Johnathan Peter Basil Trevarthen

Gloscare

Inspection report

23 Carmarthen Street
Gloucester
Gloucestershire
GL1 4SX

Tel: 01452522335

Date of inspection visit:
02 December 2015

Date of publication:
29 December 2015

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 2 December 2015 and was announced. Gloscare provides accommodation for two people. At the time of our inspection there were two people living there.

People had a bedroom which they had personalised. They also had access to a shared bathroom as well as living and dining areas.

Gloscare had a registered manager. 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.

We found a breach 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.

People who had been deprived of their liberty to keep them safe did not have the authorisations in place as required by law.

People's needs had been assessed and their care records continued to reflect their changing needs. People and those important to them were involved in the review of their care. People had access to easy to read information which used photographs and pictures to illustrate the text. People said they were asked for their opinions about the care and support they received. Their care and their care records reflected their wishes, aspirations and routines which were important to them. People enjoyed a busy lifestyle taking part in activities they chose such as swimming, the gym, social clubs and college. They helped around their home with the chores and gardening. They chose what to eat and drink and helped themselves to drinks and snacks when they wanted them. People were supported to stay well, with staff working closely with health care professionals when people were poorly.

People were supported by staff who had the opportunity to maintain their skills and knowledge. The staff team had few changes and worked well together providing consistency and continuity of care. When new staff were appointed, the necessary checks had been completed to make sure they could safely work with people. Staff had a good understanding of people's needs, how to keep them safe and protect them from harm.

People had a positive relationship with staff, the registered manager and provider. They were asked for their views about the service provided and changes to their needs were responded to appropriately. The quality of people's experiences were monitored by the registered manager and the provider and external organisations. A person commented, "It's the best home I have ever been".

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 were kept safe from the risks of abuse or harm. Risk assessments supported them to be independent and to do things for themselves whilst minimising hazards.

People were supported by staff who had been through a satisfactory recruitment process to make sure they had the aptitude and skills to meet their needs. There were sufficient staff to meet people's needs.

People's medicines were safely administered.

Is the service effective?

Requires Improvement

The service was not always effective. People deprived of their liberty to keep them safe did not have the appropriate authorisations in place.

People were supported by staff who had the opportunity to develop the knowledge and the skills to meet their individual needs. Staff felt supported to carry out their roles and responsibilities.

People were helped to stay well through a healthy diet and access to a range of health care professionals.

Is the service caring?

Good

The service was caring. People had developed positive relationships with staff. They were supported respectfully and with sensitivity and reassured when upset or distressed.

People felt listened to and able to express their views about their care and support.

Is the service responsive?

Good

The service was responsive. People received individualised care which reflected their likes, dislikes, aspirations and routines important to them.

They had access to a wide range of activities and were encouraged to be as independent as they could be in their daily lives.

There were arrangements in place for the handling of complaints. People were encouraged to talk about issues or concerns as they arose.

Is the service well-led?

Good

The service was well-led. People's views were actively sought to ensure the service they received continued to reflect their wishes and aspirations.

The registered manager and the provider closely monitored people's experience of the service by working alongside them and staff.

Quality assurance processes monitored the quality of care and support provided.

Gloscare

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.

The inspection took place on 2 December 2015 and was announced. The provider was given notice of this inspection because the location is a small care home; we needed to be sure that someone would be in. One inspector carried out this inspection. Before the inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including past inspection reports and notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we talked with two people living in the home. We spoke with the registered manager, the provider and two care staff. We reviewed the care records for two people including their medicines records. We also looked at the recruitment records for a new member of staff and training records for nine staff, quality assurance systems and health and safety records. We observed the care and support being provided to people. Before the inspection we contacted two health and social care professionals.

Good

Is the service safe?

Our findings

A person said they felt safe living at the home and staff treated them well. They said they would talk with the registered manager if they had any worries at all. One person said they felt safe when out and about in the community because staff always went with them. Staff had completed safeguarding training and were aware of their roles and responsibilities about recognising abuse and reporting any concerns. The registered manager had raised a safeguarding alert with the local safeguarding team and had notified the Care Quality Commission. The alert was closed because the safeguarding team were happy with the action the registered manager had taken.

People were safeguarded against the risks of bullying or harm. Occasionally people became upset or anxious. Staff really understood what might cause or increase anxieties and how to help people manage these. Staff confirmed they had completed training in the management of challenging behaviour and that physical intervention was not used by them. People's care records described, "things I do when I am feeling anxious" and what action staff should take to help them feel better. Staff described how they supported people by talking with them calmly, reassuring them or holding their hands and encouraging them to talk through the problem. Should this fail other strategies were described such as playing music or singing. Staff clearly understood routines were very important for one person as well as the way in which they communicated with them. They were observed closely following guidance described in the person's care records.

People were protected against the risks of injury. Any known hazards had been assessed and strategies had been developed with them to reduce the risk of harm. These risks were monitored and reviewed. The registered manager discussed how they tried the least restrictive options to keep people safe. For example, one person was living with epilepsy and a listening device had been used to alert staff when they were having a seizure during the night. The registered manager contacted a local provider to assess whether new technology could be used which was less intrusive. Although it was decided the listening device was probably still the safest equipment to use, a pressure mat was being trialled which would alert staff to unexplained movement during the night.

People had not been involved in any accidents or incidents. Staff had a good knowledge of the risks to them within their home and whilst out in the local community. Staff were observed encouraging people to be independent in tasks such as making hot drinks, whilst closely monitoring them and prompting them when needed, to ensure they were safe.

People were supported to stay safe in emergencies. Contingency plans were in place should there be utility failures or adverse weather conditions. The registered manager said out of hours support was available from herself and the provider. The provider described how they had attended the home in the early hours of the morning when a person was admitted to hospital. They said they were contactable if there was a problem and could be there as soon as possible. Systems were in place to monitor and check on health and safety systems including fire, water and electrical appliances. An inspection by the local fire services in 2014 had advised installing smoke alarms in people's bedrooms. This was done immediately. People took part in fire

drills and were confident about how to evacuate their home in an emergency.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were enough staff to meet people's individual needs. During the day people had one to one support. The registered manager and the provider also worked as part of the staff team providing personal care and engaging with people and staff. Bank staff were employed to provide additional cover when needed. Waking night staff were also available to provide support during the day if needed.

People benefited from a consistent staff team experienced in care. There had not been many changes to the staff team since the home opened. A new member of staff had been recruited over 12 months ago. Satisfactory recruitment procedures were in place to make sure all information needed before staff started working in the home had been obtained. New staff did not start work without a satisfactory Disclosure and Barring Service (DBS) check in place. 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. Discussions with the registered manager confirmed when records, such as DBS checks, could be disposed of in line with the Data Protection Act. New staff had completed an induction equivalent to national induction standards.

People's medicines were safely administered. Staff had completed training in the safe handling of medicines. Audits were carried out to make sure medicines were managed correctly. The registered manager confirmed checks were carried out to make sure medicines had been supplied correctly from the pharmacy. Any discrepancies were highlighted immediately with the pharmacy. Stock records were kept for medicines and records were kept for any returned medicines. The use of a few non-prescribed medicines had been agreed with the GP, although no written evidence of this was in place. The registered manager confirmed they would obtain authorisation to use these medicines. People's care plans described the help and support they needed to manage their medicines and when these were administered in their best interests. A decision or action taken on a person's behalf must be made in their best interests where a person had been assessed as lacking capacity to make a decision. There was clear guidance for any medicines to be taken when needed including the maximum dose and reasons for giving them to people. There was evidence these were not being over-used. Discussions with the registered manager looked at simple ways in which medicines administration and management could be made more robust.

Requires Improvement

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. People deprived of their liberty had not been granted the appropriate authorisations in line with the Mental Capacity Act (MCA) 2005. 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). People's care records clearly stated the front door must be kept locked in their best interests. For one person, assessed as unable to make decisions for themselves, this meant they only left the home in the company of staff. The registered person had deprived a person of their liberty, without lawful authority. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Another person living in the home had been provided with a front door key to let themselves in and out when they wished. They had decided they did not wish to use the key but knew where it was kept and could unlock the front door when they wanted to. There were no other restrictions in place in the home.

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 supported to make choices and decisions about their day to day lives, what to eat, drink and wear and what activities they would like to do. Occasionally people were unable to make decisions about their care and support such as whether to take medicines or to have hospital treatment. Their capacity to make decisions had been assessed to confirm this and their relatives, staff and health or social care professionals had been involved in making these decisions in their best interests. Records confirmed the discussions and the outcome. The provider information return confirmed, "Where a choice cannot be met, we actively seek alternatives and where needed complete a best interests meeting with them alongside an assessment of capacity relating to the subject in hand."

People were supported by staff who had a good understanding of their individual needs. Staff confirmed they had access to training to keep their knowledge and skills up to date. One member of staff had just completed their diploma in health and social care. Staff said they had completed training specific to people's needs such as epilepsy and autism awareness. They completed workbooks to assess their understanding of courses they had completed. The registered manager also observed them carrying out medicines administration or personal care to assess their ongoing competency. Comprehensive training records were kept monitoring the training needs of staff and highlighting when refresher training was needed. Staff had individual meetings with the registered manager at least every three months to formally talk about their roles and responsibilities, their training needs and the support they provided to people. Staff said the registered manager worked alongside them and was always accessible and available for advice, help or support.

People really enjoyed their food. They discussed with staff the options for lunch and dinner. One person told us, "Great food, we do a menu each week". The registered manager commented they provided, "Good, balanced home cooked food." Staff supported people to manage their dietary needs and any nutritional requirements. Their care plans clearly stated any conditions which might impact on their diet and the support needed to help them to stay well. Staff supported people to manage these with sensitivity. People were observed choosing when to eat and where to eat their meals. They helped themselves to hot and cold drinks and snacks when they wanted. They also liked to have meals out and to occasionally order a take away meal.

People were helped to stay well. They had a health action plan which described their health care needs. A hospital passport had also been completed to provide hospital or emergency staff with an overview of their physical and mental health needs. People had regular appointments with their optician and dentist. Staff closely monitored people's health and well-being. If they noticed any changes or had any concerns they made referrals to the appropriate health care professionals such as the GP or the community mental health nurse. Staff liaised closely with a range of health care professionals including the local community learning disability team and learning disability liaison nurses at the local hospital. People were supported to attend outpatient appointments. Advice and guidance provided by health professionals was taken on board by staff and reflected in people's care records.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff. People were observed being treated positively, sensitively and with kindness. At times people needed reassurance and this was given. At other times when people became repetitive staff responded with patience, acknowledging their anxieties and helping them to move on. People confirmed staff treated them well and they liked staff. A relative had told the provider, "[name] seems very happy; when he comes home he can't wait to get back."

People were supported by a mostly female care team but overnight their needs were met by male care staff. This had worked well for people. They were also supported at times during the day by male staff. For example, one member of night staff supported people to go swimming each week. People's cultural and spiritual needs had been discussed with their relatives and the impact this was likely to have on their care and support. One person had chosen not to follow their parent's spiritual beliefs and there were no special requirements with respect to another person's cultural background. People liked to attend a local church where they took part in low key services and activities. People were supported to keep in touch with people important to them and to have private time with them when they wished. A cat was also an important part of home life and one person really thrived on looking after her.

People's backgrounds and life experiences had been discussed with them in a document entitled, "Understanding [name]". This explained routines which might be important to the person and why they should be followed. It was illustrated with photographs, pictures and diagrams. People's hopes and dreams had also been explored highlighting aspirations such as travelling in a plane, doing a first aid course or having a season ticket for a local rugby club. All of these had been achieved.

People's well-being was the focus of staff who told us, "We make the guys happy" and "We find ways to reduce anxieties and give reassurance". This was reflected by the registered manager who said, "Their needs are respected and seen to, we are a family." People's daily records evidenced how staff reacted to them when they were upset or worried and how they had effectively supported them to become calmer. Staff commented an important part of this was understanding how each person communicated and picking up clues from their body language as well as their verbal communication.

A person told us they chatted with staff each week about how their week had been, what they had done, what they would like to do and if they had any worries or concerns. They shared with us the questionnaire which was used to prompt these talks. They said staff listened to them and we observed their views being responded to appropriately.

People were treated respectfully. They had privacy when needed and staff encouraged them to have time to do things separately recognising their individuality. One person liked to spend time in their room occasionally and another person loved to use a conservatory in the garden. People were encouraged to be independent and to decide how to spend their time without the constant supervision of staff. The provider information return stated, "We firmly believe in promoting independence wherever possible" and "We support them discreetly" when socialising with friends, "which increases their confidence and

independence".

People were supported to stay in touch with relatives either by talking on the telephone or through visits to them. The provider confirmed a person was supported to stay with their relative for the weekend when they wished.

Good

Is the service responsive?

Our findings

People's care and support reflected their interests, likes and dislikes and routines important to them. One person told us, "I like it all and I do lots of activities." They confirmed they talked with staff about how they would like to be supported and about learning to be more independent. People's care records mirrored this and had been produced in a format using photographs, pictures and diagrams. People's care records were kept up to date and annual reviews were held to which a representative of their funding authority attended. People or those important to them had talked about their end of life needs and an easy to read care plan evidenced these discussions.

Whilst people's previous experiences and background were important information on which to base their initial assessment and care plans, there was evidence of significant changes to their lifestyles and aspirations since they moved into the home. Their care plans had been changed to reflect this. The registered manager said that although some of the original incidents no longer occurred, risk assessments had been maintained because the strategies described in this guidance had helped staff to support people when anxious or upset. Staff said they understood the importance of providing consistency and continuity of care to people to prevent these risks reappearing.

People's individual needs were closely monitored and they were encouraged to voice their opinions about the care and support they wanted. The provider information return (PIR) confirmed, "The communication book is widely used amongst staff so that everyone is aware of anything concerning a service user's wants and needs." A person had recently been supported to cope with a physical illness which required close working and co-operation of staff, their family and health care professionals. They looked well and positively engaged with staff despite having to change some of their daily routines on a temporary basis.

People told us how they liked to spend their time which included joining friends at college and social clubs. They used local community facilities such as the gym, shops and parks. They had a full schedule of activities during the week and at evenings and said they looked forward to relaxing at the weekend. They had access to a vehicle and one person liked going out for drives. They had enjoyed holidays abroad as well as at the seaside. One person told us they helped out at a social club they went to and worked on a farm. People helped around their home. They took out the rubbish, helped with the shopping and did some gardening. Staff took care to make sure activities were personalised and when people went out together it was because of a shared interest. For example, they liked to go swimming and use the gym together.

A person told us if they had any complaints they would talk with the registered manager. They said they did not have any concerns. A relative had told the provider, "I have no complaints." As part of a weekly questionnaire they completed people were asked if they had any complaints or concerns. The registered manager said they had not received any complaints. An easy to read complaints procedure was displayed in the home and the complaints procedure gave contact details of other organisations who could be contacted should people be unhappy with the response from the provider. The PIR stated, "We encourage people to openly express their views and work with them to implement any changes they may want to make."

Good

Is the service well-led?

Our findings

People and staff were encouraged to reflect on their views of the service provided. People completed weekly questionnaires highlighting what had worked well and anything they wished to change or do differently. Staff, through individual meetings or working alongside the registered manager, felt able to make suggestions about ways to improve people's experiences. A person told us, "It's the best home I have ever been". Staff commented, "People have good lifestyles" and "It's a lovely home". A suggestions box in the hallway invited people or their visitors to make anonymous comments if they wished about the quality of service provided. People and their relatives were invited to take part in an annual survey expressing their views about the service.

People had access to the statement of purpose which said the home provided a service to "people who need sensitive and gentle nurturing and guidance to meet their full potential". The registered manager described their vision of the service as doing "everything we possibly can for people as individuals and make everything possible for them". She recognised the challenges of providing care to people in a small care home; considering the impact each person had on the other and supporting them to manage their relationships and their worries or anxieties.

The registered manager was aware of her responsibilities with respect to submitting notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events. She was supported by the provider who kept in close contact and visited the home frequently often working as part of the staff team. Whilst formal quality assurance records had not been kept the provider said they were able to closely monitor and be part of improvements to the service on an almost day to day basis. Maintenance records evidenced day to day environmental issues were dealt with promptly. An inspection by the fire service in 2014 suggested improvements which were immediately responded to. The local environmental health agency had awarded the top rating of five stars for the management of food by staff. The registered manager completed a range of quality audits to make sure such areas as medicines administration, care records and health and safety checks had been completed satisfactorily.

People spoke positively about the registered manager saying, "She is a good manager". Staff confirmed this telling us, she is "really good, very supportive. Always there and backs us up" and "open, accessible and hands on". Staff said they worked well as a team, balancing each other's strengths and weaknesses. The provider information return stated, "I [registered manager] see first-hand how my staff interact with service users and can raise concerns should I need to" and "If I'm not willing to do something then I would not expect others to do so". The registered manager led by example promoting a "professional" but also a "warm and friendly" approach.

The registered manager said she maintained her own professional development by completing courses or training offered to the staff team. She also had national social care periodicals supplied and was registered to receive updates from the Care Quality Commission. By working closely with social and health care professionals she kept up to date with local initiatives and changes in guidance.

The registered manager said there were sufficient resources to maintain and develop the service provided. This was confirmed by the provider. The registered manager had discussed with the provider upgrading the sun house which one person loved to use in the summer so they could continue to use it in the winter.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had deprived a person of their liberty without lawful authority. Regulation 13(5).