

Gloucestershire Group Homes Limited

Cherry Tree Close

Inspection report

3 Cherry Tree Close
Nailsworth
Stroud
Gloucestershire
GL6 0DX

Tel: 01453835023

Date of inspection visit:
06 September 2016

Date of publication:
19 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection which was completed on 6 September 2016. The reason the inspection was announced was to ensure the people living in the home were available for us to speak with and to provide them with assurances about our visit. This was because some people with Asperger's syndromes become anxious when in the company of unfamiliar people. We gave 24 hours notice of this visit.

Cherry Close provides accommodation and personal care for three people. There were two people living at the home when we inspected. The registered manager told us people had a diagnosis of Asperger's Syndrome in the completed provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

Cherry Tree Close is situated in the town of Nailsworth close to local shops and amenities. Where people had been assessed as being safe to do so, they accessed the town independently. The home is situated over two floors which are accessible by stairs. All bedrooms were single occupancy which people could personalise to suit their individual taste.

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

People were receiving care that was responsive and effective. Care plans were in place that described how the person would like to be supported. This included how the person's Asperger's syndrome impacted on their day to day life. The care plans were tailored to the person and provided staff with information to support the person effectively. Some information about people's goals was not always clearly recorded for example how much money a person should save. However, staff knew about this and described how they supported the person. People had been consulted about their care needs and their views sought about the service.

People were supported to make decisions and take proportionate risks. Systems were in place to ensure that complaints and any concerns in respect of abuse were responded to. Systems were in place to ensure people were safe including risk management, checks on the environment and safe recruitment processes. People's medicines were managed safely. The over the counter medicines people could take would benefit from a review. Health and social care professionals were involved in the care of the people where required.

People were supported to access the community either with staff support or independently. There was usually one member of staff working in Cherry Close. There were day care staff who complimented the residential staff, supporting people to take part in activities of their choice. There was a day centre that people could access if they wanted during the day and two evenings a week.

The staff were knowledgeable about the people they supported and caring in their approach. Staff felt supported by the management team. Staff received training relevant to their needs. There was a training plan in place which was being monitored by the senior management team. Staff were receiving regular one to one meetings with their line manager.

Systems were in place for monitoring the quality of the service which included visits from the provider and the registered manager. People's views were sought through surveys. The provider told us these had not been sent for 2016 as they were reviewing the format to ensure it was appropriate.

We have made a recommendation about the recording of information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People received safe care and risks to their health and safety were well managed. Medicines were managed safely.

Staff felt confident that any concerns raised by themselves or people using the service would be responded to appropriately. Further training on safeguarding adults was planned for staff.

There were sufficient staff to keep people safe and to meet their needs. All of the staff had worked for the organisation for many years providing people with security and a consistent approach. This was important when supporting a person with Asperger's syndrome who may find it difficult to form relationships.

Is the service effective?

Good ●

The service was effective.

People received an effective service because staff provided support which met their individual needs. People's nutritional needs were being met.

People's rights were upheld and they were involved in decisions about their care and support. Staff were knowledgeable about the legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty.

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

People were supported by staff who were knowledgeable about their care needs. Other health and social care professionals were involved in supporting people to ensure their needs were met.

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

Is the service caring?

Good ●

The service was caring. People received a service that was caring

and recognised them as individuals. Positive interactions between people and staff were observed. Staff showed empathy towards people.

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

People were supported to maintain contact with friends and family.

Is the service responsive?

Good ●

The service was responsive.

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

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

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

Is the service well-led?

Good ●

The service was well led.

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

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

The quality of the service was reviewed by the provider/registered manager and staff. We have made a recommendation about improving the recording of information.

Cherry Tree Close

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection which was completed on 6 September 2016. The inspection was completed by one inspector. The previous inspection was completed November 2013 and there were no concerns.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

During the inspection we looked at one person's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and, recruitment, supervision and training information for staff. We spoke with two members of staff, the registered manager and met both the people living at Cherry Tree Close.

Is the service safe?

Our findings

One person told us they felt safe living at Cherry Tree Close and liked the staff that supported them. They told us they were able to spend time in the home alone without staff support.

There was always one member of staff working in the home providing 24 hour cover. There was a lone working policy and an on call system should staff and the people need additional support. There was also additional staff to support with activities when required.

Some people were prescribed medicines they could not manage themselves. Staff told us that at the time of the inspection no one was self-administering but this would be considered if it was safe for a person to do so. The arrangements for managing medicines on their behalf were safe. People had a list of homely remedies (over the counter medicines) they were able to take. This was dated 2008 and had been signed by the pharmacist. This had not been discussed with the person's GP who would have a better knowledge of the person in relation to their prescribed medicines and health care needs. These would benefit from a review especially where a person was taking these medicines regularly.

Staff were confident that the registered manager or the senior support worker would respond to any concerns raised about poor practice. They were aware they could also go straight to the provider if they felt this was not responded to promptly. Staff raised no concerns about the practice within the home. One person told us they liked the staff team naming the three staff that mainly worked in the home.

A safeguarding adult's policy was available to staff to guide them on the procedure to follow in the event of an allegation of abuse. In addition they had received training in safeguarding. There was a whistle blowing policy enabling staff to raise concerns about poor practice. Staff told us they were planning to attend a training update in safeguarding in October 2016.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. One person required support when going out in the community and the other person independently accessed the local area. Regular reviews of people's skills were completed to ensure they were safe for example using household appliances or accessing the local area. Staff told us there were strong links with the local neighbourhood, shops and cafés and if a person was unsettled or anxious they would make contact with staff from the home.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and procedures in the event of an emergency and fire evacuation. Only one fire drill had been completed in 2016 and it was not clear which staff had taken part. The registered manager told us they were aware these were not taking place at the frequency required as one of the people would become extremely anxious due to the noise of the fire alarm. The registered manager has agreed to review the situation to ensure all staff complete a fire drill.

Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept.

The provider and the registered manager were aware of their responsibilities in ensuring suitable staff were employed. Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. Recruitment information was viewed at the main office on the 13 July 2016 when we were inspecting another service owned by the provider. The registered provider was re-checking all staff's Disclosure and Barring (DBS) checks so that they could be assured that all staff were suitable to work in care. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This was because many of the staff had worked for the organisation for many years. This had been completed for the majority of the staff.

The registered manager told us there was very little staff turnover in the organisation and many of the staff had supported people for many years. This was important to the people they supported for some, experienced increased anxiety as a result of staff changes.

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

Staff told us there was a quick response to repairs that affected the safety of the people. However, less urgent repairs such as a missing skirting board in the bathroom had not been completed so promptly. The registered manager told us the provider was planning to employ a maintenance person to work across the homes to complete minor repairs. The registered manager said that some works were difficult to complete when people were in the home so they had to complete these when people were either out or on holiday. This was because it would increase people's anxiety.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us there had been no applications in respect of the Deprivation of Liberty Safeguards. (DoLS). This was because people had been assessed as having the mental capacity to make their own decisions. One person told us there were no restrictions and they were free to come and go as they liked. Staff told us that people had the mental capacity to make decisions but it was important to explain in a way so the person could fully understand.

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

People told us there was always enough to eat and drink and they were happy with the food that was provided. People independently accessed the kitchen to make drinks and snacks. Staff told us people were offered an opportunity to have a weekly take-away on a Saturday. One person did not particularly like take-aways so was supported to go to the local supermarket to choose what they would like to eat. This person frequently preferred alternatives to the planned menu. There was no record of what this person was eating and we advised because there were concerns about this person's health this was recorded and monitored.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with a good range of training. This provided staff with the knowledge that enabled them to support people safely and effectively. They told us training needs were discussed at staff meetings and during annual appraisals with their line manager. There was a training plan in place for each member of staff and for the team as a whole.

Staff had completed training in food hygiene, medicine administration, fire safety and first aid. Training was

planned for mental capacity and deprivation of liberty safeguards and safeguarding adults in October 2016. Further training was being organised for all staff to attend health and safety and infection control in January 2017. There was a clear training plan in place with timescales for staff to receive future updates. Staff confirmed they had attended the training and felt it was beneficial to the work they were doing in supporting people.

In addition to the core training, staff had completed training in supporting people living with Asperger's syndrome. Staff were knowledgeable in this area. Staff confirmed this was a rolling topic at team meetings to build on staff's awareness.

The provider had introduced the Care Certificate in response to an inspection at one of the other services managed by Gloucestershire Group Home. This is a nationally recognised induction programme for staff working in the care industry. Evidence was shown to us that two staff had completed the induction programme. These staff worked in other another service operated by the provider. This was because no new staff had started working at 3 Cherry Tree Close.

Staff said they received regular one to one supervision and support from the management team. This provided staff with the opportunity to discuss and reflect upon their practice and develop their approaches. There was a supervision matrix which both the member of staff and the senior support worker had signed to confirm this had been completed.

Staff had an annual appraisal of their work performance and an opportunity to review their training needs. Staff meetings were organised every three months or when important matters required discussion. Minutes were kept of these discussions including any agreed action.

3 Cherry Close is situated on the outskirts of the town of Nailsworth close to local amenities. The registered manager told us the area was quiet and peaceful which was appropriate to the low arousal needs of people living in the home. Both people had been living in the home for over 10 years and the location provided good access for shopping, cafes and country walks. There was good public transport links to the City of Gloucester and surrounding areas. People had access to a vehicle owned by Gloucestershire Group Homes to enable them to go further afield.

The design, layout and decoration of the home met people's individual needs. The home is registered to provide support to three people. Two people were living at Cherry Close. The registered manager told us that there were no plans to fill the vacant bed. Bedrooms were single occupancy with a shared bathroom, toilet and shower room. There were four bedrooms. One person had use of a further bedroom to enable them to keep all their collectable items in. All areas of the home had been furnished and decorated to a good standard. A programme of decoration was in place. Staff told us a new carpet had recently been laid in the hallway and the lounge and they were waiting for new kitchen flooring. They told us the kitchen had recently been refurbished with new units.

Is the service caring?

Our findings

The relationships between people at the home and the staff were friendly and informal. People looked comfortable in the presence of staff and sought out their company. One person was particularly anxious during our visit and staff provided reassurance. Staff showed empathy towards the person and responded appropriately throughout. This person was offered cups of tea and staff provided the time to listen to the person. When staff changed over shift, the new staff member continued to respond in a caring manner taking an active interest in the person. This included offering the person pain relief as they were experiencing toothache.

The registered manager and staff clearly knew the two people well. It was evident they were knowledgeable about the people they were supporting. This included how people's Asperger's syndrome was impacting on their day to day life. They were aware of the individual triggers that may cause them anxiety and what assurances the person needed. They spoke positively about the people, describing their interests, likes, dislikes and personal histories.

The provider told us in the Provider Information Return (PIR) it was paramount that staff had a deep understanding of each person's autistic tendencies ensuring they were treated with dignity and respect. They said it was important to acknowledge the world from the person's perspective and this was a priority for the staff working for the organisation. They told us autism was a particularly disabling condition with regard to understanding personal interaction, social communication and coping with change. Staff echoed these sentiments during the inspection and described how they supported people in a very unique way.

We were told that one person could be unsettled by having visitors in the home who they were not familiar with. Staff reassured the person about what we were doing. This meant people were not adversely affected by our presence. Only one person was happy to speak with us during our inspection for a very brief period of time.

People were encouraged to be independent as they were able. For example, people could access the kitchen to make drinks and snacks without staff support. One person had been assessed as being safe to spend time in their home alone without staff for short periods of time. The person told us they liked spending time in their home alone. They also told us they liked to spend time in the privacy of their bedroom and staff respected this.

People had keys to the front door and they were able to lock their bedroom doors affording them more privacy. Staff confirmed they would only enter a person's bedroom with their permission. One person particularly disliked items being moved by others. This was clearly recorded in the person's care plan as a trigger for increased anxiety.

Staff recognised that it took a long while for some people with Asperger's Syndrome to feel comfortable with them. There were three permanent staff working at Cherry Tree Close and all had worked for the organisation for a number of years. The registered manager said all the staff were caring and had built

positive relationships with both individuals. Agency staff were never used and only staff working for Gloucestershire Group Homes who were familiar to the people would cover any shortfalls.

It was evident the staff were patient and compassionate as well as caring. This was because sometimes a person could be repetitive in their communication about their particular interests and staff needed to remain calm in their approach. Staff told us it was important for some people to have a low arousal environment and approach from staff. This was because loud noises such as the telephone, fire alarm, household appliances and loud voices would trigger a person's anxieties which increased their agitation.

Care records included information about important relationships in people's lives and what support was required to maintain contact. People confirmed they could maintain contact with other people if they wanted. People were supported to attend the day centre operated by Gloucestershire Group homes which enabled them to build relationships with people living in the other group homes. Guidelines were in place to support one person to successfully meet with family members. This described the routine prior to a visit and after. This was important to reduce any anxieties for the person particular as some people do not like change to their routine. Staff clearly described what was documented and recognised the importance of following the guidelines.

The provider told us in the PIR the individuals at the home were young adults however the senior management were planning to develop policies and procedures with regard to end of life care. They told us this would be completed within the next twelve months.

Is the service responsive?

Our findings

Staff described to us how they supported people in an individualised way. Staff recognised that people were on a different journey in respect of their diagnosis of Asperger's syndrome and the impacts this had on the person. One person told us they could seek out a member of staff when they needed support.

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

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support.

Staff reviewed the care plans three monthly or as people's needs changed. Annual reviews were organised with the placing authorities (the council responsible for funding the care) and relatives. One person had clearly stated they did not want to be part of the care plan review and was happy for staff to hold this without them.

Each person had goals they were working towards such as saving money for larger purchases, planning holidays, attending the day centre and maintaining a healthy diet. Staff were aware of the goals. The goals did not always contain sufficient information to guide staff for example how to support the person with a healthy diet or reducing their cholesterol or how much the person wanted to save. The lack of information could mean staff could not monitor whether the goal had been achieved and support the person consistently. The registered manager told us these would be amended to ensure these were clearer.

Day care staff were employed to support people, there was a wide range of activities organised depending on the interests of the person. Each person had an individualised time table of activities. One person had work experience at a local farm supported by staff. There was a vehicle available to enable people to go further afield. This was funded by Gloucestershire Group Homes.

Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. There were written records of the handover so staff could keep up to date if they had been off for a few days. In addition to the daily handovers, staff completed daily records of the care that was delivered. Daily records enabled the staff to review people's care and their general well-being over a period of time.

There was a clear procedure for staff to follow should a concern be raised. There had not been any

complaints made by people or their relatives in the last twelve months. Staff told us the two people generally got on well and had learnt to live side by side each other.

Is the service well-led?

Our findings

Staff told us there was good management support. There was an on call system where they could either have verbal support or ask for an additional staff member to support them. This was important as often there was only one member of staff working in the home. The staff told us they were confident to report poor practice or any concerns, which would be addressed by the senior management team. Communication between the registered manager and staff was positive and respectful.

Staff and people were kept informed about changes to the organisation and the wider picture of supporting people with autism and Asperger's syndrome. There was a resource library in the main office. There was information available to people including leaflets. Regular staff meetings were taking place enabling staff to discuss and share ideas for improvement and any changes in respect of the care of the people living in the home. Minutes were maintained to enable staff unable to attend to keep up to date and for the staff to follow up on any agreed actions.

People were aware of the management structure in the home and knew who to speak with if they were unhappy. One person was observed asking for their day care provision to improve with access to a particular web site. The registered manager wrote the information down so this could be fed back to the manager of the day services.

The registered manager was mainly based in the main office. Staff confirmed the registered manager visited regularly and met with the staff and the people in the home. A senior support worker had day to day responsibility for the home and managed and supervised the staff on a regular basis. A member of staff spoke positively about the relationship they had with the management of the service stating the senior support worker was "lovely, very new and making positive changes". They told us the senior support worker was reviewing the care documentation to ensure it was up to date. Staff were knowledgeable about the people they supported and had received training in supporting people with Asperger's syndrome. Some staff had completed or were in the process of completing a certificate, diploma or degree in supporting people with autism. Other staff had completed a National Vocational Qualification (NVQ) which has been replaced by the diploma in care.

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

The registered manager and the staff had a good understanding of the culture and ethos of the organisation. There was a commitment to treat people as individuals and to provide a safe service. Staff told us what they liked about working for the organisation telling us they had worked for Gloucestershire Group Homes for many years. One staff had worked for the service for 19 years and the other 13 years. They told us they had remained working for the service because there was a commitment to provide people with an individualised service in homely environments. One member of staff said, "It's people's home first and foremost and we are only guests".

Gloucestershire Group Homes Limited had quarterly board meetings. These were attended by four members of the committee who were Trustees and the senior management team. The Trustees were made up of local business people and in the past there were family representatives. Minutes of the meetings were maintained including any decisions made. Discussions were made about the budgetary arrangements, any risks to the service and people they supported. This ensured the Trustees were kept informed about the quality of the service.

The Trustees also completed visits to the home to monitor the quality. There were no records kept of these visits. The registered manager told us in the provider information return that they wanted these visits to be planned and more frequent with records kept.

Weekly meetings were held with the senior management team at the main office. The registered manager told us these were held to discuss all the homes in the group and covered any risks, staffing issues, any care and welfare issues and property management such as repairs. These were attended by the registered manager, the senior support workers and the nominated individual. A nominated individual is a person registered with us by the organisation as a senior person with the necessary skills, qualification(s), knowledge and experience and demonstrates the competency required to supervise the management of the regulated activity. There were no minutes of these meetings. The lack of records meant that information may get lost over time and there was no evidence of any discussions about any risks or improvements.

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

We reviewed the incident and accident reports for the last 12 months. There had been very few incidents and accidents. Appropriate action had been taken by the member of staff working at the time of the incident. There were no themes to these incidents.

From looking at the accident and incident reports we found there were no reportable incidents or accidents. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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