

# Stroud and District Homes Foundation Limited

## The Gables

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

The inspection was announced. We gave the provider 24 hours' notice of the inspection of the regulated activity personal care (the domiciliary care service provided to people in the three supported living houses) to ensure that the people we needed to meet with were available. The last inspection of this service was in April 2014 and no breaches of legal requirements were found at that time.

The Gables is registered to provide accommodation for up to five people in the care home and also provides a personal care service (domiciliary care) to 20 people who

live in three shared houses (supported living arrangements). The three supported living houses are Barn Lodge and Stonehaven on the same site as The Gables in Stroud and Cotswold Grange in nearby Stonehouse. For the purposes of this report we have referred to the personal care service as the community service and used The Gables when referring to the care home. Both services care for people who predominantly have learning disabilities needs.

There are two registered managers in post, one for The Gables and one for the community service. A registered

# Summary of findings

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 managers and staff teams for both The Gables and the community service were knowledgeable about safeguarding issues however we found that a significant safeguarding event had occurred and not been reported to the managers, the local authority or CQC. The failure to report this event may have placed people at further harm.

Any risks to people's health and welfare were assessed and appropriate management plans were in place. Where people needed support with moving and handling, there were safe plans in place. Medicines were well managed and staff followed safe work practices to ensure that errors were not made. Staffing numbers on each shift in The Gables were sufficient to meet people's care and support needs. There were sufficient staff to provide the agreed level of support to the people in the three shared houses.

Staff were provided with the training they needed to do their jobs and were well supported by the managers and their colleagues. The staff ensured people had sufficient

food and drink and encouraged people to eat a healthy diet. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

There were good long-term relationships between people who lived in The Gables and those who received a community service and the staff spoke respectfully about the people they were looking after. People were treated with respect and dignity and were involved in making decisions about how they were looked after and supported.

People received care and support that met their specific needs. They were encouraged to express their views and opinions, the staff listened to them and acted upon any concerns to improve the service.

Both The Gables and the community service were well managed with a strong leadership team for the support workers. People's feedback was valued and used to make changes to service provision. The quality of service provision and care was monitored to ensure that people's needs were met safely.

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe in all aspects.

People may not be protected from being harmed because staff in the community service had not always reported events that had happened.

All staff received safeguarding adults training and were informed of what actions to take if abuse was witnessed, suspected or reported.

Risks to people's health and welfare were well managed. Appropriate management plans were in place to reduce or eliminate the hazards.

The recruitment of new staff followed robust procedures and ensured only suitable staff were employed.

Medicines were managed safely in both services but minor improvements were needed with some records.

**Requires Improvement**



### Is the service effective?

The service was effective.

People were looked after by staff who had the necessary knowledge and skills to meet their needs.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards legislation. Staff ensured consent was obtained before providing care and support. Where people lacked capacity to make decisions appropriate measures were in place to ensure their human rights were respected.

People were supported to have an adequate diet and enough to drink. They were supported to either prepare their meals or to eat their meals and were encouraged to eat a healthy diet.

People were supported to see their GP and other healthcare professionals as and when they needed to do so.

**Good**



### Is the service caring?

The service was caring.

People were treated in a respectful manner and with kindness. They had good relationships with the staff who were looking after them. Staff spoke knowledgeably and respectfully about the people they looked after.

People were looked after in the way they wanted and the support workers took account of their preferences and personal choices. People were encouraged to make decisions about things that affected their daily lives.

**Good**



# Summary of findings

## Is the service responsive?

The service was not fully responsive.

The records kept in respect of the community service did not reflect the care and support provided however people did receive the care they needed.

Assessment and care planning arrangements for both services ensured each person received personalised care.

People felt able to raise any concerns they may have and would be listened too by the staff and the managers

**Requires Improvement**



## Is the service well-led?

The service was well led.

People were satisfied about how the service was managed. Staff ensured they always provided a service that met people's individual care and support needs.

People and staff said they were listened to and their views were actively sought.

Measures were in place to monitor the quality of the service in both The Gables and the community service. Learning would take place following any accidents, incidents or complaints to prevent further occurrences.

**Good**



# The Gables

## 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 was 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 inspection took place on 9 and 10 April 2015 and was announced. The provider was given 24 hours' notice of the inspection because the service provides care services to people who live in their homes and we needed to be sure that staff we wanted to speak with were available. One inspector completed the inspection.

The inspection team consisted of one inspector. The last inspection of The Gables was completed on 24 April 2014.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which

the services are required to send us by law. We had not requested that the Provider Information Record be submitted before this inspection. We also looked at the previous inspection reports before the inspection.

We contacted two health and social care professionals as part of the planning process and asked them to provide us with their views and opinions of the service and how it supported people.

During the inspection we spoke with four people who lived in The Gables and met with five people who received support in their own home. Not every person was able to express their views verbally or were willing to engage with us. We therefore spent time observing care and the interactions between people and staff. This helped us understand the experience of people who could not tell us about their life in The Gables or the support they received in their own home.

We looked at seven care records, six staff recruitment files and training records, staff duty rotas and staff shift plans. We also looked at other records relating to the management of the home and the community service.

# Is the service safe?

## Our findings

Those people who lived in The Gables said “They watch out for me when I go out for a walk”, “I am alright” and “The staff keep me safe”. People who received the community services also said they were safe. They commented “The staff make sure I am safe”, “I am alright and I am never hurt” and “I don’t get on with everybody and the staff look after me when I am upset”.

Staff told us that people in one of the shared houses, did not always get on together and they had to be vigilant when they were both at home. They said that there were occasions when the two people “had words” but “they had always behaved towards each other like this but it was getting worse”.

Staff from both The Gables and the community service said they would report any concerns they had in respect of the people they were looking after to their manager or the on call manager. However, a significant safeguarding event had occurred a couple of days prior to our inspection in one of the shared houses. Two of the tenants had an altercation and were found to be “grappling around on the floor”. The support workers had completed an incident record but had not reported the event to their manager, or reported to the local authority safeguarding team and CQC. This error was addressed during the inspection however there had been a failure by the service in their safeguarding reporting protocols which may have placed people at further harm.

**This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

All staff received safeguarding training during their induction programme and on a regular refresher basis thereafter. New recruits attended a three hour training session at the local college and one of the new support workers in The Gables confirmed they had done this. Staff training records confirmed that all staff (apart from one very new recruit) were up to date with their safeguarding training. The registered managers used individual supervision sessions and team meetings to talk about safeguarding as a means of ensuring staff were aware of their responsibilities.

Risk assessments were completed for each person who lived in The Gables and for those who received a

community service. The registered manager for The Gables and the team had reviewed and reduced the number of risk assessments for each person since the last inspection. Management plans of those risks were recorded in a more succinct format. Where support workers assisted people with moving and handling a safe system of work had been devised. For those people who received a community service, a generic risk assessment had been completed for each of the three shared houses. These measures ensured that people and the staff team were protected.

The provider had a business continuity plan in place. This set out the actions to take in the event of loss of utility services, adverse weather conditions, IT equipment failure and staffing issues. A personal emergency evacuation plan (a PEEP’s) had been prepared for each person in The Gables. These detailed the level of support each person would need if the building needed to be evacuated. In The Gables all the required fire safety checks had been completed, along with fire drills, water safety checks, equipment and vehicle checks.

Safe recruitment procedures were followed before new staff were appointed to work with people in both The Gables and the community service. Appropriate pre-employment checks were completed. These measures ensured people were looked after by suitable staff.

Staffing numbers in The Gables were based upon the support needs of the people who lived there and the activities they each had arranged on a given day. The registered manager was available each weekday and was also the registered manager for the providers other small care home. The registered manager divided their time between the two services. A new deputy manager had been appointed in January 2015. Since the last inspection two key members of staff had left the service and the service had struggled to recruit new staff until recently. The service has used agency staff a lot in the last year to cover the staff vacancies but had now recruited three new staff. There were still a small number of vacant hours to fill. People were supported by a team of seven support workers and the two managers. There were generally three staff in the mornings and two in the evenings. Overnight there was a staff member that could be called upon to deal with any events. Staff said staffing levels were appropriate and the numbers of staff were adjusted when people had outings arranged. People were looked after by staff who were familiar with their needs and preferences.

## Is the service safe?

The registered manager for the community services was supported by a deputy manager, team leaders in each of the three shared houses and support workers. The number of staff required was based upon the local authority commissioned service. Each person now had a personal budget for individual support (1:1 hours) and shared support with the rest of the tenants in the shared houses.

People were protected against the risks associated with medicines. Those people who lived in The Gables were each assisted with their daily medicines. The arrangements in place for the re-ordering, receipt, storage, administration and disposal of medicines was in line with safe practice. The training staff had to complete before they were able to administer medicines was in the process of being changed to a more robust process. The staff had workbooks and knowledge papers to complete and also a competency assessment. Staff we spoke with confirmed that training and competency assessments had been carried out. Staff were provided with information about the medicines people too and completed a medicine administration record (MAR chart) after medicines had been given.

Those people who received a community service retained responsibility for their own medicines where possible. Support staff told us that two people administered their own medicines and completed their own medicines administration records (MAR). Each person had been assessed as to the level of support they needed with their medicines and this was detailed in their care and support plan. Each person had a locked cabinet in their bedroom where their medicines were stored. The provider had a specific medicines policy for the supported living service (the three shared houses). The registered manager explained all medicines for the 20 people they supported were still reordered “in bulk” at the same time. The registered manager was aware this needed to be amended and each individual person be supported to reorder and collect their prescribed medicines within their 1:1 time.

When people moved temporarily away from the service, any medicines they needed to take whilst they were away were “signed out” to a third party, however they were not always signed back in. The registered manager acknowledged these records needed to be completed.

# Is the service effective?

## Our findings

People in The Gables said, “The staff are always here for me”, “The staff look after me and take me out” and “I have been out for a walk today. They know I like doing this”. One person did not want to have conversations with us but said “everything was alright”. Those people who received community services said, “I get my 1:1 time and I like to go out in the car”, “The staff help me do my washing and tidy my room” and “I am going out to the cinema this afternoon and the staff have helped me find out what time the film starts”.

People who received support from both services were encouraged to be part of the local community. Some were able to go out independently whilst others needed to be supported by staff or escorted by staff. People were supported to find paid work or volunteer work where possible, to attend day care services and to take part in social activities of their choice. Examples of activities that people were involved in included swimming, social clubs and disco’s, visits to the local pub for lunch and holidays away from The Gables.

Staff had the necessary skills and knowledge to meet people’s care and support needs in both services. Staff we spoke with were knowledgeable about the people they were looking after and were able to talk about their individual preferences and daily routines. They were able to tell us about the activities people liked to do.

Staff from both services received the training they needed to do their job well and enabled them to meet people’s needs. New staff completed an induction training programme when they first started working in the home or the community service. A new modular training package had been introduced – some of the training was mandatory for all, for example fire awareness, food hygiene, the Mental Health Act 2005, health & safety and infection control. Examples of additional training that had been completed included dementia awareness, positive behavioural management, epilepsy, communication and record keeping.

Both registered managers had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The two registered managers and two deputies had a good understanding of capacity issues. The MCA is a law about making decisions and what to do when

a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty. These safeguards protect the rights of the people who live in the care home to ensure that the restrictions placed upon their freedom and liberty, were appropriately authorised and were in the person’s best interests. The registered manager for The Gables had submitted standard DoLS applications to the local authority for each of the five people who lived in the service.

All staff had to complete on-line MCA training and those that worked in The Gables also had to do DoLS training. The new training package being introduced will include completion of a work book and knowledge check. Those senior staff and support workers we spoke with had an understanding of capacity issues. We saw evidence in people’s care files where best interest decisions had been made in conjunction with other relevant health and social care professionals.

Staff from both services were well supported. Supervision agreements had been signed by the supervisor and the supervisee’s and records were kept of all sessions. Individual staff supervisions were arranged on at least a monthly basis for new support workers and they were allocated a mentor to see them through the induction period. Supervisions were shared in both services between the registered managers and the deputies, and in the community service, the team leaders in each of the houses.

There were regular staff meetings with the respective managers to discuss the service, training needs, duty rota’s and people’s specific needs. We saw the records of the staff meetings in The Gables which the registered manager tried to hold on a monthly basis.

People in The Gables were offered a wide choice of meals and types of food and were encouraged to assist in deciding what they would like to eat. People were encouraged to eat healthily. Body weights were monitored where a risk of weight loss or weight gain had been identified. Those people who received a community service were provided with the agreed level of support they needed to meet their nutritional and hydration needs. They



## Is the service effective?

too were supported to have a healthy diet and their weight was monitored. Some people were able to help with food preparation and were supported by the staff to do this and to learn new skills.

Each person supported by both services had a health action plan in place and were registered with a local GP. Those people who received a community service were supported to attend GP appointments during their individual 1:1 time where possible in order to not impact

upon the support for the others. People were supported to visit the surgery whenever they were unwell or when they needed to attend for treatments. People were supported to attend other health and social care appointments for example the dentist, hospital consultant visits and for X-rays. Records were kept of all appointments with health and social care professionals, any actions resulting from those meetings and the outcome.

# Is the service caring?

## Our findings

People said, “I like living here”, “I like going out in the car and going to the pub for fish and chips” and “The staff are very kind to me and they are my friends”. One person in The Gables said, “I have lived here a long time and I like living here”.

During our time in The Gables and in the three shared houses we spent time watching the interactions between people and the staff who were supporting them. There was a good rapport between the staff and the people being looked after or supported. People were conversing with the staff and they were being listened to.

People who received a community service and lived in the shared houses were supported by small numbers of support staff. This meant they were looked after by staff who were familiar with their needs. There was a keyworker system in place. A keyworker is a member of the team who has been allocated to a person: their role was to take a social interest in that person, developing opportunities and activities for them, and in conjunction with the rest of the staff lead on developing the person’s support plan.

When we asked staff from both The Gables and the community service about the people they looked after, they were knowledgeable about the care and support they needed. They knew how each person liked to be supported, the particular care needs they had and the things they liked to do. The staff spoke about people in a

respectful manner and talked about the importance of dignity and respect. The staff in The Gables talked about the changes in one person’s demeanour because their keyworker had left and what they were trying to do to make the person feel better and the triggers that may result in another person’s change of behaviours.

People in both The Gables and those who lived in the shared house were encouraged to have a say in making decisions about how they were looked after. The five people who lived in The Gables had done so for many years and the staff were very familiar with their needs. Most of the people who lived in the shared houses had also lived together for many years. People from both services were supported to maintain good relationships with the other people they lived with.

People were supported to maintain contact with their families and friends and staff made travel arrangements to enable people to visit or stay with their families. Advocacy services had in the past been accessed for those people with no relatives.

Each month the care and support plans for people in The Gables were reviewed and people were encouraged to make their views known and to talk about any changes they wanted to make to the way they were looked after or supported. The care and support plans for those people who were supported by the community service were reviewed on a three monthly basis.

# Is the service responsive?

## Our findings

The care and support plans for those people who lived in the shared houses were of the same format as those in the care home plus there was a weekly timetable detailing when the person's support hours were allocated. The timetables showed when the person's individual 1:1 hours were and when they were being supported with 'shared hours' along with others in the same house. It was difficult to correlate what identified tasks and care/support needs were to be met during the shared support hours and during the individuals 1:1 hours.

The daily records for people in the three shared houses (community service) were not an account of the care and support provided. It was not possible to verify from these records what care and support was provided during the person's 1:1 time or how they were looked after during their shared time. For example, the support staff recorded what a person had to eat rather than record how they had supported the person to prepare their meal as part of the shared care or had assisted them to complete housekeeping chores.

### **This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.**

Each person who lived in The Gables or received support from the community service had a personalised care plan. Thorough assessments of their needs had been carried out and a care plan was written based on their individual needs. Those plans we looked at in The Gables were well written and provided detailed information about how planned care and support was to be provided. The plans provided information about the person's life history, their health care needs and the social activities they liked to participate in. Daily records were maintained for each person and these evidenced the care and support they had been provided with. The daily records were detailed and descriptive.

A new person who had moved in to one of the shared houses in November 2014 was receiving a community service however their support plan had not been completed. The registered manager explained that staff were still working to the support plan prepared by the previous care provider whilst the person was settling in – some amendments had been made to this plan. We were

given assurances that this person's care and support plan would be completed within the month. The staff had written a morning routine plan that listed what support the staff needed to provide. This document provided much clearer information for the support staff to follow.

For those people who received a community service a care call monitoring system was in place. Support workers had to log in and out of their calls and had a different pin number for when they were supporting a group of people (shared support hours). This system has been introduced since our last inspection and confirmed people received the service they were funded for. The registered manager said that Gloucestershire County Council had fed back to the service that the system had been implemented well. Support workers and team leaders said they were "getting used to logging in and out" but "were concerned they had lost the flexibility of the service".

People in The Gables said "The staff help me when I need it", "There is always someone with me" and "They always help me with things". Those that received a community service were aware when their 1:1 time was and said "the staff are here at all other times".

Plans for those people who lived in The Gables were reviewed on a monthly basis. Care and support plans were amended where needed. The reviews tended to be carried out by the person's key worker and involved the person, but the deputy manager and registered manager were often also involved in these reviews. These measures ensured that people received the care and support they needed and the staff were able to respond to changing needs. For those who received community services where people's needs had changed significantly, a referral was made back to the local authority for review of the personal budget.

There were opportunities for people who lived in The Gables and in the shared houses to have a say about the day to day running of the places where they lived. The registered manager explained that the five people in The Gables had never engaged with a group meeting therefore the staff team consulted with people on an individual basis. Whilst we were in the home we heard a conversation between staff and one person in respect of different social activities they might like to try and food. 'Tenants' meetings were held in each of the three shared houses and people were given an opportunity to talk about how things were going.

## Is the service responsive?

People told us staff listened to them and could say if they were unhappy about something. Staff told us some people used their behaviours to express their unhappiness and they would then work with that person to resolve the issue.

People were made aware of the complaints procedure. A poster in pictorial format of the complaints procedure was displayed in communal areas in The Gables and each of

the shared houses. People who received a community service were asked during the 'tenants' meetings if they had any concerns or complaints. Staff talked about one person's whose behaviour had changed because they were unhappy (their keyworker had left the service) and how they were trying to resolve this.

# Is the service well-led?

## Our findings

People who lived in The Gables or received a community service did not make any comments regarding whether the service was well-led. A person in one of the shared houses said “The boss comes here most days to see us”.

Staff aimed to provide a high quality, needs led, person centred care and support service for each person. They actively engaged with the people they provided a service to and their families in order to ensure the quality and effectiveness of their service provision. People were supported to pursue a varied and diverse range of opportunities to include paid work, voluntary work, college courses and social and leisure activities both at home and within the wider community. It was evident from our brief discussions with people and the staff who supported them that this aim was achieved.

Both registered managers were supported by a deputy for each service and a team leader for each of the shared houses. Overnight and at weekends there was an on-call system in place and staff were able to call for advice or assistance if needed. All staff said the managers provided good leadership, supported them well were approachable.

Staff meetings were held on a monthly basis for the staff team at The Gables and for the community support staff. Staff were encouraged to report how things were going and make suggestions about meeting people’s needs differently. Staff said the managers listened to them, there was a whistle blowing procedure and they could raise concerns if need be.

Both registered managers completed a general manager’s report on a monthly basis and board meetings were held every two months with the provider, administrator, trustees and general manager. During these meetings quality and safety, issues about people and the staff team were discussed. These measures ensured the provider was aware of how things were going and any issues that needed to be addressed.

Both registered managers were aware of when notifications had to be sent in to CQC. During the inspection we found

that an incident had occurred that support workers had not reported on appropriately. The registered manager had therefore not reported this event to us. The appropriate notification form was then submitted without further delay. In the previous 12 months four notifications had been sent in and the appropriate actions had been taken.

In The Gables one recorded accident had happened in December 2014. The registered manager told us any accidents and incidents would be analysed to identify triggers or trends so that preventative action could be taken.

All policies and procedures were kept under continual review and would be updated and amended where needed. As new policies were issued staff had to sign to say they read and understood the policy. A specific medicines policy had been introduced for the community service.

Service user questionnaires were planned to take place in near future and people would be asked to comment about their daily activities, the menu’s, any concerns, the staff and what they liked about their home. People would be supported by the staff team to complete their forms. Stakeholder survey forms were to be sent to families and health and social care professionals involved with people living in The Gables and receiving community support.

In The Gables audits were completed in respect of the care plans and the care plan reviews medicines, management of people’s finances and health and safety. The supplying pharmacist had also completed a medicines audit. There was a fire risk assessment in place for the care home.

The provider’s complaints procedure was displayed in several places in The Gables and also in communal areas in the three shared houses. The information was presented in a pictorial format appropriate to the needs of the people being supported and cared for. The Gables had not received any complaints in the last 12 months but the manager talked about the action they would take if a complaint was received. The manager would use information from any complaints to review their practice.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who use services were not protected from abuse because the systems and processes in place to protect them from further abuse were not operated effectively.</p> <p>Regulation 13 (1) and (2).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider must ensure that accurate, complete and contemporaneous records are maintained in respect of each service user. These must include a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided</p> <p>Regulation 17 (2)(c).</p>