

Gloucestershire Group Homes Limited

Churchill Road

Inspection report

65 Churchill Road
Forest Green
Nailsworth
Gloucestershire
GL6 0DE

Tel: 01453835023

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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 September 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.

Churchill Road provides accommodation and personal care for up to three people. There were two people 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.

Churchill is situated in the town of Nailsworth close to local shops and amenities. The home is arranged over two floors which are accessible by stairs. All bedrooms were single occupancy which people could personalise to suit their individual taste.

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 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. People had been consulted about their care needs and their views sought about the service. For one person this was done informally to avoid increased anxieties.

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's medicines were managed safely. The over counter medicines people could take would benefit from a review. Health and social care professionals were involved in the care of the people where required.

People were supported to access the community either with staff support or independently. There was usually one member of staff working in Churchill Road. 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.

The staff were knowledgeable about the people they supported and caring in their approach. Staff felt supported by the management team. Staff received training relevant to their needs. There was a training

plan in place which was being monitored by the senior management team. Staff were receiving regular one to one meetings with their line manager.

Systems were in place for monitoring the quality of the service which included visits from the provider and the registered manager. Although these were not always recorded. Senior management meetings were held weekly. There was a lack of records of these meetings showing areas of improvement or risks. People's views were sought through surveys. The provider told us these had not been sent for 2016 as they were reviewing the format to ensure it was appropriate.

We have made a recommendation about the recording of information.

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. People's 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 people 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 received appropriate training for their role and there was a clear training plan in place. Regular one to one support and team meetings were in place for staff.

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.

The design, layout and decoration of the home met people's individual needs.

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. Staff showed empathy towards people.

Staff were knowledgeable about people's daily routines and personal preferences.

People were supported to maintain contact with friends and family.

Is the service responsive?

Good ●

The service was responsive.

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

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

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

Is the service well-led?

Good ●

The service was well led.

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

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

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

Churchill 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 September 2016. The inspection was completed by one inspector. The previous inspection was completed in October 2013 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 registered manager and one person living at Churchill.

One of the two people living at the home was out for the day when we arrived, the other person only wanted to talk to us for a short period of time about their experiences. We therefore relied on discussions with staff and reviewing of the records relating to the care, welfare and safety of the people living at the home.

Is the service safe?

Our findings

Staff described to us how they kept people safe. They spoke about people in a very individualised way and how they were supporting them to keep safe. Both people accessed the community independently and were offered opportunities to stay in the home alone. This was because they had been assessed as being safe to do so. Guidance was in place for staff in respect of people being alone or if they did not return at a certain time. Staff told us people had very fixed routines so you would know if a person was late or if there was a concern. Other staff could be contacted in the event of an emergency or if a person went missing. Staff told us they were able to contact an on call manager for support.

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. Regular reviews of people's skills were completed to ensure they were safe. Risk assessments were in place for areas such as using household appliances or accessing the local area. Staff told us there were strong links with the local neighbourhood, shops and cafés and, if a person was unsettled or anxious when they were out they would make contact with staff from the home.

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.

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. People had a list of homely remedies (over the counter medicines) they were able to take. This would benefit from a review with the person's GP as this had not been reviewed since 2008.

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. One person told us they liked the staff that supported them.

A safeguarding adult's policy was available to staff to guide them on the procedure to follow in the event of an allegation of abuse. In addition they had received training in safeguarding. However, the member of staff was not aware of the role of the local authority in safeguarding vulnerable adults. This included the reporting of allegations of abuse to the local authority's safeguarding team. The member of staff was signposted to the organisation's policy and procedure. There was a whistle blowing policy enabling staff to raise concerns about poor practice. Staff told us they were planning to attend a training update in safeguarding in October 2016.

There was always one member of staff supporting the two people. Staff told us they felt the staffing was

appropriate to meet people's needs. 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 when required. Staff told us it could be unsettling to people if there were too many staff working in the home.

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. Recruitment information was viewed at the main office on the 13 July 2016 when we were inspecting another service owned by the provider. The registered provider was 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.

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 as they experienced increased anxiety as a result of staff changes.

The home was clean and free from odour. There were policies and procedures in place to guide staff on minimising the risks in respect of infection control. Staff told us they were planning to complete further infection control training in January 2017.

Is the service effective?

Our findings

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 people 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. One person told us there were no restrictions and they were free to come and go as they liked. Staff told us it was sometimes difficult to offer people choice as this was an area they sometimes struggled with due to their Asperger's syndrome. They said it was important to ensure information was in a format they could understand and, to give them time to digest and understand what was being asked. For one person this may be offering only two choices as the person would get confused and upset.

Records confirmed people had access to a GP, dentist and optician and could attend appointments when required. Staff completed a monthly overview of people's general health which included weight monitoring. We saw that one person was regularly refusing treatment and staff respected the person's decision. However, it would be beneficial for the person if there was guidance for staff on how this could be monitored. For example, if an eye test was refused to seek guidance from the person's GP/optician on alternative ways of monitoring the well-being of the person.

Staff told us there was always enough to eat and drink and generally people were happy with the food that was provided. People chose to eat separately with one person eating their meals in their bedroom. People independently accessed the kitchen to make drinks and snacks. Staff told us people were offered an opportunity to have a weekly take-away on a Saturday. There was a focus on healthy eating and providing people with advice. However, it was acknowledged that people had fixed ideas on what they liked and disliked.

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. 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.

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.

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 Churchill 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. 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 every three months or when important matters required discussion. Minutes were kept of these discussions including any agreed action.

Church Hill Road is situated on the outskirts of the town of Nailsworth close to local amenities. The registered manager told us the area was quiet and peaceful which was appropriate to the low arousal needs of people living in the home. Both people had been living in the home for over 20 years and the location provided good access for shopping, cafes and country walks. There was good public transport links to the City of Gloucester and surrounding areas. People had access to a vehicle owned by Gloucestershire Group Homes to enable them to go further afield.

The design, layout and decoration of the home met people's individual needs. The home is registered to provide support to three people. Two people were living at Churchill Road. Bedrooms were single occupancy with a shared bathroom, toilet and shower room. There were four bedrooms. One person had a ground floor bedroom. All areas of the home had been furnished and decorated to a good standard. A programme of re-decoration was in place.

Is the service caring?

Our findings

One person told us they were happy living at Churchill and liked the staff team that supported them. Relationships with this person, the staff and the registered manager were informal and friendly. The person told us they could come and go as they pleased and often went into the local town for a coffee and to meet a friend.

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

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

There was guidance for staff on the daily routines of people and the role of staff. This was called a 'guide to working at Churchill'. This stated, "Consistency and structure of routine is a key to successfully supporting someone with an autistic experience. Therefore it is important for each individual living at Churchill Road to have an individual daily timetable". The guidance gave staff information about daily routines and places that people liked to go throughout the week. For example, one person liked to go to the pub. Staff provided transport to Stroud and then picked them up two hours later. Staff told us to reduce the effects of alcohol, they encouraged and supported the person to buy items for their lunch before they went to their afternoon activity. Staff said the person was very time specific so it was very important to be on time as this would cause them increased anxiety. Although the person may be a few minutes later.

The provider told us in the Provider Information Return (PIR) it was paramount that staff had a deep understanding of each person's autistic tendencies ensuring they were treated with dignity and respect. They said it was important to acknowledge the world from the person's perspective and this was a priority for the staff working for the organisation. They told us autism was a particularly disabling condition with regard to understanding personal interaction, social communication and coping with change. Staff echoed these sentiments during the inspection and described how they supported people in a very unique way and the importance of having familiar staff that knew people well. Agency staff were never used and any shortfalls in staffing were covered by a core group of relief staff that knew people well. This was because they had met them at the day centre or had worked in the home previously.

People were encouraged to be as 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. It was evident this also encouraged people to be independent and have control over their own life.

One person had access to two bedrooms. This was because when they were particularly anxious they preferred to sleep upstairs. Staff said this was very much down to the person where they wanted to sleep. Staff told us that both individuals prefer their own company and would seek staff out if they required support. For example one person liked to access the lounge area to watch television but prefers to do this on their own. Staff told us they withdrew to the sleep in room during these periods. They said this was important as it was the person's home.

Care records included information about important relationships in people's lives and what support was required to maintain contact. One person told us they were supported to visit relatives overseas every year. Staff supported them in this area and they indicated they had chosen the member of staff they wanted to support them.

Is the service responsive?

Our findings

Both of the people who used the service were given appropriate information and support regarding their care or treatment. We saw that one person had recorded in their care records that they did not wish to participate in the care planning process or meetings about their care. Their wishes had been respected. The registered manager told us this person wrote letters about any anxieties or concerns they had. For example recently they had expressed some concerns about how the home was staffed stating they did not want a particular staff member to work on a certain day. The rota was reviewed in light of these comments to accommodate the wishes of the person. Another example was where they were concerned about the menu and the meat free options again this was addressed. People were given opportunities to meet with the registered manager or the senior support worker to discuss any concerns they may have on an informal basis. Usually they went for a walk or to the local garden centre for a coffee. Staff said that if this was done formally the person would become anxious.

The home was registered to provide support to three people. There were two people living in the home at the time of the inspection. The registered manager told us there were no plans for a new person to move to the home. This was because both people had said they did not want anyone else to move to the home. This was being respected by the provider.

Care and support records included individualised risk assessments which described how to manage risks associated with people's needs or planned support. For example, where a person might react in ways that put themselves or others at risk of harm. The assessments stated what might cause the individual to react in a certain way, and how staff should act to prevent the causes or triggers when possible. There was information on early signs that the person's behaviour was going to change, so that staff could provide appropriate support to the person or others around them. Staff were well informed about the information recorded and the people they supported.

Staff told us how they provided reassurance to a person when there was a known trigger. For example one person did not like traffic, so staff planned each journey to make sure there was no road works or increased traffic due to a local event. Staff told us often other staff working for Gloucestershire Group Homes would contact the home to tell them of any traffic congestion or road works. The staff member said sometimes it was not avoidable and they would clearly explain to the person and offer them reassurance about the journey.

We were told prior to our inspection that one person did not like the doorbell being rung. There was a note on the door informing others of this information. This included contact details for the on call so they could respond to any queries of the caller. Staff described the importance of a low arousal environment for this person where they minimised the noise within the home. For example the phone was set at the lowest ring, fire alarms were never tested when this person was at home and doors closed to prevent banging. Staff told us it was important for maintenance to be planned as power tools would increase this person's anxiety. This showed that staff were responding to the needs of the person showing a good sight into their condition including removing some of the triggers.

People were supported to take part in activities on their own and supported on a one to one basis by familiar staff. Activities that people took part in included attending a day service, shopping, aromatherapy and day trips to places of interest. On the day of the inspection one person had gone into Stroud to the pub on their own. The other person told us they were going to a local garden centre for a cup of tea and a piece of cake. They told us they liked going there and often met a friend from another home managed by Gloucestershire Group Homes.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us there was really good communication between the staff. This ensured staff had appropriate information to respond to people's needs and 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. In addition to the daily handovers, staff completed daily records of the care that was delivered to each person. Daily records enabled the staff to review people's care and their general well-being over a period of time.

There was a clear procedure for staff to follow should a concern be raised. There had not been any complaints made by people or their relatives in the last twelve months. Staff told us the two people generally got on well however, it was acknowledged that they spent little time together. One person preferred to spend time in their bedroom which included eating their meals in there.

Is the service well-led?

Our findings

The registered manager was mainly based in the main office. Staff confirmed the registered manager visited regularly and met with the staff and the people in the home. A senior support worker had day to day responsibility for the home and managed and supervised the staff on a regular basis.

Staff were knowledgeable about the people they supported and had received training in supporting people with Asperger's syndrome. Some staff had completed or were in the process of completing a certificate, diploma or degree in supporting people with autism. Other staff had completed a National Vocational Qualification (NVQ) which has been replaced by the diploma in care. One member of staff told us the degree they had completed with Birmingham University in supporting people with autism had been invaluable. They said the provider was committed to ensuring there was a trained workforce that had a good understanding of supporting people with Asperger's Syndrome.

There were two registered managers working for the organisation who had responsibility for three homes each. The registered managers completed checks on the service. We noted that these had not been consistent. The most recent visit was in July and August 2016 and there were no other visits since December 2015. The registered manager told us these had not been completed during their period of absence but moving forward these would now be completed every two months. Records were maintained of these checks. The visit included spending time with people, looking at records and the environment. The reports showed that areas of improvement were identified such as making sure care plans were up to date or decoration was completed. These were followed up on subsequent visits to ensure appropriate action had been taken.

Staff confirmed they could contact an on- call system in the event that they required support in person or via the telephone. They told us there were good systems of support and knew in the event of an emergency another member of staff or the senior management team would respond.

The registered manager and the staff had a good understanding of the culture and ethos of the organisation. There was a commitment to treat people as individuals and to provide a safe service. Staff told us what they liked about working for the organisation telling us they had worked for Gloucestershire Group Homes for many years. They said there was a real commitment from the provider/staff to provide care and support that was reflective of people's interests in a homely environment.

Gloucestershire Group Homes Limited had quarterly board meetings. These were attended by four members of the committee who were Trustees and the senior management team. The Trustees were made up of local business people and in the past there had been 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. There were no minutes of these meetings. The lack of records meant that information may get lost over time and there was no evidence of any discussions about any risks or improvements. These were attended by the registered manager, the senior support workers and the nominated individual. A nominated individual is a person registered with us by the organisation as a senior person with the necessary skills, qualification(s), knowledge and experience and demonstrates the competency required to supervise the management of the regulated activity.

Annual surveys were undertaken to obtain people's views on the service and the support they received. These were also sent to friends and family, staff and visiting professionals. We saw the results of the last survey, which were all positive. The registered manager told us they were planning to send these out for 2016 but this had been delayed as they were reviewing the format. A meeting had been planned for the day after the inspection to discuss where these could improve ensuring they were valuable in driving improvements within the service.

We reviewed the incident and accident reports for the last 12 months. There had been very few incidents and 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 there were no reportable incidents or accidents. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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