

Gloucestershire Group Homes Limited

Old Dairy

Inspection report

The Old Dairy
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Nailsworth
Gloucestershire
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Tel: 01453835023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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 announced inspection which was completed on 10 August 2016. The reason the inspection was announced was to ensure the people living in the home were available for us to speak with and to provide them with assurances about our visit. This was because some people with Asperger's syndromes become anxious when in the company of unfamiliar people. We gave 24 hours notice of this visit.

The Old Dairy provides accommodation and personal care for 6 people. There were six men living at the home when we inspected. One person lived in a self-contained flat which was attached to the Old Dairy. The registered manager told us people had a diagnosis of Asperger's Syndrome in the completed provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

The Old Dairy is situated in the village of Nailsworth close to local shops and amenities. Where people had been assessed as being safe to do so, they accessed the village independently. The home is situated over two floors which are accessible by stairs. All bedrooms were single occupancy which they could personalise to suit their individual taste. On the ground floor there was dining/ kitchen area which was shared by five of the people living in the home. The lounge and a large activity room was accessed via the garden and was separate to the home.

There was a registered manager in post. 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. The registered manager had responsibility for three other homes owned by Gloucestershire Group Homes Ltd.

People's medicines were not always managed safely. This was because some prescribed medicines were not recorded on the medicine record.

People were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. This included how the person's Asperger's syndrome impacted on their day to day live. The care plans were tailored to the person and provided staff with information to support the person effectively. Some important information about people was not clearly recorded for example daily routines. However, staff knew about this and described how they supported the person. People had been consulted about their care needs and their views sought about the service.

People were supported to make decisions and take proportionate risks. Systems were in place to ensure that complaints and any concerns in respect of abuse were responded to. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes.

People were supported to access the community either with staff support or independently. There was

usually one member of staff working in The Old dairy and one support worker in the self-contained flat providing 24 hour support. There were day care staff who complimented the residential staff, supporting people to take part in activities of their choice. There was a day centre that people could access if they wanted during the day and two evenings a week.

Health and social care professionals were involved in the care of the people living at the Old Dairy.

The staff were knowledgeable about the people they supported and caring in their approach. Staff felt supported by the management team. Staff received training relevant to their needs. There was a training plan in place which was being monitored by the senior management team. Staff were receiving regular one to one meetings with their line manager.

Systems were in place for monitoring the quality of the service. However, the auditing of medicines needed to improve to ensure people medicines were managed safely. The views of people and their relatives were sought through annual surveys and annual care reviews. The survey for 2016 had been delayed due to the format being reviewed.

We have made a recommendation about the recording of information.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. This was because medicines were not always managed safely. People received safe care and risks to their health and safety were well managed.

Staff had received training in safeguarding adults enabling them to respond and report any allegations of abuse. Staff felt confident that any concerns raised by themselves or people using the service would be responded to appropriately.

There were sufficient staff to keep people safe and to meet their needs. All of the staff had worked for the organisation for many years providing people with security and a consistent approach. This was important when supporting a person with Asperger's syndrome who may find it difficult to form relationships.

Requires Improvement ●

Is the service effective?

Good ●

The service was effective.

People received an effective service because staff provided support which met their individual needs. People's nutritional needs were being met.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

Staff had received appropriate training for their role and there was a clear training plan in place. Regular one to one support was in place for staff with records being maintained.

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

People told us they liked their home which was suitable to their needs.

Is the service caring?

Good ●

The service was caring. People received a service that was caring and were treated as individuals. Positive interactions between people and staff were observed. People were relaxed around staff.

Staff were knowledgeable about people's daily routines and personal preferences and they were encouraged to be as independent as they were able.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs enabling them to respond to their changing needs. Care plans described how people wanted to be supported. People were involved in the planning of their care.

People had a structured timetable of activities throughout the week. Additional day care staff supported people with these activities.

People could be confident that if they had any concerns or suggestions for improvement these would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff were clear on their roles and aims and objectives of the service and supporting people in an individualised way. Most of the staff had worked in the home for many years.

Staff told us they felt supported both by the management of the service and the team.

The quality of the service was reviewed by the provider/registered manager and staff. But records did not always reflect this

Audits were completed but medicine checks were not robust and needed to be reviewed.

Old Dairy

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 an announced inspection which was completed on 10 August 2016. The inspection was completed by one inspector. The previous inspection was completed in October 2013 when we found the service was compliant with the regulations.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and supervision and training information for staff. We spoke with three members of staff, and five of the six people living in the Old Dairy.

Is the service safe?

Our findings

People told us they were safe and well supported. The staff knew what they had to do to keep people safe and described to us how each person was supported to keep safe in individualised ways.

Some people were prescribed medicines they could not manage themselves. Staff told us that at the time of the inspection no one was self-administering but this would be considered if it was safe for a person to do so. The arrangements for managing medicines on their behalf was not always safe. This was because three different medicines that had been prescribed by the GP for two people were not recorded on their medicine record. This meant there was no directions for staff on their use or any evidence these had been administered. One of these medicines was out of date and had an expiry date of 2014. Another medicine which had been prescribed was no longer in the original packaging so there was no guidance on its use or who the medicine had been prescribed for. Staff could not recall when this was prescribed or the reason. They confirmed that the person no longer suffered with the condition the medicine was prescribed for. Another person was prescribed inhalers for the control of asthma there was no information in their care plan on their use or information on their medicine record.

We found that the registered person had not ensured people's medicines were handled safely. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Staff told us they had been trained in the safe handling of medicines which included observation of their practice. Medicines were stored safely.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the senior support worker to respond to any concerns appropriately. People said they liked the staff supporting them and if they were concerned they would speak with the senior support worker or the registered manager.

People told us staff were available if they required assistance. Staff confirmed there was sufficient staff working in the home to support the six people. There was always one member of staff available to provide support in the main house and one person had one to one support 24 hours a day in their self-contained flat. Additional staff were rostered as and when required to assist with health appointments and social activities. On the day of our inspection an extra member of staff assisted three people to go to the cinema and another member of staff was providing one to one support with gardening. People told us these activities took place weekly.

Staff told us if there was more staff available this could potentially increase people's anxiety levels so it was better when only one staff member was working in the home. Staff were able to contact a senior on call manager for advice outside of office hours. They told us this support could either be for telephone advice or

in person.

The provider and the registered manager were aware of their responsibilities in ensuring suitable staff were employed. Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home.

The registered manager told us there was very little staff turnover in the organisation and many of the staff had supported people for many years. This was important to the people they supported who, for some, experienced increased anxiety as a result of staff changes. The registered provider told us in the provider information return they were planning to re-check all staff's Disclosure and Barring (DBS) checks so that they could be assured that all staff were suitable to work in care. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This was because many of the staff had worked for the organisation for many years. This had been completed for the majority of the staff.

People told us they were treated well by the staff and each other. Staff were confident that the registered manager would respond to any concerns raised about poor practice. They were also confident that people would tell a member of staff if they were not being treated fairly and appropriately. Staff said that on occasions there could be some confrontation between some people in the home and it was important staff intervened to prevent an incident occurring. Staff said often people lacked the empathy to understand how another person was feeling.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. Some people had a care plan in place to spend time in the home alone for short periods of time. Clear guidelines were in place detailing when and how long they could be alone. This included information when it was not safe for people to be left on their own for example if a person was particularly low or for another person if they were agitated. Staff talked to us about how people did not always understand the social boundaries and occasionally this would put people at risk. Staff would intervene if the person was unsafe due to their vulnerability.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. Checks on the fire and electrical equipment were routinely completed. However, it was noted that the staff were not taking part in regular fire drills. This was discussed with the person responsible for this area and the registered manager. They told us that often it was difficult to organise fire drills as the fire alarm would increase one person's anxiety levels as they did not like or respond well to noise. We signposted them to discuss this with the local fire brigade.

The home was clean and free from odour. Cleaning schedules were in place. A cleaner was employed to assist with the cleaning of the home.

Is the service effective?

Our findings

People told us they were happy living in the Old Dairy. They told us they had lived in the home for many years and knew the staff that supported them. Comments included, "It's alright here, it is my home" and "We all get on, we have lived together for a long time". Everyone told us how long they had been living in the home and that they were quite happy with the staff and the environment. We did not see people's bedrooms but everyone told us they were happy with their personal space.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were aware of those decisions that required additional support for example when a decision was more complex. An example of this was decisions about healthcare when people may not be able to fully understand the relevant information. Staff told us that they had to be aware of how a person may communicate their decisions. For example one person given a number of choices would always choose the last option so different options were offered. Meetings were held so that decisions could be made which were in people's best interests. This included other health and social care professionals and where relevant relatives. Records were maintained of any best interest meetings including who was involved. It was clear from talking with staff and the information in care records people were always involved. Agreements had been drawn up involving people on their alcohol consumption to ensure it was within healthy guidelines. These had been signed by the person. This was important because of the medicines the person was on and the effects it had on their ability to function.

Staff told us there had been no applications in respect of DoLS. This was because everyone had been assessed as having the mental capacity to make their own decisions and there were no restrictions in place.

People had access to health care professionals and were registered with a local GP practice. People had been offered to attend a well man clinic and health action plans had been drawn up to assist in people maintaining a healthier lifestyle. Records were maintained of health care appointments detailing the treatment and any follow up action.

Other health professionals involved included a psychiatrist and the community mental health team. Staff

were able to tell us how they could make referrals to other health and social care professionals for advice and support for people where required.

One person had been discharged from the district nurse team in respect of a routine dressing of a skin ulcer. Staff described to us how they were supporting the person in this area and this had only taken place the day before the inspection. There was no clear care plan in place to guide staff. Staff told us this had been discussed during the staff handover. There was a risk this person may not receive the appropriate treatment because there was no clear guidance for staff and a system to record the care given. In response to our concerns the registered manager sent us within 24 hours an updated care plan detailing the treatment and what staff should monitor and record. This gave staff clear guidance and information they needed to record to monitor the effectiveness of the treatment.

Staff completed a monthly overview of people's general health which included weight monitoring and a summary of any health care appointments. This showed people were supported to attend regular appointments with their dentist and optician.

Care records included information about any specialist arrangements for meal times and dietary needs. There was a focus on supporting people with healthier choices. Staff told us people generally choose to eat their meal in the dining area or at the breakfast bar which was situated in the kitchen. The kitchen and dining area was open plan. Some people were time specific when they had their meals whilst staff told us about these arrangements, this was not recorded in the care plan. This would be important if there were new staff working in the home that did not know about people's preferred routines.

The weekly menu was displayed in the kitchen and showed there was a varied and healthy diet available to people. A member of staff said the menu was completed by two people who lived in the home. They were also supported to go shopping twice a week to do the house shopping. Staff supported people to ensure it was healthy and balanced. One person told us the food was good and there was plenty of choice. They told us they did not particularly like spicy foods and there was always an alternative. People told us they could help themselves to drinks and snacks whenever they wanted. Fresh fruit and vegetables were available.

One person told us they liked to cook the evening meal on a Tuesday evening and liked to cook curries and chillies. People told us every Saturday they had a take away of their choice. There were numerous take aways and eating establishments in the village so people made individual choices as this could be accommodated.

The provider had introduced the Care Certificate in response to an inspection at one of the other services managed by Gloucestershire Group Homes. This is a nationally recognised induction programme for staff working in the care industry. Evidence was shown to us that two staff had completed the induction programme when we visited the main office in July 2016 as part of another service inspection. A member of staff confirmed they had completed the care certificate. They said as part of their induction they had spent time with the senior support worker and registered manager discussing the expectations of the service and key policies and procedures. They told us they had been supported during their induction by all the team working at the Old Dairy.

Staff had completed training in food hygiene, medicine administration, fire safety and first aid. Training was planned for mental capacity and deprivation of liberty safeguards and safeguarding adults in September and October 2016. Further training was being organised for all staff to attend health and safety and infection control in January 2017. There was a clear training plan in place with timescales for staff to receive future updates. Staff confirmed they had attended the training and felt it was beneficial to the work they were

doing in supporting people.

In addition to the core training, staff had completed training in supporting people living with Asperger's syndrome. Staff were knowledgeable in this area. Staff confirmed this was a rolling topic at team meetings to build on staff's awareness. A member of staff said they had also completed a National Vocational Qualification in care which has now been replaced by the diploma in care. They felt the training had equipped them for their role and stated training had recently improved due to the updates that were being organised.

Staff said they received regular one to one supervision and support from the management team. This provided staff with the opportunity to discuss and reflect upon their practice and develop their approaches. There was a supervision matrix which both the member of staff and the senior support worker had signed to confirm this had been completed. Records were maintained of the discussions.

Staff had an annual appraisal of their work performance and an opportunity to review their training needs. Staff meetings were organised quarterly or when important matters required discussion. Minutes were kept of these discussions including any agreed action. The registered manager was meeting with a member of staff to complete their annual appraisal on the day of the inspection. The registered manager recognised that this could not be rushed and it was opportunity for the staff member to spend time with them discussing their role and training needs.

The Old Dairy is situated in the village of Nailsworth close to all local amenities including shops and cafes. The people had lived in the home between 10 and 20 years. Staff told us individuals had built positive relationships in the local area. Staff told us that if a person became anxious when out, shop staff would contact the home and ask for assistance. When this happened staff would either respond from the Old Dairy or they would make contact with the on call manager for assistance. This formed part of the risk assessments for people and the lone working policy.

The design, layout and decoration of the home met people's individual needs. All the bedrooms were single occupancy. All areas of the home had been furnished and decorated to a good standard. A programme of decoration was in place. People had to access the lounge and activity room from the garden. The registered manager said this had been discussed with the social landlord but due to the age of the building no plans had yet been drawn up to enable this to be part of the main house. Staff told us that in the last two years the bathrooms, the gas boiler and bathrooms had been refurbished.

Is the service caring?

Our findings

People told us the staff were caring and kind. They told us staff spoke to them in an appropriate manner with no raised voices.

One person said they had a key worker, who helped them to plan their support needs. They said this had recently been reintroduced and they liked the person they had been allocated. The key worker, a named member of staff was responsible for ensuring information in the person's care plan was current and up to date along with the senior support worker.

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and sought out their company. The atmosphere was calm and relaxed. People clearly saw the Old Dairy as their home telling us they had lived there for many years.

The registered manager and staff clearly knew the people well. It was evident they were knowledgeable about the people they were supporting. This included how people's Asperger's syndrome was impacting on their day to day life. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed.

Staff spoke positively about the people, describing their interests, likes, dislikes and personal histories. They also celebrated their achievements and the adjustments people had made in leading fulfilling lifestyles whilst living with a diagnosis of Asperger's syndrome. Staff showed understanding and empathy about how it impacted on individuals whether that was with their daily routines or with their personal possessions.

On the day of the inspection a member of staff was aware that when testing the fire alarms this would trigger some anxiety for a person. The member of staff clearly explained what was going on and offered reassurance to the person. This showed the staff had empathy for the person understanding that the noise of the alarm would trigger some anxiety. The person was also unsettled because the dish washer had not been emptied allowing them to put their dirty dishes in there. The member of staff promptly reassured the person and explained they would empty this promptly. This gave the assurances the person needed. Staff during this time communicated in a calm and effective way clearly explaining what was happening. Another example was given when the washing machine broke down, some people may not cope with the change of routine so it was important for staff to explain what was happening, how the washing was to be done and when it would be fixed. This showed the staff could empathise with people and supported them when things did not always go to plan.

People told us the staff only entered their bedrooms with permission which afforded them some privacy. Staff told us five of the six people had keys to their bedrooms. One person had chosen not to lock the bedroom door.

Staff were mindful of protecting people's confidentiality and ensured when discussing people this was done behind a closed door. There was a corridor leading to the office and sleep-in room. People were encouraged

to ring a door bell which was situated outside the sleep in room if they needed assistance during the night to alert the staff they needed assistance. This also ensured the privacy of the member of staff.

One person had consented for the staff to keep their mail as this caused them anxiety. This was kept with the person's care plan documentation. Staff said that everyone would open their own post but this person wanted letters and correspondence from family kept safe.

We were told that people could be unsettled by having visitors in the home who they were not familiar with. Staff reassured people about what we were doing and took time to explain our role before our visit. This meant people were not adversely affected by our presence and we were aware of how people liked the arrangements to be in their own home. Some people were happy to speak with us during our inspection whilst others choose to go out in the garden or to their bedroom and this was respected.

Staff told us meal times were a social occasion and generally everyone would eat together in the kitchen or the dining area. Staff told us they also sat with people as this was important and promoted social inclusion and a family atmosphere. When we arrived everyone was in the kitchen chatting about what their plans were for the day. We were told breakfast was less formal and people would help themselves when they got up.

People were encouraged to be independent as they were able. For example, people could access the kitchen to make drinks and snacks without staff support. Some people had been assessed as being safe to spend time in their home alone without staff for short periods of time. It was evident this also encouraged people to be independent and have control over their own life. Another person told us they could come and go as they wished and go into the village. They told us they had been to the local shop, not to buy anything but to window shop.

Care records included information about important relationships in people's lives and what support was required to maintain contact. People told us they could receive visitors to the home and were supported to visit friends and family. One person told us they regular visited their family who lived locally. Staff told us that it was people's choice on whether they kept in contact with family and their decisions were respected. It was also recognised by staff that some situations could increase some people's anxiety levels.

Records about people were held securely in a locked cupboard in the office. Staff told us people could view their records any time they requested. People had signed some information in their care plans of care where relevant but this was not consistent. People confirmed they could access their records and all but one person consented to us viewing their records.

The provider told us in the provider information return (PIR) that the individuals at the home were young adults however senior management were planning to develop policies and procedures with regard to end of life care. They told us this would be completed in the next twelve months.

Is the service responsive?

Our findings

People told us they had the support they needed from the staff. Staff described to us how they supported people in an individualised way. Staff recognised that people were on a different journey in respect of their diagnosis of Asperger's syndrome and the impacts this had on the person. People had insight into their condition and could tell staff about their care and support needs. For example one person was asking staff to support them with tidying up their bedroom.

There were no vacancies in the home and the last person to move to the Old Dairy was 10 years ago. The registered manager told us in the provider information return that potential people moving to the service would be assessed to ensure the service could respond to their care needs.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support.

Staff reviewed the care plans three monthly or as people's needs changed. Annual reviews were organised with the placing authorities (the council responsible for funding the care) and relatives. We noted that one person's last formal review was January 2015. However, it was noted that the care plan and the individual goals had been reviewed in March 2016. The registered manager said they would liaise with the senior support worker to ascertain why the review had not taken place.

Staff clearly described how people were supported. However, this was not always captured in the care plan. For example one person was very time specific in relation to certain activities which they completed independently or with staff support. We were told this was important to the person and if they were prevented from doing this activity or the activity took place later than planned then they would become anxious. The lack of recording could potentially mean new staff would not fully understand the importance of this.

The staff clearly knew people well. It was evident they were knowledgeable about the people they were supporting. This included how Asperger's syndrome was impacting on the day to day life of people. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. This enabled staff to respond in an individualised way to people. A member of staff told us it takes time to get to know people and for them to get to know and trust the staff. The member of staff said, "Sometimes we get it wrong but we try our best". They gave an example where the telephone was ringing for a long period of time which had increased a person's anxiety. The member of staff said they now ensured the telephone was answered promptly and noise was kept to a minimum as this was a known trigger. The member of staff told us the team and the senior support worker had been really supportive and shared important information about people when they first started working in the service. This enabled them to respond to people appropriately.

Day care staff were employed to support people, there was a wide range of activities organised depending on the interests of the person. Each person had an individualised time table of activities. On the day of the inspection two people were going to the cinema, one person was being supported to do some DIY and gardening, and another person went into Nailsworth shopping. People told us there was lots for them to do and staff supported them with these activities. There was a vehicle available to enable people to go further afield. This was funded by Gloucestershire Group Homes.

Some people attended the day centre that was operated by the provider. This was situated on the outskirts of the village. One person accessed the computers at the centre on a weekly basis.

People were supported to have an annual holiday. One person regularly went abroad with staff. They said the person had chosen and planned the holidays. Staff said these experiences had increased the person's self-esteem and confidence in adapting to the changes in their environment.

One person had expressed a wish to move to more independent living. Staff had supported the person to create a bedsit arrangement in the attic. The person was able to make drinks and snacks in this area. Staff said this had a positive effect on the person who appeared more positive with their living arrangements and the independence this had given them. The Old Dairy also had a self-contained flat where one person lived with 24 hour support from staff.

A member of staff told us house meetings were not organised as some people found group sessions difficult. They told us instead information was shared with people informally and their views sought through general conversations about the running of the home and their care and support needs. Where people expressed an interest or made a suggestion then this would be addressed. There were no records of these informal discussions.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff was aware of any changes to people's care needs and to ensure a consistent approach. There were written records of the handover so staff could keep up to date if they had been off for a few days. Daily records were maintained for each person on their general well-being, any care and support that was delivered and activities they had taken part in.

There was a clear procedure for staff to follow should a concern be raised. There had been one complaint made by one of the people living in the home about another person. It was evident that this was addressed with the outcome being fed back to the complainant. People told us they all generally got on well. Staff told us there was a need to be aware of the trigger times for people so staff could intervene at the earliest opportunity. For example meal preparation where it was important to some people that they were not disturbed by other people in the home so staff would be close at hand to redirect people until the meal had been prepared.

Staff told us that if a complaint was received this would be escalated to the senior management team who would investigate and liaise with the complainant.

Is the service well-led?

Our findings

Staff told us there was good management support. There was an on call system where they could either have verbal support or ask for an additional staff member to support them. This was important as often there was only one member of staff working in the main part of home. Staff said they could also seek advice and support from the second member of staff that was working in the self-contained flat. One member of staff told us they really liked working for the organisation, they liked the people they supported and the staff team. They said the emphasis was providing a home for people. Another member of staff told us they really liked working at the Old Dairy because it was homely and people were seen as individuals.

The registered manager told us there was a stable team and most of the staff had worked in the home for a long time. Staff described how the relationships in the home had changed over the years and people generally enjoyed living together. They said this was because there was a consistent and stable team who knew people well. The registered manager and the staff had a good understanding of the culture and ethos of the organisation. There was a commitment to treat people as individuals and to provide a safe service

Staff and people were kept informed about changes to the organisation and the wider picture of supporting people with autism and Asperger's syndrome. There was a resource library in the main office. There was information available to people including leaflets. Regular staff meetings took place enabling staff to discuss and share ideas for improvement and any changes in respect of the care of the people living in the home. Minutes were maintained to enable staff unable to attend to keep up to date and for staff to follow up on any agreed actions.

The staff told us they were confident to report poor practice or any concerns, which would be addressed by the senior management team. Communication between the registered manager and staff was positive and respectful. People were aware of the management structure in the home and knew who to speak with if they were unhappy. The registered manager was mainly based in the main office. The senior support worker worked a combination of hours working in the home and at the main office. Regular contact was maintained by telephone between the staff working and the management team. Staff confirmed the senior management team were approachable.

Staff confirmed the registered manager visited regularly and met with the staff and the people in the home. The senior support worker had day to day responsibility for the home and managed and supervised the staff on a regular basis. Staff were knowledgeable about the people they supported and had received training in supporting people with Asperger's syndrome. Some staff had completed or were in the process of completing a certificate, diploma or degree in supporting people with autism.

There were two registered managers working for the organisation who had responsibility for three homes each. The registered managers completed checks on the service. We noted that these had not been consistent. The most recent visit was in July 2016 and no other visit since November 2016. The registered manager told us these had not been completed during their period of absence but moving forward these would now be completed every two months. Records were maintained of these checks. The visit included

spending time with people, looking at records and the environment. The reports showed that areas of improvement were identified such as making sure care plans were up to date or decoration was completed. These were followed up on subsequent visits to ensure appropriate action had been taken.

Committee members also completed visits to the home to monitor the quality. There were no records kept of these visits. The registered manager told us in the provider information return that they intended these visits to be planned and more frequent.

Gloucestershire Group Homes Limited had quarterly board meetings. These were attended by four members of the committee who were Trustees and the senior management team. The Trustees were made up of local business people and in the past there were family representatives. Minutes of the meetings were maintained including any decisions made. Discussions were made about the budgetary arrangements, any risks to the service and people they supported. This ensured the Trustees were kept informed about the quality of the service.

Staff told us the nominated individual visited the home on a regular basis and was knowledgeable about the people and the staff that worked for the organisation. Weekly meetings were held with the senior management team at the main office. The registered manager told us these were held to discuss all the homes in the group and covered any risks, staffing issues, any care and welfare issues and property management such as repairs. However, there were no written records of these meetings.

Annual surveys were undertaken to obtain people's views on the service and the support they received. These were also sent to friends and family, staff and visiting professionals. We saw the results of the last survey, which were all positive. The registered manager told us they were planning to send these out for 2016 but this had been delayed as they were reviewing the format.

Regular checks were being completed on different areas of the running of the home and the delivery of care. This included checks on the care plans, the environment and health and safety. Where there were shortfalls action had been taken to address these. However, improvements were required in respect of the checks on the medicines to ensure these were managed safely.

We reviewed the incident and accident reports for the last twelve months. There had been no accidents in that time frame.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

We recommend that the service reviews their record keeping policy to ensure that all necessary information is recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People who use services were not protected against the risks associated medicines. Prescribed medication was not recorded on the medication administration record. Medicines were not disposed of when out of date in one case. Regulation 12 (2) (g).</p>