well with the staff and took an interest in their family lives. They were keen to tell us that a staff member had had a baby which had been brought to the service for them to see. One person said, "It was lovely to see [staff member's name's] baby." Two people were in the process of knitting a blanket as a present for the baby. They told us this had been their idea and staff were helping them with the knitting.

Another person told us staff brought their families to social events at the service. They said, "At Christmas we had a big party and the staff brought their families and children. It was a good party." By involving people in their family lives staff helped people to feel valued and part of a wider social circle.

Relatives told us there was a friendly and relaxing atmosphere at the service. One relative said, "This is a really, really nice home – so friendly and welcoming." Another relative commented, "I feel relaxed and at home when I visit." During our inspection visit we saw a number of relatives come and go. They saw their family members in their rooms or in communal areas and were encouraged to stay for as long as they wanted and, if they wanted, join their family member for a meal. This contributed to the caring nature of the service.

Records showed staff were made aware of people likes and dislikes with regard to food, activities and community involvement. This helped to ensure staff got to know the people they supported well and could talk to them about the things they enjoyed doing and assist them in determining their own lifestyles. If staff needed to communicate in a particular way in order to build good relationships with people this was made clear in care plans. For example, when communicating with one person staff were told to, 'Keep your language simple and your tone of voice low.'

People were encouraged to express their views and be actively involved in making decisions about their care and support. They, and/or their relatives, where applicable, were consulted on their care plans and where possible signed their agreement.

Care plans instructed staff to offer people choices at every opportunity. For example, one person's read, 'Staff are to give [person's name] small simple choices and instructions and do not overload her with too much information.' During our inspection visit we observed that staff always asked people's permission before providing support and offered them choices with regard to food, activities, and where they would like to spend their time.

Relatives told us staff included them in their family's member's care and support and took account of their opinions and suggestions. One relative told us, "The staff always pick up the phone no matter what time I

ring and keep me updated on how my [family member] is. I find this reassuring."

Both people and relatives told us they felt the ensuite facilities that people had at the service contributed positively to their privacy and dignity. One person told us, "I've got my own toilet and shower. I've never had that before. It's great." A relative told us, "My [family member] has her own facilities [ensuite] which is very important for her privacy."

If people wanted to be alone and it was safe for them to do this they could use their own rooms. We met one person who was listening to music in their room while talking with a relative. Other people made use of the various communal areas at the service to be together in small groups or on their own.

We observed that during our inspection staff treated all the people using the service, relatives and other visitors with respect and kindness demonstrating their warm and caring approach.

Is the service responsive?

Our findings

People told us the care and support the staff provided was personalised and met their needs. One person said, "The staff know me really well and know how to help me. I have done so much since I came here because of the staff. They tell me I can do things." Another person commented, "I like the way staff look after me."

Relatives commented that the language skills of the staff team helped them to provide responsive care to their family members. One relative said, "The staff speak Gujarati, Hindi and English. This is very useful as my [family member] can speak English but prefers Gujarati and finds it easier to express herself in Gujarati so staff are more likely to know what she wants."

The care plans we saw focused on people's strengths and abilities and how people wanted to be supported. Their preferences were recorded and other key information staff needed to know in order to provide them with responsive care. For example one person's care plan set out their preferred getting up and going to bed routine so staff could assist them to follow this. Another person's contained the different communication methods staff could use to engage with the person in question to ensure their needs were met in the way they wanted. Care plans were regularly reviewed to take into account people's changing needs and to help ensure the care provided continued to be responsive.

Records showed that people's well-being and level of independence had increased since coming to the home. For example, one person had progressed to going out unaccompanied and another was helping out in the kitchen. A relative told us "My [family member] has really improved since coming here. She couldn't walk when she was discharged from hospital but now she is walking with staff guiding her." These were examples of responsive care and support leading to positive outcomes for people.

People said they enjoyed the activities provided at the service. One person told us, "We do activities every day – I like crafts and going out. At Christmas I made the decorations." Another person showed us some of the drawings they had done during an activity session and said they had enjoyed doing them. A relative told us, "My [family member] likes to sit in the sitting room in her favourite chair and listen to music. Staff help her to do that."

Records showed that people using the service had activities care plans. These listed their hobbies and interests and stated how staff were going to support them with these. One person had not been taking part in many activities due to ill-health. Staff told us they were going to see if the person would like to try some aspects of food preparation as this was something the person had previously enjoyed. They said they would update the person's activities care plan so all staff were aware of this and could support the person.

People told us that if they had any complaints or concerns about the service they would speak up. One person said, "I would tell the staff if I wasn't happy." A relative commented, "If there was a problem I would tell the manager or staff. I know they would listen to me and take my views into consideration."

The provider's complaints procedure gave people information on how they could complain about the service if they wanted to. This was given to people and their representatives when they first came to the service. It was available in an 'easy read' version to make it more accessible to some people using the service.

Is the service well-led?

Our findings

All the people and relatives we spoke with made many positive comments about the service. One person said, "It's lovely here and it feels like home." A relative commented, "There is always a nice atmosphere here. I like to visit and see how well everyone gets on."

People were involved in how the service was run. One person was able to show visitors round all the communal areas and enjoyed doing this. Two people sat on staff interview panels. One person has shown an interest in learning office skills so the registered manager and staff were teaching her these. People were invited to join the staff on training courses, for example one person has completed their food safety training.

The registered manager told us relatives were welcome at any time. He said they were the 'eyes and ears' of the service and their views and comments were always welcomed by staff. During our inspection visit a number of people's relatives came to the service and we saw that staff spoke to all of them and checked they were happy with the service provided.

People and relatives we spoke with all commented on the quality of the premises. One person said, "It's like a five star hotel here. I even have my own toilet. I've never lived anywhere as nice before. It makes me feel good." Another person commented, "I'm proud of living in such a lovely home."

A relative told us, "The home is of a very high standard and has good facilities. It is good for my [family member] to be in such a pleasant environment." Another relative commented, "The premises are lovely and they are always very clean."

The premises were of a good standard being spacious and well-maintained and presented. Staff and people had created a relaxing atmosphere at the service. One person showed us a device staff had bought that dispersed scented natural oils around the premises. They told us they liked it and showed us how to switch it on. They said, "It keeps me calm if I'm having a bad day." The service had three lounges and two dining areas so people had a choice as to where they spent time.

Questionnaires about the quality of the service were available in the reception area and people, relatives and health and social care professionals were invited to complete these. They were available in both a written and pictorial format to make them more accessible. We looked at the results for the last three months and saw that all respondents had rated the service as 'good' or 'excellent' in every area.

Residents meetings were held every three months. The minutes used photographs and pictures to illustrate what had been discussed. This made them more accessible to some of the people using the service. The minutes of the most recent meeting showed people being asked for their views on menus and activities and whether they were happy living at the service. Staff acted on people's suggestion for the service. For example one person had said they'd like to try meditation so one of the managers had bought some meditation tapes for the service. One person told us, "The residents meetings are really good. We all go and a member of staff takes notes. We are asked about what activities and food we would like."

Records showed that staff had regular meetings, supervision sessions, and observations to ensure they were providing good quality care and support to people. The minutes of the most recent staff meeting showed that health and safety, report writing, and infection control were discussed. A staff member told us, "We are kept up to date at staff meetings and the manager goes over our duties and makes sure we are doing things correctly."

People, relatives and staff told us the registered manager was good at running the service. One person said, "The manager is really kind." A relative commented, "The manager is a good person and looks after everyone here." A staff member told us the people using the service liked the registered manager and tended to gravitate to where he was. They said, "Sometimes I find all of them sitting with him in his office! They love being with him and he always has time for them." Another staff member commented, "[The registered manager] gives them [people] a lot of time, he's very much a hands-on manager."

Managers and staff carried out three monthly audits of all aspects of the service and used the results to bring about improvements where necessary. For example, when auditing the premises staff had noted that some areas were poorly lit which they felt could compromise people's health and safety. As a result the provider installed a new lighting system. In addition, ramps had been fitted to improve access to the garden and a drainage problem eliminated. This was evidence of the provider carrying out ongoing improvements to the service.

The service had also been the subject of external audits carried out by the local authority and the results were positive with the service scoring five stars (the best score possible) for food safety and 100% for health and safety. The registered manager told us the local authority commissioners responsible for contracting with the service were due to carry out a quality monitoring visit and he said he would share the results of this with people and relatives.

Since the service began operating two people had progressed to the point they'd been able to move on from there to community living. Other people had become more confident and taken on areas of responsibility at the service, for example shopping for fruits and vegetables at the market. This was in keeping with the service's stated purpose of supporting people to increase their independence skills, take therapeutic risks, and progress towards integrating in the wider community.