

TCM Partnership Limited

Gunters Grove Farm

Inspection report

Gunters Grove Farm
Shurton
Bridgwater
Somerset
TA5 1QH

Tel: 01278653671

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22 March 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 March 2016. We gave the provider notice of the inspection as the service only supports one person and we needed to be sure the person and staff would be available.

Gunters Grove Farm is registered to provide accommodation with personal care for up to one person. Gunters Grove Farm provides a small, homely environment in a rural area. The home is staffed 24 hours a day.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider, the registered manager and a care worker were available for our inspection. We also met with the person who lived at the home. They had lived there for 16 years.

The person who lived at the home told us they felt happy and safe living there. They looked relaxed and comfortable with the provider, registered manager and care worker.

The person who lived at the home was supported by a small team of four staff who knew them well. The provider and registered manager provided hands-on care and they had supported the person for sixteen years. The two care staff had supported the person for 13 and six years. It was an important part of the person's well-being to be supported by staff they had built a trusting relationship with.

A member of staff told us "We are just like a big family here and we want [person's name] to have a really happy life." The person who lived at the home told us they were happy and that they liked the staff. They said "I am happy here. I don't want to move. It's my home and I like the staff."

Routines in the home were flexible and were based around the needs and preferences of the person who lived there. The person planned their day with staff and staff supported them to be as independent as they could be.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

The person's health care needs were monitored and met. They received good support from health and social care professionals.

The person who lived at the home was unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. The person received their medicines

when they needed them.

The person was always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

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.

There were enough staff to maintain the person's safety and meet their needs.

There were systems to make sure the person was protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

The person received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good ●

The service was effective.

The person who lived at the home could see appropriate health and social care professionals to meet their specific needs.

The person who lived at the home made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff had the skills and knowledge to provide effective care to the person who lived at the home.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and professional and treated the person with dignity and respect.

The person who lived at the home was supported to maintain contact with the important people in their lives.

Staff understood the need to respect the person's confidentiality and to develop trusting relationships.

Is the service responsive?

Good ●

The service was responsive.

The person who lived at the home received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected the person's current needs.

The person who lived at the home was supported to follow their interests and take part in social activities.

Is the service well-led?

Good ●

The service was well-led.

The person who lived at the home was supported by an inclusive and open management team and by motivated staff.

The service had a caring and supportive culture focused on promoting the best quality of life for the person who lived in the home.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to the person who lived at the home.

Gunters Grove Farm

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 inspection took place on 22 March 2016. We gave the provider notice of the inspection as the service only supports one person and we needed to be sure the person and staff would be available. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home.

We met with the person who had lived at the home for the past 16 years. We met with the registered manager, the provider and a care worker.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of the person who lived at the home. We also looked at records relating to staff recruitment, the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

There were sufficient staff to meet the person's needs. The person who used the service required a member of staff to be available twenty four hours a day. This was provided by at least one member of staff during the day and a sleep-in staff during the night. The member of staff we spoke with told us the staffing arrangements were sufficient to meet the person's needs. They told us they could contact the registered manager, provider or other staff member at any time.

Risks to the person using the service were well managed which meant they were able to live their lives with reduced risks to themselves or others. Risk assessments had been completed for activities such as travelling in a vehicle, bathing and accessing the community. A plan of care was in place which provided information about how to support the person to be as independence as they could be whilst minimising any risks.

The registered manager told us the temperature of the person's bath water was checked by staff before the person got into the bath. This formed part of the person's risk assessment in their plan of care. They explained that due to the low water pressure, thermostatic controls to regulate the temperature of the hot water outlet had not been effective. To reduce the risk of possible scalding we recommend the provider researches guidance from the Health and Safety Executive (HSE) relating to the management of the risks from hot water in health and social care settings.

The person who lived at the home told us they felt safe and well cared for. We saw they were very comfortable and relaxed with the registered manager, provider and staff member who supported them.

The person who lived at the home required staff to manage and administer their prescribed medicines. Medicines were stored securely and a medication administration record showed that the person had received their medicines when they needed them. There were protocols in place for the administration of 'as required' medicines such as pain relief and there was a care plan which described the medicines the person took and what they were for.

The person had lived at the home for sixteen years and was supported by a team of four staff who knew them very well. The provider and registered manager had cared for the person for sixteen years. The two care staff had worked at the home for 13 and six years. We saw all had been checked with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. The staff member we spoke with told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure the person was safe.

The home was well-maintained and records were in place which showed that there were regular checks on the fire detection and alarm systems.

Is the service effective?

Our findings

The provider, registered manager and care staff we met with knew about the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager explained how they would involve other professionals where there may be concerns about the person's capacity to fully understand or consent to certain decisions for example, decisions which may affect their health or well-being.

The person who lived at the home was supported and was able to make decisions about their day to day lives'. They were very much in control of what they wanted to do and where they wanted to spend their time. We observed the person moving freely around their home and spending time in their bedroom when they chose to. The member of staff we spoke with told us "This is [person's name's] home. We support [them] to do whatever they want to do. It's completely up to [person's name]."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us the person's care manager had recently completed an assessment about the person's capacity to consent to living at the home and a DoLS application was in the process of being completed.

The person was supported by a staff team who had cared for them for many years. This meant they had built trusting relationships with the person which was important to them. The person disliked changes in staffing which meant that a small regular team of staff was essential to their well-being. The person told us they liked the staff who supported them. Staff were confident and competent in their interactions with the person who lived at the home. They told us they had the skills and knowledge they needed to support the person.

The person who lived at the home received effective care which met their needs. The provider, registered manager and care staff (the staff team) knew the person well. They knew about their routine health needs and made sure the person saw health and social care professionals when they needed to. The person's care plan showed they accessed a range of health care professionals which included their GP, podiatrist and dentist. They had received annual health checks from their GP and annual reviews from their local authority care manager. Any recommendations made had been appropriately implemented by staff. An example included the administration of antibiotics and creams for a skin condition.

The person who lived at the home was able to choose what they wanted to eat and drink. They were regularly supported by staff to shop for their food and they made their own choices about what they wanted. They assisted with the preparation of their meals and the person was able to enjoy a relaxed

mealtime experience with the member of staff who was supporting them. A member of staff told us "[Person's name] chooses exactly the food they want to buy and what they would like to eat. We do try and suggest more healthy options sometimes but at the end of the day, it's their choice."

Is the service caring?

Our findings

When the staff team talked to us about the person they supported they spoke with great kindness and compassion. It was evident they cared a great deal for the person and they wanted them to live a happy and fulfilling life. A member of staff told us "We are just like a big family here and we want [person's name] to have a really happy life."

The person who lived at the home told us they were happy and that they liked the staff. They said "I am happy here. I don't want to move. It's my home and I like the staff."

The person who used the service lived in a very homely and welcoming environment which was for their sole use. There was a kitchen, laundry area, large lounge/dining room and on the first floor was the person's very spacious bedroom. There was also a bathroom which was for the person's use only and a staff sleep-in room/office. A staff lavatory was situated on the ground floor. We observed the person chose where they wanted to spend their time. For example, after returning from lunch out, the person had chosen to spend time in their bedroom and this was respected by staff.

The person was supported to be as independent as they could be. Their care plan detailed the person's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling the person to maintain a level of independence despite their disability. For example meeting their personal care needs and making decisions about all aspects of their day to day lives.

The person was involved in planning their day's routines and staff told us the person was never made to do something they did not want to do. A member of staff told us "We like to involve [person's name] in household chores such as cleaning but if they don't want to do it, they don't have to. It's up to them."

Staff supported the person to maintain relationships with the people who were important to them. The person's relatives did not live locally so staff regularly drove them to visit their family. We were informed that the person used to stay for overnight visits but now chose to just have day visits.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about the person and were kept in a secure place when not in use.

Is the service responsive?

Our findings

Routines in the home were relaxed and were based around the needs and preferences of the person who lived there. Staff told us the person decided what time they got up and what time they wanted to go to bed. The person received one to one support from staff and staff told us they could respond to any impromptu requests the person may make. For example going for a drive or shopping. A member of staff told us "[Person's name] decides how they want to spend their day. Because we only support one person, it means we are always there for them."

The person who lived at the home received consistent and personalised care. The person contributed to the assessment and planning of their care as far as they were able. The care plan we looked at had been regularly reviewed and was reflective of the person's current needs. Each time a member of staff arrived for their shift they were provided with a handover from the member of staff finishing their shift. Records in a handover book detailed how the person had been, what they had done, whether there had been any concerns or changes in the person's behaviour and whether there were any significant events such as health care appointments.

Staff recorded information about the person each day. These records indicated what care had been given and also when family or health professionals had visited or been contacted for assistance or support. Daily records were divided into the planned activities of the day so that it was clear how the person had spent their day and what activities they had enjoyed. Records showed the person had enjoyed activities in the home and local community. These included music sessions, exercises, shopping, lunches out and helping with household chores. The registered manager explained that over the years [person's name] had declined some activities that they were no longer interested in. These included swimming and horse riding.

Is the service well-led?

Our findings

The home was managed by a person who had been registered by the Care Quality Commission. The registered manager and the provider were present during our inspection. The provider and registered manager provided 'hands-on' support to the person who lived at the home along with the two care staff employed.

There were informal systems to monitor the quality of the service provided. These were effective because care and support is provided in a small, homely environment for one person. The registered manager explained because the person received one to one support from a team of four staff, any issues raised by the person could be dealt with at the time. Staff recorded information about how the person had spent their day, the level of their mood and whether there had been any concerns. The registered manager told us the person's relative was in regular contact with the home and was comfortable in discussing any issues they might have. A record of any significant conversations would be recorded in the person's care records. The person's care manager reviewed their placement annually. A recent review showed the person received care which met their needs and that they were happy with the quality of the care provided.

The registered manager explained that staff were encouraged to discuss any issues they may have during handovers or at any other time. The member of staff we spoke with told us they worked closely with the provider and the registered manager and could discuss any issues with them. Staff were able to record any issues or topics they would like to discuss during a formal supervision session.

The registered manager told us there had not been any significant events however; they knew about their legal responsibility to inform us of any such event.