

Expect Ltd

# Expect Limited - 1a Gainsborough Avenue

## Inspection report

1A Gainsborough Avenue  
Maghull  
Liverpool  
Merseyside  
L31 7AT

Tel: 01515203176

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04 January 2018

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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

1a Gainsborough Avenue is a residential care home for three people with learning disabilities. The property is a dorma bungalow and has two bedrooms, a large and small lounge, kitchen and bathroom downstairs, with a further two bedrooms and toilet on the first floor. There is a large paved area at the front and rear of the building. There were three people living in the home at the time of the inspection.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

Risk assessments were in place specific to people's individual needs and the activities they took part in.

Medicines were managed safely and people received their medicines as prescribed.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. There was sufficient staff on duty to meet people's needs.

The home was well maintained and in good decorative order. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were recorded and attended to in a timely way.

People's needs were assessed and care plans were completed to demonstrate the support required. People saw their local health care professional when they needed to.

Staff received a programme of mandatory training and regular supervision. Staff meetings were held to support staff in their role.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People made decisions and choices in relation to their care, support received and daily activities.

Staff knew people's dietary needs and preferences. They supported people to eat and drink enough to maintain a balanced diet.

Staff showed kindness towards the people in the home. People were supported to maintain their independence with activities of daily living. People went out for social events and were supported to attend health appointments.

House meetings' were held each month and enabled people living in the home and staff to discuss day to day issues and make plans for events, such as holidays. People made suggestions about places to visit or new activities they wished to try.

Care plans were written for the individual and informed staff of their preferences and wishes. These documents were regularly updated to reflect people's change in need or preference. People enjoyed a range of activities.

A complaints policy was in place but no complaints had been received.

There was a person-centred and open culture in the home. Staff reported that manager was approachable and supportive. Staff worked as a team and supported each other.

Quality assurance and governance systems were in place to help the registered manager and provider to monitor standards and drive forward improvements.

The registered manager and provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications relating to incidents and the rating from the last assessment was clearly displayed.

## 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.

# Expect Limited - 1a Gainsborough Avenue

## **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 was a comprehensive inspection.

This inspection took place on 4 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection team consisted of an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. We collated information we had about the home. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

During the inspection we used a number of different methods to help us understand the experiences of people who lived at 1a Gainsborough Avenue. This was because some of the people who lived at 1a Gainsborough Avenue communicated in different ways and we were not always able to directly ask them their views about their experiences. We spent a short time observing the support provided to help us understand people's experiences of the service. Our observations showed people appeared relaxed and at ease with the staff. We spoke with two people who lived in the home, three staff, including the registered manager. We looked at the care records for three people, as well as medication records, four staff

recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits. We undertook general observations and looked round the home.

# Is the service safe?

## Our findings

There were robust measures in place to ensure people were safe. We saw through people's body language and conversations, that people were comfortable with the staff. Risk assessments were in place specific to their individual needs and the activities they took part in. Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse.

There was sufficient staff on duty to meet people's needs. People required one to one staff to access the community and take part in activities. Staff were provided to enable them to do this and keep safe.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum; staff's competency to administer medicines was checked regularly.

We looked at how staff were recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

The home was well maintained and in good decorative order. We found it to be clean with no odours. A cleaning rota was in place to maintain good standards of cleanliness. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Repairs to the building were recorded and attended to in a timely way. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of fire-fighting equipment, were completed to promote and maintain safety in the home.

## Is the service effective?

### Our findings

People's needs were assessed and care plans were completed to demonstrate the support required. We saw these were regularly updated to reflect people's current health and support needs. Referrals were made to health care professionals when changes in health care needs were identified. Appointments were made regularly for the GP, dentist, optician and a chiropodist to help to maintain good health.

Staff were recruited, trained and supported to ensure they had the right attributes and skills to offer effective care to the people living at 1a Gainsborough Avenue. Staff received a programme of mandatory training, which was updated as required. Supervision and staff meetings were held to support staff in their role.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff had received training to provide them with an understanding of the requirements of the Mental Capacity Act.

People were supported to make their own decisions and choices in relation to their care, support received and daily activities whilst living at 1a Gainsborough Avenue.

The home took an individualised approach to meal provision. People were supported to eat and drink enough to maintain a balanced diet. Staff knew people's dietary needs and preferences.

The home had recently been refurbished. People and staff told us they chose the colours and furnishings for the lounge and their bedrooms.



## Is the service caring?

### Our findings

We saw that the staff showed kindness towards the people in the home. It was clear from the chatter and laughter that people were comfortable with staff and enjoyed their support. One person told us they were happy that the staff team was now the same staff. "I don't like it when there are different staff coming, but I like these staff."

People were supported to maintain their independence with activities of daily living (personal care, laundry, shopping). People went out for social events and to attend health appointments. Some people assisted staff with cleaning and laundry, as well as taking their own medication with minimal staff support.

'House meetings' were held each month with everyone living in the home and the staff to discuss day to day issues and make plans for events, such as holidays. We saw that people were able to make suggestions about places to visit or new activities they wished to try and that staff tried to make these arrangements.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Care plans were written for the individual and informed staff of their preferences and wishes. For example, one person told us they liked to retire to bed early to watch TV in their room; another person said they enjoyed a 'lie in some mornings'. The care plan documents were regularly updated to reflect people's change in need or preference.

We saw people in the service enjoyed a range of activities. One person attended day services to take part in activities such as gardening. People accessed the community to enjoy amenities such as pubs or cafes for lunch, visits to friends who lived nearby and shops.

The provider had a complaints policy in place but no complaints had been received. The service met with people regularly to address any issues they might have or make any changes to their support. The policy was displayed in the home.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of the inspection. 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.

We found there to be a person-centred and open culture in the home. Staff reported that managers were approachable and supportive. The staff we saw all seemed to get along with each other. Staff told us they all worked as a team and supported each other.

People who lived in the home were able to provide feedback and comments about the service.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the support staff, registered manager and nominated senior care staff which included, medication, care records and health and safety. The registered manager completed a report on all aspects of the service each month.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding people living at 1a Gainsborough Avenue.

From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection of 1a Gainsborough Avenue was displayed in the hallway area.