

# Gloucestershire Group Homes Limited

# Ashleigh

## Inspection report

Box crescent  
3 Box Crescent  
Minchinhampton  
Gloucestershire  
GL6 9DJ

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

Ashleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashleigh can accommodate up to three people who have an autistic spectrum condition. At the time of our inspection three people were living there. People had their own bedrooms and shared a bathroom. They shared a lounge and dining facilities in the conservatory. Grounds around the property were accessible. The provider operated a day service in a nearby town which people attended.

Ashleigh had been developed and designed in line with the values that underpin the Registering the Right Support, Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service lived as ordinary a life as any citizen.

This inspection took place on 5th September 2018. At the last comprehensive inspection in October 2015 the service was rated as Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People's care and support was highly individualised. They had lived together for a long time and had been supported by the same staff team providing them with consistency and continuity of care. They had positive relationships with staff, who understood them well, anticipating what would make them anxious or uncertain. Strategies were put in place to address any changes to their environment or daily life to help them cope with their responses and reactions to these. Risks were well managed promoting people's independence. Staff knew how to keep them safe and how to raise safeguarding concerns. There were enough staff to meet their needs. This was kept under review as people's needs changed.

People made choices about their day to day lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in the planning and review of their care and support. They chose the activities they wish to take part in. They said they liked to go swimming, horse riding and to the pub. They went on holidays and took trips to places of interest. They loved wildlife. Their garden had been set up with bird tables and feeders to encourage birds. They went to local arboretums and animal sanctuaries as well as attending a college course at a wildlife centre. People kept in touch with those important to them.

People were supported to stay healthy and well. They helped to plan their weekly menu. They prepared

their own drinks and lunches. They liked to go out to a local café and pub. People had access to a range of health care professionals. They had annual health checks. People's medicines were safely managed. People had access to easy to read information which used pictures and photographs to explain the text. Staff understood how they preferred to communicate encouraging them to express themselves in the way they found most comfortable.

People's views were sought to monitor the quality of the service provided. They had information about how to raise a complaint. People, their relatives and staff were invited to give feedback through quality assurance surveys. The registered manager and provider completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The registered manager worked closely with local organisations and agencies and national organisations to keep up to date with current best practice and guidance. They were working proactively with a training agency to develop guidance for staff working with people with an autistic spectrum condition who were going through the ageing process. A relative told the provider, "Service users have the best care of any that I have come across."

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ashleigh

## 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 a comprehensive inspection, carried out by one inspector. The inspection took place on 5 September 2018 and was announced. We gave the service advance notice of the inspection site visit because it is small and the manager is often out of the home providing care. We needed to be sure that they would be in.

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 the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we met and spoke with three people living at Ashleigh. We spoke with the registered manager and two members of staff. We contacted one health care professional for feedback. We looked at the care records for three people, including their medicines records. We looked at staff training records and quality assurance systems. We have referred to feedback from people and their relatives given to the provider as part of their quality assurance systems.

## Is the service safe?

### Our findings

People's rights were upheld. People told us they felt safe. One person said, "I feel safe living here." Staff said their priority was to ensure people were safe at home and when out and about in their community. They told us, "People are happy and safe" and "People are safe, comfortable and healthy." Staff kept their knowledge and understanding of safeguarding up to date with refresher training. The registered manager said they discussed abuse and safeguarding with staff during supervisions to check their understanding and confidence about raising concerns. Staff had access to updated policies and procedures guiding them on what they should do if they suspected abuse. Staff were confident the appropriate action would be taken in response to any concerns they raised. There had been no safeguarding concerns.

People were supported to manage their finances. They signed their financial records which noted any payments made to them. Receipts were kept for any expenditure. The registered manager audited people's financial records. They said, "Staff need to intervene and give guidance around finances because people are vulnerable when in control of their own money."

People's risks had been assessed and managed to keep them safe from harm. People's independence had been promoted and hazards had been identified and discussed with them. Staff described the strategies developed to prevent the risk of injury or harm. For example, due to the changing needs of one person additional equipment had been provided in the bathroom, such as bath mats and grab rails, to make them feel safe. The Provider Information Record (PIR) stated, "Staff consider the balance of providing opportunities against everyday risks and there is evidence of service users' participation and involvement in the process." For example, when people went out alone they agreed a time when they would return. There had been no accidents reported in the last 24 months.

People occasionally became upset or anxious. Staff had a good understanding about each person's diagnosis and how this impacted on their responses to daily life. Staff described how they anticipated situations which might make people uncertain or anxious and the strategies they had developed to help them cope with these. For example, using role play to help learn tasks or engage with social interactions. Staff told us how they had anticipated the anxieties which might be caused by the refurbishment of the home and had arranged holidays for people to coincide with this work. Incident records had been completed to analyse changes in behaviour. When a trend appeared to be developing a referral to the GP for a health assessment had been made.

People lived in a well maintained home. The provider liaised with the owners of the property to make sure the environment was maintained and day to day maintenance issues had been raised. Staff said these were dealt with appropriately. Staff checked to make sure fire systems were in working order. People took part in fire drills. Each person had a personal evacuation plan in place describing how they would leave their home in an emergency. Health and safety checks were in place and equipment was serviced at appropriate intervals.

People had enough staff to meet their needs. The registered manager said they had reviewed staffing levels

in light of the changing needs of one person. They had increased the number of staff when needed to ensure people had individual support. People benefited from the same staff team supporting them. People also knew the team of relief staff really well. Staff mostly worked alone and said if they needed help or advice they could contact the on call service or speak to senior management. There had been no new staff recruited since the last inspection. The registered manager confirmed recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines at times to suit them and when they requested them. People's GP's had authorised the use of medicines sold over the counter.

People were protected against the risks of infection. They were aware of the importance of maintaining a clean environment and helped staff with these tasks. The registered manager monitored infection control as part of their quality assurance checks. They said an annual report for 2017/2018, in line with the requirements of the code of practice on the prevention and control of infections, would be produced.

People's care and support had been adapted and improved upon in response to lessons learnt from incidents or near misses. The registered manager and staff described the actions they had taken to change their approaches to people, to understand their perceptions of their world so that staff could adapt the way they supported them. Improvements had been made, by staff providing a consistent approach, which increased people's sense of wellbeing.

## Is the service effective?

### Our findings

People's needs had been re-assessed annually to make sure the care and support they required could be provided. Their physical, emotional and social needs were monitored and reviewed monthly to ensure their care continued to be delivered in line with their requirements. The registered manager described how they had liaised with commissioners to make sure their decisions were based on people's assessed needs, so people would continue to receive the appropriate levels of care and support. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by staff who had the knowledge, skills and expertise to meet their needs. Training and support had been provided to staff to maintain their qualifications. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. Staff had individual support meetings every two months to discuss their training needs and the care being provided.

People were supported to eat and drink healthily. People were observed helping themselves to drinks and making their lunch. They planned their meals each week with the help of staff. One person liked to have roast and another said they liked cheese. A member of staff said, "The menus are varied and consider everyone's choices." The registered manager said staff had been registered to complete a course on nutrition and menu planning. The registered manager was aware of the need to highlight allergens in people's diet. People had no known allergies. They said they liked to eat out at a local pub or café.

People's health and wellbeing was promoted. Their care records described their health needs and each month these were reviewed. They had annual health checks in line with national campaigns to ensure people with a learning disability and an autistic spectrum condition had access to healthcare services. They attended dentist appointments. Staff worked closely with social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. Staff described how they had supported one person to access hospital services. This had included visiting an operating theatre so they could make an informed choice about the treatment being offered.

People lived in a house which reflected their individual preferences. They lived in a semi-detached house on an estate in the countryside, no different from other houses in their street. Adaptations, such as grab rails, had been made to the house so people could use the bathroom and stairs independently. People had been offered keys or keypads to their bedrooms. They had personalised their rooms to reflect their interests and hobbies. People loved birds and wildlife and bird feeders and bird tables had been placed in their garden.

People made choices about their day to day lives. They were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. Staff told us how one person had the confidence to say "No" to them when they had previously always said "Yes" to every question. A member of staff said that "this is precious". People's capacity to consent had been assessed in line with the Mental



Capacity Act (MCA) 2005. 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 were not being deprived of their liberty and there were no restrictions in place. 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).

## Is the service caring?

### Our findings

People had positive relationships with staff. They were observed spending time with staff and being relaxed in their company. People said "Staff are nice" and "Staff are good." A relative told the provider, "Service users have the best care of any that I have come across." Staff knew people really well. They were aware of their backgrounds and personal histories. Staff appreciated how important routines were to people and respected these. Staff were observed anticipating people's anxieties and worries, enabling them to cope and manage with changes to their day. Staff gently responded to people using sensitivity and compassion. The Provider Information Record (PIR) stated, "We offer an approach that is person centred and try to understand each individual's disability and how it manifests in their behaviour." The registered manager said, "Staff really do care."

People's equality and diversity were recognised. People's rights with respect to their spirituality, disability, age and ethnicity were respected. People were encouraged to participate in age appropriate activities. Staff supported people to develop relationships with people in their local community and to engage with them in socially appropriate ways. People's cultural and spiritual needs had been discussed with them. One person liked to visit places of worship.

People talked through their care needs with staff. The PIR stated, "All three service users have care plans in place that detail their personal profile and discuss the level of support required, how they prefer to be supported and how their autism manifests." Staff said, "We know them really well. It's important that whatever they want we put into place, if we can" and "There is always something fascinating about each individual. We need to think about each little thing and how it can work." Staff were observed spending time with people, engaging with them and giving reassurance when needed.

People were supported to keep in touch with those important to them. People visited their relatives and kept in touch by sending letters. Staff said they would be working closely with relatives about how to maintain contact with a person when they moved away. People met with other people at college and a day centre. One person had been asked who they wished to spend more time with and chose a member of the bank staff. They went out for a day each month. This meant they were able to talk with someone independent of their immediate staff team.

People's privacy and dignity was respected. The PIR stated, "We aim to maintain a core knowledge of what a service user's needs are and respond accordingly ensuring that they are treated with dignity and respect." Staff told us how they had discreetly helped a person struggling with their personal care whilst acknowledging their need for privacy. People decided when they wanted to spend time alone and staff respected this. People were encouraged to be as independent as possible. People decided when they wished to go out walking or into the nearby town without staff support. They were observed helping out around their home, doing the laundry, cleaning their room and the kitchen. Staff commented, "We make sure they have a pretty good quality of life" and "I am proud to be providing registered care. People are settled and happy." The registered manager said, "Staff are passionate and sensitive to people's needs."

## Is the service responsive?

### Our findings

People's care was individualised, reflecting their personal needs and routines which were important to them. Information was provided about how they wished to live their day to day lives. People were involved in making sure their care and support reflected what they needed. For example, being able to follow their individual choice of activities at times to suit them and not having to do everything together. Annual reviews were held and commissioners were provided with copies if they could not attend, to make sure people's needs continued to be met. People were observed talking with staff about their plans for the day and week ahead. If changes were needed to their routines, for instance, going to a health care appointment instead of a planned activity, they were involved in the planning of these changes to reduce any anxieties. Staff stressed the importance of consistency and continuity of care and support to minimise people's uncertainty and anxiousness. People were encouraged to be independent and their care records stated what they could do for themselves and what they needed help with. This included going out alone, staying at home alone and aspects of their personal care.

People's changing needs were responded to in a timely fashion. The registered manager said the team were planning and preparing to help a person through changes due to old age. Staff had attended dementia training which would equip them with the knowledge and skills to plan for people's future care needs. Staff said they were aware the person wished to continue with their routines but were finding it more difficult to keep up with these. They supported the person to take time to relax and additional staff had been provided when needed.

People were supported to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People told us they liked going swimming, horse riding and to the pub. Their chosen activities were discussed with them including walking on the local common, visits to nearby towns, cafes, charity shops, local arboretums and wildlife sanctuaries. Staff said they worked closely with college tutors to make sure people could continue to attend a course at a wildlife centre, which they particularly enjoyed. People had been on holiday and days out to places of interest. The registered manager said, "Staff go out of their way to make sure activities happen for people."

People's preferred way of communicating was highlighted in their care plans. People's care records guided staff about how to interpret their behaviour and body language as an expression of how they were feeling. Staff said, "One to one time has really helped improve our recognition of people's speech patterns rather than relying on non-verbal clues." A person who preferred to write notes rather than speak had used verbal language with chosen members of staff. Some information was provided in an easy to read format using pictures and photographs to illustrate the text. For example, information about safeguarding and abuse and the complaints procedure. Photographs had been taken of activities people had been involved in and were displayed around their home.

The registered manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way

they can understand. People had been supported to use information technology. One person used the internet at the day centre. They had an old fashioned computer they used at home and had been reluctant to change this. A member of staff described how they had taken the person to a computer shop and together they had tried out a new laptop, which they later purchased.

People said they would talk with the registered manager or the staff if they had any concerns. Staff sought the views of one person by writing short questions with a tick box response. This was done daily providing a picture of how the person felt about their care and support. No complaints had been received. A person told us, "I am happy" and "I talk to the staff." The registered manager and staff were observed being approachable and accessible, listening to people's concerns and issues as they arose. The Provider Information Record (PIR) stated, "Individuals are able to speak to senior management if they have any particular concerns."

People preferences for their end of life support would be discussed with them and those people important to them. The registered manager said the provider had considered how best to approach this. They were presently talking informally with people and taking note of their responses to build a picture of how they would like to be supported. People had been assisted with bereavement. The PIR stated, "For the service users at Ashleigh, staff show compassion and support for when there are times that they believe a person may be experiencing difficult times with loss but cannot articulate this or understand the emotion."

## Is the service well-led?

### Our findings

People were supported by a provider who promoted an open and inclusive environment that ensured they were consulted about how the home was managed and operated. A person told us, "I like living here." Staff said, "I am so lucky to work here" and "We always ask is there anything more I can do?" The registered manager reflected, "Staff are committed to the service users. They are passionate about providing the highest quality of life." The registered manager managed several services and visited the home frequently as well as meeting up with people at the day service. They said they had taken people on holiday and day trips. They said, "Our vision is to maintain the quality and continuity in the delivery of care." The Provider Information Record (PIR) stated, "We aim to offer the highest quality of care for individuals who have a diagnosis of an autistic spectrum condition."

The registered manager was first registered in 2010. 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. Staff told us, "The manager is very approachable" and "The manager is a good manager." Staff said they felt able to raise concerns and suggest new ways of working. They said they were listened to.

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures. A member of staff said, "I feel confident speaking with senior management."

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance information was up to date and available to staff. The registered manager had a range of quality assurance checks which they completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these were reviewed to ensure they had been completed. The provider monitored people's experience of their care and support through regular visits to the service.

People, their relatives and staff were asked for their opinions of the service. They were invited to complete an annual survey in 2017 to give their views about people's experience of their care and support. Comments included, "Staff listen to me" and "I am happy with it (timetable)." People talked with staff on a daily basis and any issues or feedback had been dealt with as they arose.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). They ensured they met CQC's registration requirements by

continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our on going monitoring of the service.

People's experience of the service they received was shaped by their responses to their environment and day to day life. Lessons were learnt from incidents and observations of people. For example, staff anticipated that replacing all doors in the home with fire doors would increase people's anxieties. They trialled one door before purchasing other doors. From their observations they noted doors needed a slow closure device and also needed door guards so they could remain open. As a result people coped with the changes to their environment.

There were strong links with local agencies and national organisations. The registered manager attended national conferences to keep up to date with best practice and research concerning the support of adults with an autistic spectrum condition. They were also working closely with a training provider to develop guidance for staff supporting people with this condition as they aged. Records confirmed information was shared with other agencies and organisations when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well. Although people's families lived in other counties people lived amongst their peers and friends.