

# Gloucestershire Group Homes Limited

## Wortley Villa

### Inspection report

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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 was an announced inspection which was completed on 6 and 13 July 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.

Wortley Villa provides accommodation and personal care for 5 people. There were five men living at the home when we inspected. 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.

Wortley Villa is situated in the village of Nailsworth close to local shops and amenities. People were they had been assessed as being safe to do so accessed the village independently. The home is situated over three floors which are accessible by stairs. Bedrooms were personalised to reflect the taste and personality of the occupant. On the ground floor there was a lounge/dining room and kitchen which was shared by the five people living in 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.

We found at the last inspection in May 2015 there were two breaches of regulation. This was because staff had not received any statutory training for a number of years and there were no daily records of the care and support that people had received. The provider sent us an action plan. We looked at these areas and the provider had taken appropriate action.

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 individual goals that people were working towards needed more information which would assist in staff providing a more consistent approach. 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 received their medicines safely.

People were supported to access the community either with staff support or independently. There was usually one member of staff working in Wortley Villa. 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. Other health and social care professionals were involved in the care of the people living at Wortley Villa.

The staff were knowledgeable about the people they supported and caring in their approach. Staff commented positively about the management support. Improvements had been made to ensure all staff had received appropriate training specific to their role. This was on going with a training plan in place. Staff were receiving regular one to one meetings with their line manager. However, there were no records maintained to enable senior management to monitor on going progress or concerns.

Systems were in place for monitoring the quality of the service. This included seeking the views of people and their relatives through annual surveys.

## 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 received safe care and risks to their health and safety were well managed. Medicines were managed safely.

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.

### 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, however this would be improved if this was recorded.

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.

### Is the service caring?

Good ●

The service was caring.

People were cared for with respect and dignity. Staff were knowledgeable about the individual needs of people and responded appropriately. Staff were polite and friendly in their approach and showed a good understanding about people with a diagnosis of Asperger's syndrome.

People's views were listened to and acted upon.

### 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. Goals could be made clearer to enable a consistent approach. People were involved in the planning of their care.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

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. People's views were sought in driving improvement to the service.

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

The quality of the service was regularly reviewed by the provider/registered manager and staff.

# Wortley Villa

## **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 6 and 13 July 2016. We spent some time in Wortley Villa on the 6 July and in the provider's office on the 13 July 2016. The inspection was completed by one inspector. The previous inspection was completed in April and May 2015 there were two breaches of regulation. The provider sent us an action plan within the agreed timescale. The provider had taken appropriate action to address these breaches relating to training and completing daily records of care delivery.

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.

We contacted 4 health and social care professionals to obtain their views on the service and how it was being managed. We received one response. You can see what they told us in the main body of the report.

During the inspection we looked at two 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 recruitment, supervision and training information for staff. We spoke with two members of staff, the nominated individual and three people living in Wortley Villa. There were two registered managers working for Gloucestershire Group Home Ltd. We met with both of them as they both shared the responsibility across the six homes which included Wortley Villa.

# Is the service safe?

## Our findings

The concept of safe was not fully understood by some of the people we spoke with. However, they told us they liked living in the home and the staff that supported them. One person told us, "I feel safe in my bedroom, and the staff keep me safe, they are all good". People spoken with did not express any concerns about the way they were treated or supported.

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. One person 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. Staff talked to us about road safety and how they supported people who were unaware of the risks. Where a person independently left the home they kept in regular contact with staff by telephone. Staff told us this was useful in gauging whether the person was anxious enabling them to provide support over the phone or to assistance in person.

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.

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 were safe.

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. The kitchen had been repainted since our last inspection and there was no evidence of any flaking paint. Staff told us at the last inspection there was a good response to repairs and redecoration of the home.

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 were clear about what action they should take if they witnessed or suspected any abuse at the last inspection. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people. Staff confirmed they had received safeguarding training in the last twelve months. CQC has not received safeguarding concerns from or about the service. Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns. Staff confirmed there was a good management presence in the home and they only had to pick up the telephone if they were concerned.

People told us they could seek staff out when required for assistance. Staff confirmed there was sufficient

staff working in the home to support the five people. There was always one member of staff available to provide support. 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 a person with their weekly shopping trip. The person told us this activity took place every week without fail and two members of staff were always available to support them. The person told us this was really important to them. In the afternoon a further member of staff was made available to support another person to go for a walk and out for lunch. Staff told us it was important that people knew the staff well to prevent them becoming anxious.

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 manager told us at the last inspection 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.



# Is the service effective?

## Our findings

People told us they liked living at Wortley Villas and the staff that supported them. One person shouted out as they were going out, "It's alright here and the staff are alright, I am happy".

We found that the registered person had not ensured staff had received regular training relevant to their role at the last inspection. The provider sent us an action within the agreed timescales. Since the last inspection, staff had completed training in food hygiene, medicine administration, fire safety and first aid. Dates had been arranged to deliver mental capacity and deprivation of liberty safeguards and safeguarding adults training in October 2016. Further training was being organised for all staff on 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. The provider had demonstrated compliance.

In addition to the core training, staff had completed training in supporting people living with Asperger's syndrome. Staff were knowledgeable in this area. A member of staff told us everyone was unique. Training had assisted in staff having a better understanding of how the condition could impact people in their day to day life. The training had included an element on effective communication. This was important as some people with Asperger's syndrome find it difficult to interpret and digest information. Clear guidance was available to staff in relation to the communication needs of the people they were supporting. For example, keeping sentences short and giving time for information to be understood by people.

Since the last inspection, the provider had introduced the Care Certificate. This is a nationally recognised induction programme for staff working in the care industry. Evidence was shown to us that two staff had completed this. These staff worked in another service operated by the provider. This was because no new staff had started working at Wortley Villa.

The registered manager told us in the provider information return that they were also planning for staff to complete training in supporting people living with dementia. This was because they had recognised that one person's needs were changing. The staff were working with other health and social care professionals in supporting this person to ensure care was effective and responsive to their changing needs. Feedback from one health care professional said the staff were caring and sensible.

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. We asked to view the records of the supervisions held with staff and were told these were not recorded. This was because discussions may be about personal matters and staff were concerned about a breach of confidentiality. The lack of records meant that the senior management team would be unable to review or monitor staff performance or improvement. A supervision policy was in place including a format to record supervisions. We were told this would be addressed and records being maintained.

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 discussing. Minutes were kept of these discussions including any agreed action.

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. 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.

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. Appointments were made for people to attend appointments with a dentist and opticians. Due to the level of anxiety for one person it had been arranged for the dentist to visit Wortley Villa and the staff told us they were in the process of arranging an optician to visit.

Staff told us they had good relationships with the GP and often they would wait in the car until the person they were supporting was called. This was because it was noted that waiting in a room full of people caused some people increased anxiety. The GP also completed home visits and had done this recently for the annual well man checks. 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.

Staff completed a monthly overview of people's general health which included weight monitoring. Some people were on a healthy eating plan and had been for a number of years. There was no target weight for the person so that progress could be monitored. Staff told us often it was not about restricting foods but portion control for example, not having a second helping.

Care records included information about any specialist arrangements for meal times and dietary needs. Staff told us people could choose to eat their meal in either the dining area or in their bedroom. Some people due to their diagnosis of Asperger's syndrome preferred to eat in their bedroom and this was

respected.

The weekly menu was displayed in the kitchen and showed there was a varied and healthy diet available to people. A member of staff told us there was a four weekly rotational menu and this was changed four times a year. People's preferences had been incorporated into the menu. On the day of the inspection, people were asked what they would like for lunch. One person told us, "The food is alright here; it's pizza and salad today so quite healthy". Staff told us at the last inspection there were no specialist diets however, if there were, these would be accommodated. One person often had an alternative to the planned menu as they preferred more traditional foods rather than curries and pasta.

Wortley Villa is situated in the village of Nailsworth close to all local amenities including shops and cafes. The registered manager told us in their provider information return that there was no heavy industry or excessive night life in the town which they said was appropriate to the low arousal needs of each individual. The people had lived in the home between 8 and 20 years. Staff told us the individuals had built positive relationships in the local area. Staff told us that if a person becomes anxious when out, shop staff will contact the home and ask for assistance. When this happens staff will either respond from Wortley Villa or they would make contact with the on call manager for assistance.

The design, layout and decoration of the home met people's individual needs. All the bedrooms were single occupancy. Two of the five bedrooms were on the ground floor. Three of the bedrooms had ensembles. All areas of the home had been furnished and decorated to a good standard. A programme of decoration was in place.

# Is the service caring?

## Our findings

People told they liked the staff and they liked living in Wortley Villas. Comments included, "I like the staff they are ok here and I am happy" and, "I like it here".

People could move freely around their home and could choose where to spend their time. The home was spacious and allowed people to spend time on their own if they wished. We found people had been supported to personalise their bedrooms, in ways which reflected their individual preferences and needs. Staff told us they would only enter a person's bedroom with their permission and, it was respected that people's bedrooms were their private space. People confirmed this. One person told us staff only enter their room when they were supporting them with cleaning. This meant people had access to privacy when they needed to be alone.

The atmosphere was calm and relaxed. When a person became slightly anxious about what was happening in relation to going out, staff listened and supported the person with making a plan on when they were going, how they were going to get there and what they wanted to do when they arrived. This provided the person with the reassurance they needed. They seemed more relaxed once this discussion had taken place and were enthusiastic about going out.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. We were told that certain 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. People were asked if they wanted to meet with the inspector and where people were anxious, staff provided reassurance and respected their decision.

Some people were known to have increased anxiety when additional staff were in the home. Staff were mindful of this and kept themselves in the office to reduce these feelings for people. This was because the senior care staff and the registered manager would not normally be present in the home on particular day but were assisting with the inspection process. The office door was closed so that the noise levels could be minimised for the people living in Wortley Villa.

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. They spoke positively about the people, describing their interests, likes, dislikes and their personal history. It was acknowledged by staff that sometimes progress was slow and small steps had to be taken so as not to cause the person increased anxiety. One person told us they were very aware they had Asperger's syndrome and found it very frustrating because it restricted them in doing the things they wanted to do. They confirmed that during the times they were anxious staff would spend time talking with them to reduce these feelings.

Staff told us if people wanted to attend church this would be supported and people's religious and cultural

needs were taken into account. One person in the past attended church regularly but now had stated they would prefer to stay at home. This decision was respected. At the last inspection we were told there was another person who liked to attend a couple of times a year. There was a local church in the village.

People were supported by staff to maintain relationships with their relatives. Records contained the information staff needed about people's relationships and family backgrounds. Staff described the arrangements made for people to keep in touch with their relatives. One person told us they were planning to visit their family and a staff member would support them whilst on the train until they reached their destination where they would be met by their relative. Another person had been supported to go on holiday close to their relatives to enable them to keep in contact. Staff told us that occasionally people could be more anxious prior to visits with family and they would need more reassurance.

Staff told us that people living in the home moved around each rather than having a relationship with each other. Staff told us people respected each other's space as they had lived together for a number of years. One person knocked their bedroom door from the inside to let others know that they were coming out. This provided them with some assurances that the hallway would be free from people to enable them to access other parts of the home. In addition we observed both staff and people speaking with this person through their bedroom door. It was evident this person felt more secure with this method of communication.

Staff told us that people were encouraged to be as independent as possible. Some people accessed the community independently whilst others required support. Some people could make themselves snacks and drinks. Whilst others had to be monitored and supported. This was because they would not think to have a drink or eat if they were hungry.

## Is the service responsive?

### Our findings

We found at the last inspection there was a breach of regulation. This was because care plans were not current in respect of one person and there was no daily records being maintained of the care and support that was being delivered. The provider sent us an action plan shortly after the last inspection telling us what they were going to do to aid improvements. What the provider told us they would do had been completed.

The new team leader told us they had reviewed all care records to ensure they reflected people's needs and a new daily record had been implemented for each person. We saw the daily records were on single record for all five people. Consideration should be taken to ensure that where this information was being shared with either the person or other professionals there was not a breach of confidentiality. Assurances were given that this would be reviewed. Daily records enabled the staff to review people's care and their general well-being over a period of time.

Each person had a care plan that described how they wanted to be supported. This included daily living skills, social networks, responsibilities, daily routines and hobbies and interests. Care documentation included any risks associated with their care. There were specific goals that people wanted to work towards. For one person these goals had been in place since 2009. We discussed this with staff and whilst they felt it was still relevant for the person they agreed that more information was required to enable them to monitor and recognise the achievements of the person. This was about healthy eating and reducing weight. There was no information on what the ideal weight of the person should be. Another goal related to their house day, where they were expected to take part in vacuuming, dusting or changing their bed. There was no breakdown of the activities or whether the person had achieved the goal. The new team leader agreed that these required reviewing. This would ensure staff were consistent in their approach.

There were no vacancies in the home and the last person to move to Wortley Villa was eight 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. They told us that annual care reviews were organised involving other professionals, relatives and the person. Care plans were reviewed every three months by staff to ensure they were still relevant to the person. People had been involved in making decisions about the care and support they required. Care was tailored to the person ensuring their individual needs were being met. People had signed their plan of care confirming their agreement.

Some people attended the day centre which was situated near the main office of Gloucestershire Group Homes. Activities were organised based on people's interests for example some people liked listening to music, others like arts and crafts or walks in the local area. One person worked as a volunteer at a local farm and another person visited a local bus depot.

Day care staff were employed to support people, there was a wide range of activities organised depending on the interests of the person. Staff told us since the last inspection a new activity had been introduced and two people were supported to shop, prepare and cook the evening meal on a Monday at Wortley Villa. Day care staff supported the people in the home on this day. Staff felt this had been more productive for people

rather than making cakes in the day centre and was developing their skills towards independence in a more relevant setting. Activities at the weekend tended to be less formal and upon request. There was a vehicle available to enable people to go further afield. This was funded by Gloucestershire Group Homes.

One person had recently expressed an interest in going cycling with staff. Staff had responded to this request and supported the person to purchase a new bicycle and the necessary safety equipment. The person's activity planner had been updated to include this interest. Another person liked to read a particular magazine but was anxious about going to the local newsagent to purchase this. The staff had organised this to be delivered by post to the person. Another example of how the staff were supporting a person was where the individual was reliant on staff for social support. To aid their confidence they were enrolled in a local woodworking group that was open to the local community. Staff said this had been very successful and enabled the person to meet new people without staff whilst doing an activity they particular enjoyed which was increasing their independence.

People told us about the activities they took part in. One person told us they went shopping every week and they were planning some trips to watch cricket. People were also supported to go on annual holidays with staff either individually or in a small group. Staff told us holidays were planned with individuals based on their interests. Two of the people were happy to go on holiday together whilst others preferred going with staff on a one to one basis.

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 as found at this and the last inspection.

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 were 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.

There was a clear procedure for staff to follow should a concern be raised. There had not been any complaints raised by people using the service or by their relatives. A recent survey confirmed that relatives were aware of the complaints procedure and knew who to contact. 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. Staff confirmed there was regular contact with families and concerns were addressed promptly which avoided them escalating into a complaint.

## 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 often only one member of staff working in the home.

Since our last inspection there had been some staff changes with a new senior support worker being appointed. The senior support worker had commenced in post in February 2016 but had worked for the service for a number of years. They were known to the people living in the home as they had provided support in the past. We were told a further member of staff would be leaving shortly. New staff were being appointed to cover the vacant post but in the interim these were being covered by relief staff that knew the people well. Previously the team had been stable with very little turnover.

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 told us they 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 registered manager visited regularly and met with the staff and the people in the home. The senior 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.

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.

There were two registered managers working for the organisation who had responsibility for three homes each. Both of the registered managers visited the home on a three monthly basis and compiled a report on the quality of the service provided to the people living in the home. This 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 current 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 wanted 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 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 as reported in the last inspection report. The registered manager told us they were planning to send these out for 2016.

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

We reviewed the incident and accident reports for the last twelve months. There had been very few accidents. Appropriate action had been taken by the member of staff working at the time of the incident. There were no themes to these incidents.

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.