

Esmond Street Advanced Support Service Care Home Service

61 Esmond Street
Glasgow
G3 8SL

Telephone: 0141 352 7990

Type of inspection:

Unannounced

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Service provided by:

Enable, Glasgow Branch

Service provider number:

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About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Esmond Street Advanced Support Service is a registered care home for 22 adults with learning disabilities.

The service is based in a residential area of Yorkhill in Glasgow. It is close to local shops leisure facilities and has good transport links. The provider is Enable Glasgow.

The care home is over three floors. On the ground floor, there are offices and a kitchen and dining room. There are also communal facilities and spaces including a library, reminiscence lounge, pamper room/salon, quiet room and contact rooms. The en-suite bedrooms occupy the first and second floors of the building. Each floor has large communal spaces as well as visitor bathrooms and access to facilities for making snacks and drinks. To the back of the property, there is a well-kept secure garden area and a car park.

The manager is supported by a deputy manager, three senior care workers and a team of support workers who provide direct care and support to the residents. A team of ancillary staff including kitchen and housekeeping staff compliment the Esmond Street staff team.

At the time of the inspection, there were 22 residents using the service.

The service aims to 'provide the support people need to live life to the full and to continue to make real choices and pursue their goals and interests.'

What people told us

The people that we spoke with during the inspection and the comments that we got back from the questionnaires were all very positive and highly complimentary about the service, the staff and the care and support that people received at Esmond Street. Some of the comments included:

'This service provides first class care and support, we could not ask for better.'

'People here are well looked after by very competent and caring staff.'

'It's wonderful here, I have my photos and stuff in my room.'

'They always listen to my views.'

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	6 - Excellent
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

6 - Excellent

People spoke very highly of the care and support that they received at Esmond Street. They told us that they were supported with love and kindness. From our observations, we could see that staff demonstrated compassion, patience and understanding in the way they spoke with people as they supported them. There was evident genuine care that promoted dignity and respect and also made people feel valued and loved.

Families and friends of the people who lived at Esmond Street played a big part in the service too. They were invited to be part of the social events that took place in the home, where they were able to share the enjoyment that their loved ones experienced during these activities.

People were encouraged and enabled to keep the links with family and friends very much alive. This was done through regular telephone calls, visits and outings. During the inspection, one resident had an unplanned visit from someone with whom they used to share a house before they came to live in Esmond Street. Everyone went out of their way to make sure these two had a lovely time together. The opportunity to see them together sharing lunch and a laugh was very warming. Their happiness rubbed off to the other people in the house too. We had no doubt that this hospitality was afforded to all who came to visit. Relatives we spoke with told us that being part of this service had helped increase their family circle. When they came to visit, they visited everybody just like one did visiting a large family of relatives.

We were impressed with people's knowledge of not only what their citizens' rights were but also the rights of people with learning disabilities. Many here were very actively involved with advocacy groups which they attended regularly. The Health and Social Care Standards (HSCS) were part of people's everyday life. The standards are there to ensure that everyone in Scotland receives the care and support that is right for them. The standards were discussed at residents and relatives' meetings. This empowered people and helped them understand what to expect from the service.

People were very involved in decisions about their care and support and also in decisions made about the service. One person told us that as they had reached the age of retirement and, as a result, had retired from their work at Fortune Works where they had worked for a while. Their day was now taken up with housework that required doing in the house. They felt quite content taking things at a slower pace. There was a range of meaningful activity that people could choose to be involved in. People told us they enjoyed what they did as they did it out of choice. In some activities that people were involved in, we saw evidence of positive risk taking, where people were supported to achieve beyond their imagination. This sense of achievement made people happy.

The service had embraced the Care About Physical Activity (CAPA) programme. Staff recognised the importance of movement even if it was only a little at a time. The service was going to be hosting a CAPA cafe where they would be sharing success stories with other services and learning from each other. Keeping active was helping stimulate people's minds and helping prevent stiffness of joints.

Many people told us how safe they felt at Esmond Street. One person told us: 'I have a peace of mind because I can trust staff here.' From talking to staff, we were assured that they knew how to identify harm and abuse and would not hesitate to report it if they came across it.

We saw evidence that the care and support people received here took into consideration the whole person including their physical, social and spiritual needs. We spoke to visiting professionals who were full of praise for the service. One of them told us: 'If I could clone this service, I would. I have seen so many good examples here and have been able to pass them on to help other services.'

It was clear that people's health benefited from their care and support. The service was always keen to improve on their delivery of care and support. The good links and working relations they had with other agencies meant that they were often a point of reference for some of the best practice in supporting older people with learning disabilities. The health service had chosen Esmond Street to pilot the Supportive and Palliative Action Register (SPAR), in this service type. This assured us that people were receiving the best quality of care and support that they could from staff who had up-to-date knowledge.

After talking to people and hearing their experiences, we have concluded that outcomes for people at Esmond Street are excellent.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**5 - Very Good**

A resident's personal plan (sometimes referred to as a care plan or support plan) should be right for them because it sets out how their needs will be met as well as their wishes and choices. We thought that the support plans we looked at were dynamic, aspirational and informed all aspects of care and support experienced by people. Personal plans were in formats such as graphics and pictures that people could easily follow and understand. Staff used the personal plans to deliver effective care and support. Structured personal plans that people had agreed to, helped people go through their daily living tasks better.

We saw detailed life histories and one page profiles about people, which relatives had contributed to. This helped staff, and others who had an input in the person's care and support, understand them better.

The service had started implementing digital support plans. Where this was relevant, it meant that a relative could access from home, and follow what activity their loved one had been involved in. This in turn enabled good conversation points between the resident and their relative when they next came to visit. Almost all of the residents we spoke with were very comfortable with and enjoyed working with computers. They thought having their personal plans on computer was great.

We could see from the personal plans around death and dying that this subject had been discussed sensitively and covered fully. This demonstrated that people had been well supported to discuss significant changes in their life, including death and dying.

We also looked at personal plans for stress and distress. These clearly outlined how to manage situations where someone was showing signs that could be deemed as challenging for others around them. Having a clear support plan on managing stress and distress meant that all staff were working in the same way in people's support and therefore reducing the risk of the person becoming more distressed.

Supporting legal documentation such as certificates for Adults with Incapacity (AWI), Power of Attorney (POA) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) were in place within the care file for those people for whom they were required. Knowing that their final wishes were in order, gave people and their relatives a sense of inner peace.

People should be fully involved in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when needs change. We noted that the service used recognised assessment tools to ensure that people's weights remained within healthy limits.

Support plans were evaluated with people monthly and reviewed six monthly or sooner where needs changed. We noted that following any review, support plans were updated to reflect any changes. People, or their representatives, were involved in the care planning and in the reviews. This gave them a sense of ownership and of being in control of their relative's care and support.

The service was in the process of implementing the Situation, Background, Assessment, Recommendation (SBAR), a methodical tool used when phoning the doctor about someone requiring medical attention. When staff pass on relevant and accurate information, to other people involved in a person's care, it means that people will experience high quality care and support based on relevant evidence, guidance and best practice.

After reviewing the personal plans and speaking with people, we concluded that personal plans were very good and that they reflected people's needs and wishes.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	6 - Excellent
1.1 People experience compassion, dignity and respect	6 - Excellent
1.2 People get the most out of life	6 - Excellent
1.3 People's health benefits from their care and support	6 - Excellent
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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