Guinness Care and Support Limited

Guinness Care Lincoln Gardens

Inspection report

Lincoln Street
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28 March 2019

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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:
Guinness care at Lincoln Gardens provides personal care to people living in extra care accommodation. At the time of our inspection 14 people were receiving personal care.

People's experience of using this service:
People living at the service received good care and support. They were treated with dignity and respect and fully involved in planning their own care.

People were safe. There were sufficient numbers of staff to meet people's care needs. Suitable recruitment procedures were followed to ensure people's suitability for their role.
Risks were assessed and measures were in place to ensure people's safety. People had access to pull cords should they need them in an emergency.

Staff were well trained and received good support to help them develop in their roles. Staff all reported being happy with the support they received.
The service was responsive to people's needs and took account of the cultural backgrounds. Activities were provided and involved working with the local community. Complaints were investigated and responded to.

The service was well led. There was a manager who was intending to register and other senior staff supporting the service. Systems were in place to monitor quality and safety and these were effective in addressing shortfalls.

Rating at last inspection: This was the first inspection for the service under the current provider of care. People at the service have previously received care from a different organisation.

Why we inspected: This was the first inspection of the service since registration.

Follow up: We will continue to monitor the service and inspect in line with our usual timescales.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Guinness Care Lincoln Gardens

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one adult social care inspector.

Service and service type:
Guinness care at Lincoln Gardens provides personal care for people living in extra care accommodation. People own their flat, or have their own tenancies. CQC regulates the personal care they receive. At the time of our inspection, 14 people were receiving personal care. An operations manager had been leading the service in the short term whilst a registered manager was recruited. At the time of our inspection, there was a manager in place who was intending to register with CQC.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to as we needed to be sure there would be someone available to support the inspection.

We visited the office location on 28 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Prior to the inspection we assessed the information we require providers to send us at least once annually to

give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications; notifications are information about specific events that the provider is required to notify of us by law.

During the inspection we spoke with five people using the service and one relative. Other people were not available to speak with us. We spoke with the operations manager, the manager and six members of staff. We reviewed three people's care records, complaints records, and documents relating to monitoring quality and safety.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
● Staff were clear on their responsibilities to safeguard people from abuse. They confirmed they had received training in this area.
●Staff were able to give examples of scenarios that might raise concern with them about a person's safety. For example, unexplained bruises on a person or changes in their character.
● The provider made referrals to the local authority safeguarding team when they had concerns about a person's wellbeing.
● Staff all confirmed they'd been the subject of 'spot checks'. This is when a senior member of staff attends a call unannounced to check the performance of the member of staff concerned. Senior staff who had carried out these spot checks told us they had never had any concerns about staff conduct during these checks.

Assessing risk, safety monitoring and management
● When there were risks associated with people's care, there were risk assessments in place with measures identified to manage that risk. For example, one person was at risk of falls and they had measures in place such pendant alarms and mobility equipment.
● There were financial risk assessments in place to help protect people from the risk of financial abuse.

Staffing and recruitment
●There were sufficient numbers of suitably qualified staff to meet people's care needs.
●Staff told us there was very little use of agency staff currently to cover unplanned staff absences.
●People told us that carers came when they were expected and they had not experienced calls being missed.
●There were processes in place to check staff suitability prior to them commencing employment. This included undertaking Disclosure and Barring Service (DBS) checks. A DBS check identifies whether a person is barred from working with vulnerable adults and whether they have any convictions that might affect their suitability. References were sought and photo ID was kept on file, in line with legislation.

Using medicines safely; Learning lessons when things go wrong
●Prior to the inspection, we were informed by a member of the public about a serious medicine error that had occurred at the service. The service had notified us of this error at the time. During our inspection we looked at the action taken in response to this error. We saw that a thorough investigation had taken place and disciplinary action taken as a result. This included revisiting medicine training with staff and discussion of medicines at staff meetings.
●To support people in their independence, medicines were delivered direct from the pharmacy to people's individual flats.

●Staff told us they had received training in administering medicines and we saw evidence of medicine competency checks in staff files.
●There was clear information in people's care files about the support they needed with their medicines. This included body charts to show where topical creams needed to be applied.
●When medicines were administered they were recorded on Medicine Administration Record charts.

Preventing and controlling infection
● Staff were trained in infection control.
● There was an infection control policy in place.
● Staff were provided with protective equipment when required.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they were happy with the training and support they received. New staff told us they received a good induction that met their needs. New staff also completed the Care Certificate. This is a qualification that ensures staff have the basic skills and knowledge to work in the care sector.
- One member of staff commented the support they received had been "amazing".
- New staff also had the opportunity to shadow established members of the team to help introduce them to the service and people they would be supporting. One member of staff commented that they were able to do as much shadowing as they needed before starting independently.
- Staff confirmed they had supervision regularly with their line managers. This was an opportunity to discuss their performance and development needs. Staff told us there was always support available if they needed it in between formal supervision sessions.
- Staff confirmed that there was always a member of senior staff 'on call' if they needed it when they were working evenings and weekends.

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

- Not everyone required support with their eating and drinking. Staff told us that for those who required it, they would give support according to their needs. There was also a restaurant within the extra care accommodation and staff were able to deliver meals from there, to people's flats.
- We heard about people's cultural needs in relation to food. For example staff told us that for a person of Caribbean heritage, they would support them to get Caribbean food items from local shops.
- People's support in relation to their eating and drinking were clear in their support plans. For example we read for one person, they had a lunch time call for staff to prepare their lunch. For another person, we read they were able to feed themselves but required support with preparation of their meal.

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

- When necessary people received support from healthcare professionals. One person was receiving visits from the district nurse to support with leg dressings.
- Some people were receiving care from other care agencies as well as Guinness Care. When this was the case, staff communicated with the other care staff to ensure the person's needs were met.

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

- People had their own tenancies within the extra care accommodation.
- There were lounges and communal areas for people to meet and socialise in.

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

●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.

●Staff confirmed they received training on the MCA. They told us they put the principles in to practice by giving people choices in their lives and encouraging their independence. We asked staff what they would do if someone declined care and they told us "you can't force them". They said that they would also write it in the communication book so that other members of staff could offer again later.

●There was information in people's care plans to describe their capacity to be involved in care planning.

Good

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

Good: 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

- A relative confirmed with us they were very happy with the care provided by Guinness care, and they were going away for a few days, happy that their loved one was being looked after. One person told us they got on well with all the staff and told us they were all kind. Another person told they were "very happy" and had no complaints.
- We observed throughout our visit, that staff were respectful in their interactions with people.
- The service was situated in a multicultural area of Bristol and supported people from a wide range of backgrounds. Where possible, staff supported people's multicultural needs for instance by helping them buy food items associated with their culture.
- We were told that one person had a desire to visit their home country to visit a relative. The manager supporting the service told us they were looking hard at ways to make this happen for the person. This demonstrated the caring nature of the service.

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

- People and their representatives were involved in care planning. One relative confirmed they had recently attended a care review meeting. Other people confirmed that staff came to talk to them about their care.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff treated them kindly and respectfully.
- Staff told us they encouraged people to be independent as far as possible. It was clear from people's support plans what aspects of their care they were able to manage for themselves.
- Staff told us they protected people's privacy and dignity, for example by ensuring doors were closed whilst delivering care.

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans in place that were person centred in nature. They gave clear details about how the person wanted to be supported, with details such as their preferred name.
- There was information included about the person's life prior to arriving at Lincoln Gardens. This helped staff understand people as individuals.
- Staff told us that over time, they got to know and understand people's needs well. The manager told us for example that there was a person for whom it was important to read the bible each evening. This information was outlined in the person's care plan.
- There were social activities available for people to take part in if they chose to do so. People were involved in planning what they wanted. People were aware of the activities taking place even if they chose not to attend. One person told us about a '60's night' which they said their relative had thoroughly enjoyed.
- Activities reflected the multicultural backgrounds of people using the service. We saw, for example that a musician from Senegal had performed. There were also links with the local community, with children from the local primary school visiting the service.
- One relative commented on how the service had approached the council following a stay in hospital to look at increasing their hours of support. This was an example of the service responding to a person's changing needs.

Improving care quality in response to complaints or concerns

- Complaints were investigated fully and the person received a clear response.
- One person told us how they had complained about a missed visit and this had been resolved for them.
- People all said that they'd feel able to raise concerns or talk to staff if they were worried about anything.
- The service also collated compliments made about the service and we saw from these, that people felt staff were kind and helpful.

End of life care and support

- The manager told us they would always try and meet people's end of life needs if it was possible to do so as they recognised that many people wanted to remain in their homes at this time.

Good

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

Good: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

- The provider had company values in place; these included 'putting people at the heart of everything we do' and 'respectful of individuality, privacy and dignity'.
- We found evidence of these values throughout out inspection. People were treated with dignity and respect and fully involved in planning their care.
- There was an open and transparent culture within the service. The manager was open and honest with us about particular occasions when the service had not performed as it should. There had been learning taken from these occasions in order to improve the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- During the time that the service had been without a registered manager, the service had been led by an operations manager from within the wider organisation. A new permanent manager had been recruited and was intending to register with CQC.
- There were senior staff and a newly recruited care coordinator supporting the management of the service. Senior care staff had responsibilities such as undertaking spot checks of care staff and providing one to one supervision.
- Staff were positive about working at the service and told us morale was currently good. Staff told us they received good support from senior staff.
- There were systems in place to monitor the quality and safety of the service. We saw for example that in June 2018 the service had been audited by the provider and a number of issues highlighted.
- It was evident that progress had been made against the concerns highlighted in this audit. There was documentary evidence of the steps that had been taken to address the shortfalls.

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

- Meetings were held with people who used the service, this gave opportunity for people to discuss any concerns and express their views and opinions.
- Some events held at the service were accessible to the wider community. The manager told us this had worked well and had even prompted some enquiries from people about moving in to the accommodation.
- A church service was held at the service once a month to help support people's spiritual and faith needs.