

Gloucestershire Group Homes Limited

Glebe Road

Inspection report

103 Glebe Road
Minchinhampton
Stroud
Gloucestershire
GL6 9JY

Tel: 01453835023

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06 July 2016
13 July 2016

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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.

Glebe Road provides accommodation and personal care for two people. There were no vacancies. 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.

Glebe Road is situated in the village of Minchinhampton close to local shops and amenities. The design, layout and decoration of the home met people's individual needs. Bedrooms were single occupancy with a shared bathroom. All areas of the home had been furnished and decorated to a good standard.

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 told us they were happy with the care and support they were receiving. They told us they liked the staff team. 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. 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. People told us they were always going out and they could choose what they wanted to do. There was usually one member of staff working in Glebe Road providing 24 hour support. People were happy with the staffing arrangements. They told us extra staff worked in the home to enable them to do the activities they enjoyed. Other health and social care professionals were involved in the care of the people living at Glebe Road.

The staff were knowledgeable about the people they supported and caring in their approach. Staff commented positively about the management support. 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. 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 were involved in making decisions. People's freedom and rights were respected by staff who acted within the requirements of the law.

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's nutritional needs were met.

Staff were trained and supported in their roles. Regular one to one support was in place for staff. However, this would be improved if this was recorded.

Is the service caring?

Good ●

The service was caring.

People received a service that was caring and recognised them 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.

Is the service responsive?

Good ●

The service was responsive.

People's care was based around their individual needs and aspirations.

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 were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans.

Staff actively listened to people and they were involved in all aspects of the running of the home. There were systems for people or their relatives to raise concerns.

Is the service well-led?

Good ●

The service was well led.

Staff showed enthusiasm and commitment to providing a good quality service for people.

People, relatives and staff were given formal and informal opportunities to provide feedback on the service. Where suggestions were made for improvement these were acted upon.

Staff were clear on their roles and aims and objectives of the service and supporting people in a personalised way. 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.

Glebe Road

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 Glebe Road on the 6 July and in the main office on the 13 July 2016. The inspection was completed by one inspector. The previous inspection was completed in July 2014 and there were no concerns.

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 one person'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 both people living at Glebe Road.

There were two registered managers working for Gloucestershire Group Home Ltd. We met with both of them as they shared the responsibility across the six homes which included Glebe Road.

Is the service safe?

Our findings

People told us they felt safe in their home and with the staff that supported them. They said there were enough staff supporting them. One person told us they did not want more than one staff working in the home, as this would be too many and would detract from it being their home. People told us they were able to spend time in the home alone without staff for short periods. One person told us they regularly met up with friends without staff but they kept in contact with them by telephone. Staff confirmed that one person went out independent of staff and the mobile phone meant that if the person felt unsafe or anxious they could respond promptly.

There was always one member of staff working in the home providing 24 hour cover. There was a lone working policy and an on call system should staff and the people need additional support. There was also additional staff to support with activities, such as on a Tuesday when one of the people liked to go for a walk and the other person shopping. This enabled the individuals to participate in the activities of their choice.

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.

Staff were confident that the registered manager or the senior support worker would respond to any concerns raised about poor practice. They were aware they could also go straight to the provider if they felt this was not responded to promptly. Staff raised no concerns about the practice within the home and people told us they were treated well by the staff and each other.

A safeguarding adult's policy was available to staff to guide them on the procedure to follow. In addition they had received training in safeguarding. There was a whistle blowing policy enabling staff to raise concerns about poor practice.

The home was clean and free from odour. People told us they were supported by staff to complete daily chores and the cleaning of their bedrooms. There were policies and procedures in place to guide staff on minimising the risks in respect of infection control.

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. There were policies and procedures in the event of an emergency and fire evacuation. Staff confirmed they took part in regular fire evacuations.

Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept.

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 they were re-checking 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 the staff that supported them. One person said the staff knew them really well, they liked all the staff and they had confidence in the staff to support them in the right way.

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 told us there had been no applications in respect of the Deprivation of Liberty Safeguards. (DoLS). This was because people had been assessed as having the mental capacity to make their own decisions. People told us there were no restrictions and they were free to come and go as they liked. Staff told us that people had the mental capacity to make decisions but it was important to explain in a way so the person could fully understand. For example in one person's care records it clearly stated they must be given time to understand and time to respond to the information.

Records confirmed people had access to a GP, dentist and opticians and could attend appointments when required. Staff completed a monthly overview of people's general health which included weight monitoring.

People told us there was always enough to eat and drink and they were happy with the food that was provided. People independently accessed the kitchen to make drinks and snacks. People told us they had a weekly take away or went out for lunch on a Saturday and they took it in turns to choose what take away to have or where to go out to eat.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with a good range of training and this had improved over the last year. This provided staff with the knowledge that enabled them to support people safely and effectively. They told us training needs were discussed at staff meetings and during annual appraisals with their line manager. There was a training plan in place for each member of staff and for the team as a whole.

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 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. One member of staff told us they were still to complete their first aid but this had been arranged for September 2016.

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.

The provider had introduced the Care Certificate in response to an inspection at one of the other services managed by Gloucestershire Group Home. 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. These staff worked in other another service operated by the provider. This was because no new staff had started working at Glebe Road.

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 with records being maintained. There was a supervision matrix which both the member of staff and the senior support worker had signed to confirm this had been completed.

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.

Glebe Road is situated in the village of Minchinhampton close to local amenities. The registered manager told us the area is quiet and peaceful which is appropriate to the low arousal needs of people living in the home. Both people had been living in the home for over 14 years and the location provided good access for shopping, cafes and country walks. There were good public transport links to the City of Gloucestershire and surrounding areas.

The design, layout and decoration of the home met people's individual needs. Bedrooms were single occupancy with a shared bathroom. All areas of the home had been furnished and decorated to a good standard. A programme of decoration was in place. Both of the individuals confirmed they had been consulted about the decoration of the home and were aware of any planned works. For example the lounge was being decorated as recently the boiler and the radiators had been replaced. They also told us about how the garden had been landscaped making it a better place to spend time in. A gardener was employed to tend to the garden.

Is the service caring?

Our findings

People told us they liked the staff that supported them. They told us they had a named member of staff, a key worker, who helped them to plan their support needs. Both people had an identified key worker, a named member of staff. They were 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 Glebe Road as their home telling us they had lived there for many years.

The registered manager and staff clearly knew the two 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. They spoke positively about the people, describing their interests, likes, dislikes and personal histories.

We were told that both people could be unsettled by having visitors in the home who they were not familiar with. Staff reassured both 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. Both people were happy to speak with us during our inspection.

A member of staff told us that sometimes there was not a good atmosphere in the home. This was because a person would be confrontational and say unpleasant things about the staff member's personal circumstances. They clearly said that this must not be taken personally and, showed empathy to the anger the person was experiencing. This was because the person had an understanding of their condition and at times became frustrated with what was going on around them which they took out on the staff that were on duty. Staff told us during these times space was required until the person was ready to talk through these anxieties logically. Opportunities were given to each person to spend time with the senior support worker doing an activity of their choice on a one to one basis each week. The senior support worker told us this was important as they would engage in general conversation with the person about how they felt the care and support was going, or any anxieties they were experiencing.

Both people were involved in every day aspects of the running of the home. This included menu planning, choosing the décor, completing housework and shopping. Staff told us the weekly shop was done by staff because people found this particularly difficult. This was because of the time it took and the supermarket was very busy. However, people were encouraged to go shopping for everyday items, such as bread and milk. On the day of the inspection a person had gone out with staff to purchase items to make a lasagne.

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. Both people had been assessed as being safe to

spend time in their home alone without staff for short periods of time. A person said this was good because it was their home. 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. They said over the years this had improved, telling us the staff were less controlling which has made them feel Glebe Road was more like their home.

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. Staff told us social events were organised where family and friends were invited such as a recent birthday party. People confirmed there had been a party at the weekend to celebrate a birthday and the person was able to invite who they wanted.

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 their plans of care where relevant.

Is the service responsive?

Our findings

There were no vacancies in the home and the last person to move to Glebe Road was 14 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.

Care plans contained information to guide staff on how the person wanted to be supported. 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.

People told us about the activities they regularly took part in. This included local walks, shopping and attendance at a local day centre called Guide Post. One person attended Guide Post two days per week and the other person one day a week. Staff told us this enabled people to meet with friends outside of the home. From talking with staff and people it was evident that they were supported to choose what they wanted to do on a daily basis. Staff told us the only day people remained in the home was on a Sunday and, even then often people would want to go to the local garden centre after lunch. Each person had their own personalised timetable enabling them to participate in activities of their choosing. One person told us they liked to go shopping and meet with a friend every Wednesday. They caught the bus independently and sometimes the staff would meet them from the bus in the neighbouring Village of Nailsworth or actually meet them in Gloucestershire.

Staff told us about how they responded to people's individual care and support needs. They described a culture where people were involved but on occasions would need positive encouragement. For example, with personal care or in relation to drinking plenty of fluids. Staff were observed encouraging one person to drink plenty due to the weather. Staff told us communication was the key to providing good consistent care especially where people may refuse to bath or drink. This enabled the staff on the next shift to provide further encouragement to the individual. Staff stressed the importance of not being confrontational and doing things at the pace of the individual.

People told us about holidays that had been organised and day trips to places of interest. From the conversations with people activities were organised based on each person's interests and hobbies. For example one person particularly liked cars and they had been to a motor show and a motor museum. Whilst the other person liked shopping and had been supported to go to Cardiff and Bath. Staff told us further trips would be planned in August 2016. There was a vehicle available to enable people to go further afield. This was funded by Gloucestershire Group Homes.

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 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. People told us they would talk to staff if they were unhappy. 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

Both people told us they liked living in the home. When we asked what could improve one person said nothing and the other person said the redecoration of the lounge. They then told us this was being done shortly. It was evident people were happy with the staff that supported them and their living arrangements. What they liked about the service was that Glebe Road was their home and they could come and go as they wanted either with staff support or on their own.

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. Staff told us the management team phoned the service daily to enquire about the running of the home and the welfare of the people and staff. 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.

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 were taking 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 the staff to follow up on any agreed actions.

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. One person said they did not want the management of the service to regularly visit as this detracted from the feeling of it being their home.

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. A member of staff spoke positively about the relationship they had with the management of the service stating the senior support worker was "fab". 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. Other staff had completed a National Vocational Qualification (NVQ) which has been replaced by the diploma in care.

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. 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. One of the registered managers told us they were in the process of reviewing the quality assurance systems to ensure that it was more robust. This would include the frequency of the visits and checks that were made. They acknowledged these had not been so frequent due to a period of leave of one of the registered managers.

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.

The Trustees 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 with records kept.

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. These were attended by the registered manager, the senior support workers and the nominated individual. The nominated individual is a registered person along with the registered managers and has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. However, there were no written records of these weekly 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. Both people said they agreed with all the questions. Surveys included questions about whether the staff explained what was happening, whether the person liked who was on duty and were they included in making decisions about what to do each day and whether they had someone to speak with if they were unhappy or upset. People confirmed they knew how to complain and the staff listened and gave them help when needed. One relative praised the service by stating, "We are really pleased how well X (name of person) is cared for and they are talking so much more".

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.