Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Gaywood Street

24 Gaywood Street, Elephant & Castle, London, SE1 6HG

Tel: 02072619210

Date of Inspection: 09 August 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	PLUS (Providence & Linc United Services)
Registered Manager	Ms. Angie McKernan
Overview of the service	Gaywood Street is a residential care home for up to five people who have a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 August 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We observed that staff treated people they were supporting with kindness and compassion and were responsive to their needs. The staff showed dedication and commitment towards the people in their care. They used their communication skills appropriately to engage with people who were unable to verbalise their wishes.

Up to date, individual support agreements were in place for people using the service which addressed their care and support needs and protected them from risks.

The service worked in partnership with other providers to ensure people's health, safety and welfare needs were met. We saw positive comments from health and social care professionals who visited the home. One person commented, "Well done to all the staff team at Gaywood Street for the level of care and compassion for clients." Another said, "Excellent team work and consistent dedication."

There were appropriate arrangements for the safe administration of medicines.

Staff received appropriate induction, professional development, supervision and appraisal.

There was a process for dealing with complaints and this was in an accessible format for people using the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw that the staff supporting people were considerate of their needs and choices and gave them the care they required. We observed staff enabling one person to choose their breakfast and a morning drink. Staff showed a good knowledge and understanding of people's individual needs and referred daily to support plans and related records in delivering their care. Care records contained details of reviews of people's care, treatment and support needs with health and social care professionals.

Two people had recently moved to the home and care records were available from their previous placements. Staff were in the process of compiling new support plans in the provider's format to reflect their needs. The manager had written guidance for staff to deal with their immediate personal support needs pending the completion of full documentation.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Care records reflected people's individual circumstances, needs and preferences. Physical, mental and social needs were taken into account. Planning and delivery of care identified risks and how they would be managed. We saw that there were regular, up to date reviews covering a range of risk areas. We noted that best interest assessments had been carried out where appropriate in the light of people's changing needs, for example regarding capacity in taking medication.

People's care and treatment reflected relevant research and guidance. For example, to support people at the home, the manager had made available to staff a guidance booklet on the use of Makaton (a language programme using signs and symbols to help people to communicate), 'Makaton Core Vocabulary and Signs'.

There were arrangements in place to deal with foreseeable emergencies. There were weekly fire alarm and emergency lighting tests and periodic fire evacuation drills. There was also a provider business continuity plan in the event of major disruptions to the

service.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and support. This was because the provider worked in co-operation with others.

There were processes for obtaining and sharing information with other providers. We saw from records that the service worked closely with the placement authorities and multidisciplinary teams, including physiotherapists, speech and language therapists and social workers, and sought and shared information appropriately.

We spoke with a healthcare professional from one placement authority who was present on the day of the inspection. They told us the manager and staff worked in close partnership with the health and social care professionals. The home communicated effectively, shared information and sought advice about people using the service in a timely manner. They felt that the staff had contributed to real improvements to one person who had recently been admitted to the home after a hospital admission. They told us that the home had recently changed night time staffing from two waking staff to one waking and one sleeping in. It was too early to say what impact this was having on people who used the service but they felt this needed to be closely monitored. The manager confirmed that this change had been made for funding reasons and the home was monitoring the level of night staff activity and how people's needs were being met under the new arrangements.

We saw that the service carried out a full assessment of people being considered for admission to the home. When people were admitted to the service, information about them was communicated promptly to staff at the service. Staff were involved in the assessment process prior to a new person being admitted and were available to meet them when they came to the home for familiarisation visits prior to admission. We noted that designated staff had been assigned as key workers for the two people who had recently come to live at the home.

The service liaised with local GP practices, dentists, and opticians to ensure that people's physical health needs were being met.

When people were transferred to and from hospital, we saw from their records that appropriate information was provided to, and received from the hospital. Staff accompanied each person to hospital to ensure their needs were fully communicated to hospital staff. We saw also that when people were discharged from hospital the home was provided with information about the treatment they had received and advice about on-going care, including medication needs. The manager told us that there had been some concerns about the lack of consultation by hospital staff about the treatment provided to one person who had been in hospital recently and who was unable to communicate their own needs. This had been raised with the hospital concerned.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. Monthly supplies of GP- prescribed medication were provided on request by a local pharmacy. Staff monitored stocks supplies and re-ordered medication to ensure stocks were maintained.

Appropriate arrangements were in place in relation to the recording of medicine and medicines were prescribed and given to people appropriately and administered safely.

A local pharmacy provided pre-printed medication administration record (MAR) charts which staff used to record the administration of medication. The home also used its own version of a MAR chart for additional medication, such as antibiotics for ad hoc treatments.

We reviewed the MAR charts of three of the five people using the service. We saw that with one exception they were completed correctly with no errors or omissions. However, the provider may find it useful to note that for one person, one night time medication had not been signed for on the last two nights prior to the inspection but the tablets were no longer in the blister packs, indicating that they had been given. Staff on duty had already identified this omission prior to our scrutiny of the records and the manager undertook to raise this immediately with the staff concerned when they came on shift.

The MAR charts contained appropriate information as to the dosage, frequency and time when each medication was to be administered. The charts were accompanied on each person's medication records by a list of medication signatories which were up to date. Information on allergies was not recorded on the MAR chart but was shown on the person's medication profile (with their photograph) accompanying the chart.

Staff carried out weekly stock checks to ensure all medication was accounted for and correct stocks remained. We checked a sample of six medicines recorded as administered on the MAR charts against stocks remaining. With the exception of the above mentioned case, we found the stock balances reflected what had been administered as recorded on MAR charts.

Medicines were securely stored in a locked cabinet. An assigned member of staff on each

shift was the key holder.

Medicines were disposed of appropriately and there was clear recording relating to the disposal of medication. Staff recorded in the stock disposal book medicine returned to the local pharmacy and the pharmacy dated and signed the book to provide evidence of receipt.

Provider audits were in place to check medication management at the service. These usually occurred at monthly provider quality visits and we noted that the reports of the two most recent visits (May and June 2013) contained a brief statement that medication records on file were good. However, the provider may find it useful to note that the audits were not done on every quality visit and it was not clear from the quality visit reports what aspects of medication management were audited in reviewing the records.

There was a copy of the provider's medication policy on each person's medication folder. This was accompanied by guidelines on the administration of medication which had recently been drawn up by the medication lead for the home. Staff who administered medication received appropriate training and we saw records for this, including medication competency reviews. The manager also carried out periodic monitoring of staff giving medication to ensure they remained competent.

People's medication needs were reviewed regularly by their GP. We saw also that best interest meetings had been held where appropriate to review specific medication issues. Staff had been provided with guidance on on-going medication administration for the people concerned in the light of decisions made.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

We spoke with two recently recruited staff who told us that they had completed a thorough induction process including attendance at provider induction training, on the job induction and working alongside colleagues at the home. They told us this prepared them well for their role and they felt supported by the manager and colleagues during this process. The manager also provided new staff with a comprehensive induction guide to support them in their work at the home.

Staff told us they received regular refresher training to maintain their competence in key aspects of their role. This included fire safety, infection control, first aid, safeguarding, medication administration and moving and handling. They had also received training in additional areas to meet specific needs of people they were caring for including, end of life care, supporting people with epilepsy and dementia awareness. We saw evidence of training completed in staff records. Staff were supported in training for further career development, for example one member of staff was undertaking a management development course for carers in social care.

Staff received regular supervision meetings with the manager and an annual appraisal review. There were records of these meetings and appraisal reports but the provider may find it useful to note that some of the most recent supervision reports were not on staff records. Staff told us that outside of the formal arrangements they were able to raise day to day work issues with the manager, who was approachable and supportive about work matters. Staff also found helpful the regular staff meetings to discuss matters relating to people they were caring for, the running of the home and wider developments in the organisation. We saw records of these meetings.

There were a range of HR policies and procedures in place including a whistle-blowing procedure, which staff were aware of.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available

Reasons for our judgement

People were made aware of the complaints system. There was a procedure in place for complaints and people using the service were provided with a copy of this in an accessible, pictorial format to support them if they wanted to raise concerns.

The complaints procedure gave timescales for responding to complaints and information about who to approach if people were dissatisfied with the outcome. Staff we spoke with understood the complaints procedure and told us they would support people using the service if they wanted to make a complaint.

We looked at the service's complaints and compliments book and saw that there were regular entries from visiting health and social care professionals, the majority of which commented positively on the quality care of and support provided by the staff.

We saw from the complaints records that appropriate action had been taken in response to one complaint that had been received in the last year. However, the provider may find it useful to note that another complaint had been drawn to our attention directly, expressing dissatisfaction that some issues remained unresolved and had not been responded to adequately. There was no evidence of risk to people using the service but this may mean that the complaints procedure was not as effective as it could be in resolving people's concerns. We discussed this with the provider who followed this up with the complainant immediately after the inspection.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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