

Chances Gloucestershire Community Child Care Queens Retreat

Inspection report

Queens Retreat
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Gloucestershire
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Tel: 01452554120

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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

This inspection took place on 16 February 2016 and was announced. Queens Retreat provides care to people with a learning disability and mental health needs. Three people were living in the home at the time of our inspection. People had their own rooms and shared a living room and kitchen. The house was detached in its own grounds.

There was a registered manager in post, although they had been absent for over 28 days. An acting manager had been appointed in their absence. 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 and associated Regulations about how the service is run.

People received individualised care which reflected their individual preferences, routines important to them and aspirations for the future. Their past experiences and history had been considered when developing their care plans with them. Strategies had been put in place to uphold their rights, to give them the skills to stay safe in their home and the local community and to manage their feelings and emotions. People referred to staff as "counselling" them and helping them when they were anxious or worried. People had positive relationships with staff who treated them respectfully, sensitively and kindly. People enjoyed sharing lighter moments with staff.

People decided what they wanted to do and when. Staff support was provided if needed. People had a full and busy lifestyle pursuing hobbies and interests of their choice. One goal had been to go on an aeroplane and they did this going to Scotland. They liked to go on holiday to Devon and to theme parks. They were involved in their local community using the library, gym and swimming pool. They did voluntary work and helped out at a farm and a gardening project. People were empowered to be independent learning to manage their own medicines and becoming more confident in their local community. Staff reflected people had done "phenomenally well" and they were "proud of their achievements".

People were supported by staff they knew well and who understood their individual needs. Staff had worked together as a team for some years and had kept their training and skills up to date to reflect best practice. They felt supported by the provider in their roles. They were helped to develop professionally and supported to talk through any fears or concerns they might have. Although there had been no new staff for some time, recruitment processes ensured new staff had the skills and character to support people. There were enough staff to meet people's needs. Staff rotas were organised around people's commitments and the support they needed to do these.

People were involved in reviewing their care and support and the service they received. They helped to write their daily records and were involved in developing their care records. They gave feedback to the provider regularly about the type of service they wished to receive. They had discussed moving house and plans were in place to move to their new home. They had been fully involved in this process; talking with social care

professionals, choosing colour schemes and furniture. They told us, "This is what we really want". Quality assurance processes included day to day monitoring of health and safety systems, audits by external organisations and people living in the home auditing "our practice and saying what works for them."

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. People's rights were being upheld. They knew how to remain safe in their home and in their local community. People were supported to live full lives and to take risks as safely as possible.

People were supported by enough staff with the right skills and knowledge to meet their needs. The recruitment and selection procedures, although not used for a while, made sure staff were checked thoroughly before they were appointed.

People's medicines were administered safely and they were being supported to learn how to manage their medicines for themselves.

Is the service effective?

Good ●

The service was effective. People were supported by staff who had the knowledge and skills to support people and meet their individual needs. There were sufficient staff who were allocated flexibly to support people to lead a busy lifestyle.

People's consent was sought in line with legislation and best practice. Advocates were available to help them with major decisions. Any restrictions had been reviewed in line with the deprivation of liberty safeguards.

People were supported to stay well and to have a nutritional and healthy diet.

Is the service caring?

Good ●

The service was caring. People's rights were upheld and their diversity was acknowledged and promoted. People had positive relationships with staff and were treated respectfully, sensitively and with kindness.

People were given information helping them to express their views and to make decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive. People received individualised care which reflected their assessed needs, their preferences and routines important to them. Changes in their care and support were discussed with them and they were supported when needed to adapt and adjust.

People had a busy and fulfilling lifestyle. They followed their interests and social or voluntary work opportunities of their choice.

People knew how to raise concerns and were confident talking through any concerns with staff, the acting manager and representative of the provider.

Is the service well-led?

Good ●

The service was well-led. People were actively involved in planning and developing their service, which enabled them to be independent and empowered.

Managers and staff were passionate about the service they provided reflecting the visions and values of the provider to respect each other views and help people to evolve and develop.

Quality assurance systems were effective and strived to enhance the service.

Queens Retreat

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.

The inspection took place on 16 February 2016 and was announced. Notice of the inspection was given because the service is small and we needed to be sure that people would be in. One inspector carried out this inspection. The provider had completed 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 plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with three people using the service, a representative of the provider, the acting manager and three care staff. We reviewed the care records for three people including their medicines records. We also looked at staff training records and quality assurance systems including health and safety records. We observed the care and support being provided to three people. We contacted four health and social care professionals and asked them for their feedback about this service. We also contacted two other organisations who worked with people living at the home.

Is the service safe?

Our findings

People's rights were upheld. They knew how to stay safe in their home and in their local community. People told us how they liked to have staff support when out and about and staff commented people found this "reassuring". People said they had a mobile phone in case of emergencies and they knew who to contact. Staff had completed safeguarding training and understood how to keep people safe. They knew what they should do if they had concerns about suspected abuse or bullying. Strategies had been developed with people to make sure their safety was paramount and they understood why some restrictions had previously been in place to keep them safe from harm. The representative of the provider described action they had taken in response to concerns raised with them and how they had liaised with police and safeguarding authorities. Notifications had been submitted to the Care Quality Commission (CQC). CQC monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers.

People were supported to live full and busy lives which involved taking risks at times. These had been discussed with them and how to minimise any known hazards to promote their safety. The provider information return stated, "Individuals share in consultation that they feel listened to, respected and valued and that their carers will support them to consider new opportunities in a way that is mindful of risk, but not risk adverse." Comprehensive risk assessments had been completed with people for a range of hazards to their health, their home, the local community and when participating in activities. The representative of the provider said open dialogue was encouraged with people and staff to talk about their fears, to reassure and to promote positive but safe risk taking. They said, "We keep the guys safe." There had been two minor accidents recorded over the past 12 months and the appropriate action had been taken in response.

People knew how to keep themselves safe within their home. The acting manager had considered the best way to protect people living with epilepsy, such as installing alarms but it had been decided with health care professionals their epilepsy was being managed safely without the need of additional safeguards. Each person had an individual evacuation plan which described how they would leave the building in an emergency. Easy to read evacuation procedures, using pictures and photographs, were displayed around the home. People took part in fire drills and knew what action to take. There were plans to involve them in training such as fire and infection control to reinforce the knowledge they already had. Fire systems were checked and serviced at appropriate intervals. Staff said out of hours support was available from the senior staff team and they were always available whether by telephone or in person. Health and safety checks were carried out routinely for legionella and water, fridge and freezer temperatures were monitored. Maintenance and equipment issues were dealt with as they arose and daily environmental checks were carried out, maintaining a safe environment.

People benefitted from a provider who listened to them and their staff about their concerns and also monitored accidents or incidents to ensure people's safety was upheld. The representative of the provider discussed with us their response to issues which had arisen and their investigations into these. Guidance was sought from other organisations to ensure the most appropriate response had been followed.

People were supported by sufficient staff to meet their day to day needs. People discussed with staff their plans for each week; what activities or appointments they had booked. Staff time was then allocated to them to support these as far as was possible. This meant staff had to be very flexible in the hours they worked. As a result staff hours were staggered to accommodate people's timetables. Staff responsible for education and activities supplemented the care staff whenever needed. Occasionally staff worked alone with people and there was the relevant lone working guidance in place. People and staff agreed there were enough staff to make sure people were safe and leading fulfilling lives.

People had been supported by the same staff for a considerable period of time. No new staff had been appointed in the last 12 months. The representative of the provider talked through the recruitment process and the checks which were carried out to make sure they appointed staff who were competent and of the right character. This included making sure a full employment history had been obtained, checking with previous social care employers why staff had left their employ and carrying out a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Although people living in the home had not been directly involved in the interviewing of staff (their choice), they had provided questions they would like answered by prospective staff.

People's medicines were managed safely. The supplying pharmacy had just completed an inspection of the medicines administration systems and found "good stock procedures" and "record keeping excellent". People told us they were being supported to learn how to manage their medicines for themselves, if they wished. One person described the medicines they took and what they were for. They counted out the medicines with staff before taking them. Staff said people would be supported with medicines training and supported by staff as they learnt to manage their own medicines. Each person had a profile describing the medicines prescribed and any over the counter remedies they liked to use. The use of over the counter remedies had been authorised by the GP. The medicines administration chart included a summary of side effects of any medicines people took and their allergies. A protocol was in place for medicines to be taken "as necessary", indicating the reason why they should be taken and when the GP should be contacted for further advice. There was evidence this medicine was not being over-used.

Is the service effective?

Our findings

People were supported by staff who had the opportunity to acquire the skills and knowledge they needed to support people and to make sure these remained up to date by completing refresher training. People told us, "Staff are very good" and "Great". Staff confirmed they had access to "lots of training" and were supported to develop professionally working towards the Diploma in Health and Social Care at Levels 2, 3 and 5. The acting manager was an assessor for the new care certificate which was ready to be delivered to new staff as part of their induction. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. The acting manager shared how she checked the competency of staff through discussions with them at their one to one meetings (supervisions) and through observation of their practice. Staff kept journals recording any chats they had with the acting manager and evidencing any action they may have taken in response such as additional training or reading policies and procedures. The acting manager and representative of the provider acknowledged formal supervisions had not been taking place with regularity but a new schedule had been developed for 2016 evidencing meetings with staff and their annual appraisals. The representative of the provider said, "Supervision takes place daily, we talk on the day, in the moment and respond quickly." Staff told us they felt "really well supported" and that "training and supervision are good, we are well looked after".

People made choices and decisions about their care and support and had signed their care records to reflect their agreement to the way this was provided. Their care records evidenced times when they might need support or help to make major life decisions such as moving home or going into hospital. People told us they had talked with social workers and staff from their funding authority about moving to a new house. Records confirmed these discussions and that people had understood the consequences of any decisions they made in relation to this. One person had been supported by an independent mental health advocate to support them with a decision about an operation in hospital. This was done in their best interests in line with the essence of the Mental Capacity Act 2005. The 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 were not being deprived of their liberty and any restrictions which were in place had been agreed between them to prevent harm and to keep them safe. 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. The representative of the provider had recorded discussions with the local authority about possible restrictions to people's liberty evidencing their consideration of the deprivation of liberty safeguards and the impact any restrictions might have on people living in the home.

Occasionally people needed help to manage their emotions or anxieties. Any incidents had been recorded

and monitored. Staff said they did not use physical intervention but supported people to become calm using distraction and diversion techniques such as offering a drink, some space or a walk. Staff said they understood people well and could anticipate what might upset them so preventing them from becoming more unsettled.

People decided their menus for the week together choosing meals they enjoyed and being guided by staff towards healthy options. People helped to shop for their ingredients and often picked up items they wished to try whilst shopping. They helped to prepare and cook the meals, if they wanted to be involved. One person told us they enjoyed cooking and baking. People's meal choices were recorded and if there were concerns about their diet their weight was monitored. The acting manager discussed with us ways of making sure people had sufficient calories to prevent weight loss by giving food or drink supplements and using full cream milk and sugar. People were observed helping themselves to drinks and snacks. Fresh fruit was provided in the dining room. One person kept chickens and fresh eggs were available at times. Staff confirmed they had checked with the local environmental health officer about how to make sure the eggs were safe to eat and followed their guidance about washing, logging the use by date and cooking.

People were supported to stay healthy and well. They had appointments with their GP, dentist and optician. Each person had a health action plan which described their past medical history and their physical and mental health needs. In addition, a hospital passport had been completed to provide emergency services and hospitals with information about people if needed in a crisis. People had support from the community learning disability team and health care professionals often visited them in their home. Details had been kept of people's appointments for future reference and to make sure all staff had information about their health needs. People were supported to attend outpatient appointments at hospital and to have surgery when needed.

Is the service caring?

Our findings

People told us, "I really appreciate staff and what they do for me"; "Staff are fun to work with and guide me". People were observed positively interacting with staff, responding well to them and confidently chatting about their daily lives. Staff were sensitive and patient, offering reassurance when needed but also sharing light hearted moments with people. A member of staff said, "We need to be aware of their adult needs but there should also be fun in life."

People's diversity with regard to their age, disability, gender and religion was respected by staff and reflected in their care records. Staff had completed training in equality and diversity and there was a policy and procedure in place. People were supported by male and female staff but if they had any preferences for support from a particular gender this was respected. People were supported in age appropriate activities both at home and in their local community. People attended a social club attached to a local place of worship. They were supported to maintain their personal relationships. A representative of the provider said, "I am proud of the way they are developing and coping with personal relationships."

People told us staff gave them time to talk with them when needed, listening to them and helping them to explore their feelings and emotions. People's preferred methods of communication were clearly identified in their care records. For example, one person used sign language and others needed time and space to reflect on what had been said. Staff were prompted to remember people were able to talk for themselves and to also pick up non-verbal clues from their body language. People were observed chatting to staff, seeking their individual attention and staff respecting their need for this. Staff understood people well having worked with them for a considerable time. They knew people's personal histories and how these had impacted on them. Staff were proud of what people had accomplished. A person commented, "Staff are proud of my achievements." A representative of the provider acknowledged this saying, "They have done phenomenally well."

When people were unwell or unhappy staff responded promptly offering reassurance and comfort but also supporting people to gain control and to move on. The provider information return stated, "Carers work hard to get to know each individual and are mindful of crisis prevention always looking to de-escalate a potential incident before it reaches crisis point leading to individuals feeling more in control of their day to day lives enabling them to concentrate on moving forward." Staff described how a simple hand on the shoulder was sufficient to reassure and calm a person. This technique was offered as an alternative to the use of a weighted blanket which could also be used to comfort at times of need. Staff had a good understanding of how to support people when distressed and people talked about staff "counselling" them. Staff described how they had supported people through major life changes and bereavement. Staff commented, "We go out of our way to get things sorted for people" and "instil confidence" in them.

People were actively supported to express their views about their care and support. This was done through chats with staff, the acting manager and the representative of the provider. They also had access to social and health care professionals to help them explore how they wanted to be supported. At times they had the services of advocates independent of the provider and their funding authority. At the time of our inspection

people talked to us about plans for them move to another house in Gloucester. This had been suggested by one of the people living at Queens Retreat and the others had agreed. They were given time to think about this, visited the new house on several occasions and discussed the move with a range of people. People told us, "This is what we really want" and "We have been very involved, we went to have a look, people asked us if we wanted to move and now we are choosing carpets for our rooms and furniture." People had produced a folder which provided information about the new house with pictures and examples of colour schemes and furniture. Staff had also produced a model of their bedrooms with model furniture which they could move around to decide how they wanted their bedroom to look. Nationally developed toolkits had been used to provide information to people about the possibilities open to them such as moving to supported living. They had decided they preferred to live in residential care and had confirmed this in discussions with their funding authority.

People were treated with respect and their right to privacy was acknowledged. If people did not wish to do something one day such as an activity, this was respected. Staff talked through reasons for refusing and if people said they wanted a change and to try something else this was arranged. The representative of the provider commented, "We help the guys to evolve and develop whilst respecting their views." A person told us, "I have lots of input into what I like to do and need to do each day." People talked with us about how their independence was promoted such as learning to manage their medicines and gaining more confidence when out and about.

People's human rights were valued. Their personal information was kept confidential to them and only shared with people who had a right to access their records. People were supported to maintain contact with people important to them and their right to privacy in their personal relationships was upheld.

Is the service responsive?

Our findings

People had recently been involved in a re-assessment of their needs with their funding authority to make sure the service they received reflected their current needs. The provider information return (PIR) stated, "Carers will respond to anything the individual says is important to them, if there are obstacles in the way staff will endeavour with the individual, to find a way of solving these using the input of any professionals or family that need to be involved." Each person had a care plan which was tailored to meet their individual needs, personal preferences and aspirations. They had talked with staff about how they wished to be supported and this was reflected in their care records. Staff confirmed care planning was done in "conjunction" with people. People had signed their care plans and were involved in monitoring and reviewing their care. Some of their care records had been produced in an easy to read format, using pictures and photographs to illustrate the text. People had personal copies of records they wished to keep in their rooms. They also decided what they would like to go into their daily logs discussing their day with staff and if they wished to write the logs for themselves.

People received individualised care based on their past history, routines which were really important to them and what they wished to achieve in their future. People talked to us about wanting to move to another house and the skills they were learning to help them in preparation for this. One person told us, "I am taking on more responsibility; deciding when to go to the library, learning to take my medicines and cooking meals." Another person commented that they helped around the home "doing the day to day stuff which is part of life" such as house work and shopping. Staff said they helped people to adapt and adjust to changes so that they did not find it all too overwhelming.

People occasionally needed more support from staff if unwell or anxious. Their care records reflected the strategies staff could use to help them through these periods. Staff understood people really well, anticipating what might cause them anxiety. They were aware of the impact of changes on people such as new staff being employed or the move to the new house. Ways to support people had been thought through, such as ensuring new staff shadowed existing staff until people felt confident with them and totally involving people in each step of the move to their new home. When people's needs changed their care records were updated to reflect this.

People had a full and busy lifestyle participating in activities of their choice. They told us they liked to do voluntary work, giving something back to their community. Each person had an activity schedule which was kept up to date with any changes they wished to make. For example, one person liked swimming but had decided not to go for a while. People used the local gym, social clubs and day activities organised at a farm and gardening centre. They told us about trips to Scotland by air, which they would love to do again, as well as holidays in Devon and day trips to theme parks. On the day of our inspection they planned to spend the evening ice skating. One person had taken on the responsibility of caring for two chickens which were kept in the back garden. Staff commented "We enable them to do what they want to do."

People told us they would talk to staff and the acting manager if they had any issues or concerns. One person said, "If I am still not happy I would phone up [name – the representative of the provider] to make a

complaint." Two people commented that they could also send a text on their mobile telephones. They said they were always responded to. Each person had a copy of the complaints procedure in a filing box in their rooms. People illustrated their understanding of how to raise concerns during the inspection. This was done however in fun, but demonstrated their easy access and confidence with staff and managers to talk things through. The representative of the provider commented, "We listen, are responsive, open minded about the ways of doing things and creative and innovative to make things happen." They confirmed no complaints had been received in the last 12 months. Issues raised by the people living in the home were dealt with on a day to day basis and people confirmed this worked well for them. The PIR confirmed this stating, "Carers will have handover at the end of every shift and discuss any issues raised by the individuals. All issues are taken seriously and carers will talk to each person to see how they wish to move forward."

Is the service well-led?

Our findings

People were actively involved in developing and planning the service they received. This was illustrated by the involvement of people living at Queens Retreat in the move to a new house located in Gloucester. The original suggestion for the move had come from a person living in the home and the others had readily agreed. They had been involved in the planning and preparation of this and staff said they were "excited about the new move and a lot of positives are happening". People had previously completed surveys about their care but this year they had been involved in talking to staff about what they wanted to be included in the provider information return sent to Queens Retreat by the Care Quality Commission. They had discussed what the five key questions meant to them and given examples to illustrate their care and support. The representative of the provider also commented, "The guys audit our practice and say what works for them."

The views and opinions of staff were also important and the representative of the provider said, "Staff share their views within the team" and "If I feel the need for a change, I will raise this and will get feedback". Staff said communication within the team was really good. They had comprehensive handovers each day which were recorded and provided an audit of health and safety checks and people's care and support. Individual meetings with staff were being scheduled and they confirmed they had been given records to complete ready for their annual appraisals to talk about their performance and training needs. When needed disciplinary policies and procedures were followed and staff were supported to address performance issues.

The representative of the provider was clear about the visions and values for the service; "We continue to go at the individual's pace, supporting them flexibly around their presenting needs, promoting their independence." They also said, "The team are supported to manage their differences to provide a continuous approach to help people to move on, empowering and enabling both staff and the guys." The provider information return (PIR) confirmed, "We have ensured that we have kept up to date with changes in legislation and have maintained all mandatory training and additional training to enhance staff skills and development so that they provide a good service to the individuals living at the home." The representative of the provider recognised the challenges of the changes ahead and supporting people and staff in this transition. In addition they strove to make sure they "listen to the guys individually, to be aware of the non-verbal clues, it is not always spoken" and to "respect their views".

Although Queens Retreat had a registered manager they had been absent for some time. An acting manager had been appointed and worked closely with the representative of the provider to support people living in the home and staff. Staff said the representative of the provider was "a voice for the people supported" and "a good listener, passionate and genuinely cares." They said they would help "to sort out any issues" and "believed in staff".

People's experience of their care was monitored through a range of quality assurance audits. Daily checks were carried out to make sure the environment was safe in addition to health and safety checks completed at appropriate intervals. The acting manager and representative of the provider also monitored the quality of care records, medicines management and people's activities. The representative of the provider talked about plans to engage an external auditor to assess the quality of care provided. Audits completed by local

agencies such as the fire service, environmental health and the supplying pharmacy provided additional methods of monitoring the quality of the service. The home had been awarded four out of five stars by the Food Standards Agency for the operation of food services. Queens Retreat had been visited by a local organisation which assessed the quality of service provided by visitors who had a learning disability. The outcomes were positive.

The representative of the provider said they kept up to date with national guidance, changes in legislation and best practice by providing training through a national provider. The PIR stated, "We are members of the Gloucester Care Provider's Association, Learning Exchange and SCIE." The acting manager had completed an induction course for registered managers and had registered to complete the Diploma in Health and Social Care at Level 5.