

# Chances Gloucestershire Community Child Care Queens Retreat

## Inspection report

Queens Retreat  
7 Russet Road  
Cheltenham  
Gloucestershire  
GL51 7LN

Tel: 01452554120

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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

Queens Retreat is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Queens Retreat can accommodate three people. At the time of our inspection there were three people living there who have a diagnosis of mental health and/or learning disability. They live in a detached house in a street in the middle of Cheltenham. They each have their own bedroom, which they have personalised and share a bathroom, kitchen, lounge, dining room/conservatory. The garden is accessible and has patio furniture.

Queens Retreat has 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 using the service can live as ordinary a life as any citizen.

This inspection took place on 25 July 2018. At the last comprehensive inspection in March 2016 the service was rated as Good overall.

At this inspection we found the service remained Good.

The service was responsive to people's needs and highly personalised care and support was delivered which reflected people's aspirations, hopes and routines important to them. The provider, registered manager and staff had developed a strong person centred working culture. Staff understood people really well, anticipating their feelings and emotions, treating them respectfully, with patience and sensitivity. People's needs had been assessed and they were involved in developing their care and support with staff. They were fully involved in the planning of their care and making decisions about their lifestyle choices.

People's independence was actively encouraged. They were provided with training to equip them with the skills and confidence to learn new tasks. People felt safe living in the home and using their local community without staff support. They enjoyed a wide range of activities which reflected their hobbies and lifestyle choices. People had been supported to participate in voluntary work and paid employment. People's diversity was acknowledged and respected. Staff advocated on their behalf and promoted their rights and wishes.

People were supported to stay healthy and well. They chose and prepared their meals which reflected their likes and dislikes whilst promoting a healthy diet. Each person had a health action plan which described their health care needs. They had annual check-ups with their GP and regular reviews with another specialist healthcare professional. People's changing health care needs were closely monitored. Staff supported them with compassion, sensitivity and reassurance through changes in their health care needs. People managed their own medicines.

People were supported by staff flexibly to ensure their individual needs were met. Staff had been through a satisfactory recruitment process. Staff felt supported in their roles and had access to refresher training to keep their knowledge and skills up to date. Staff were knowledgeable about people, their backgrounds and individual needs. Staff understood how to keep people safe and were confident any concerns they raised would be listened to and the appropriate action taken in response.

People were fully involved in changes about their accommodation and service provision. Their opinions and views were sought. They had agreed to move together to new accommodation in Gloucester. The registration of this home with the Care Quality Commission was in hand. Staff and managers listened to people and empowered them to make decisions. People talked with staff daily about any issues as they arose. The acting manager worked alongside staff enabling them to lead by example and to monitor the quality of care provided.

The provider had quality assurance processes in place to monitor and improve the quality of the service. The acting manager completed internal audits to oversee health and safety checks, care records, infection control and staff training.

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.

# Queens Retreat

## **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 checked 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 25 July 2018 and was announced. We gave the service notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. This inspection was completed by one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the 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. We contacted the commissioners of the service to obtain their views about the care provided to people.

During our inspection we observed the care provided to three people and spent time speaking with them. We spoke with a representative of the provider, the acting manager and two members of staff. We had feedback from a social worker. We also considered a report by a local advocacy group giving feedback from a relative and a health care professional who had responded to their survey. We looked at the care records for three people, including their medicines records. We looked at the recruitment records for one new member of staff, training records and quality assurance systems. We had a walk around the environment and checked health and safety and infection control records.

# Is the service safe?

## Our findings

People's rights were upheld. They told us they felt safe living in the home. One person commented, "Staff help me to stay safe. I know I must call them if I am going to be late home." Another person described how staff had supported them to use local buses and to attend GP appointments until they felt safe and confident enough to go alone. Risk assessments were proactive promoting people to take risks whilst minimising any known hazards. The provider information return (PIR) stated, "People have mobile phones to help with safety and communication and a Keep Safe card (with prompts and key information) to use when out in the community when they feel vulnerable." People said they were supported to talk through relationships with each other and with friends or people they worked with. This helped them to reduce anxieties about harassment or discrimination and to have the confidence to talk to staff and others when there were issues. Staff spoke with pride about how much stronger and confident people were in discussing and dealing with such situations.

People were confident raising concerns about their safety or actions of others. Safeguarding procedures were in place and staff had completed training in the safeguarding of adults. Information about local and national safeguarding procedures was available. Accident and incident records were detailed evidencing that people had been given advice about their rights and support afterwards. Records showed there had been one accident and one incident in 2018. People's care records provided guidance about how to anticipate and support people when they became anxious. The representative of the provider said physical intervention and 'as needed' medicines were not used. Staff understood people well and anticipated their needs effectively using diversion and distraction to help them manage their emotions. For example, giving space, talking and listening to them or going out. A social worker said, "Staff utilise positive behaviour support and know the individuals well. They notice behaviour changes and offer emotional support to explore what's troubling the individual before levels of stress increase."

People lived in a home which provided safe and comfortable accommodation. They had lived there together through childhood and as younger adults. The provider had recognised that they had outgrown their home and needed accommodation with more space. The provider had fully involved people in this transition and they were fully engaged in planning and managing their move to new accommodation. The provider was submitting registration applications to the Care Quality Commission to register their new home. In the meantime, health and safety records confirmed a safe environment was being maintained and equipment was being serviced at the appropriate intervals.

People were supported flexibly to make sure there were enough staff to meet their needs. People had been provided with individual support hours. Staff were allocated to provide individual care at times which suited people. This meant staff sometimes worked alone or there could be three members of staff on duty. An emergency on call system was in place should additional staff support be needed. People were consulted about the staff allocated to support them. The PIR stated, "One person wanted a specific male member of staff to support him and this was accommodated." 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. New staff completed an induction programme which included health and safety training.

People managed their own medicines. People spoke with pride about how they had learnt to manage their own medicines. One person said, "I do my own medicines." Staff were monitoring to make sure medicines were being taken as prescribed. People and staff signed the medicines administration records to confirm medicines had been taken. Medicine administration records (MAR) confirmed the stock levels of medicines were monitored and out of date medicines were disposed of when needed. Audits were completed to make sure medicines were administered safely.

People were protected against the risks of infection. Cleaning schedules and monitoring records were kept. Staff had completed infection control training and safe practice was followed including the maintenance of the appropriate records. An annual report for 2017 had been completed by the provider, in line with the requirements of the code of practice on the prevention and control of infections. The last inspection of the home by the Food Standards Agency in 2017 had awarded them with four out of five stars or a good rating.

People's safety was improved in response to lessons learnt from accidents or incidents. The acting manager described the actions taken in response to an accident which included, reminding people how to stay safe as well as providing additional advice and training for staff. Guidance was shared with the staff team and reminders given about reading the appropriate policies and procedures as well as care records.

## Is the service effective?

### Our findings

People's needs had been re-assessed by commissioners and they reviewed the levels of support people required to ensure it continued to meet their needs. People's care and support needs were monitored and reviewed, by staff, in line with legislation and national guidance to make sure their needs could still be met at the home. The representative of the provider said staff levels were flexible to ensure this was achieved. 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 and staff had access to technology to maintain their records electronically. People had their own laptops and mobile phones which could access the broadband supplied to their home.

People were supported by staff who had the opportunity to acquire the skills and knowledge to meet their needs. Staff confirmed they kept their knowledge up to date by accessing a mixture of open learning and face to face courses. The acting manager kept a record of individual staff training making sure refresher mandatory training was completed when needed. This included areas such as first aid, medicines administration, fire safety, food hygiene and moving and handling. Training specific to people's needs such as epilepsy awareness, death, end of life care and bereavement and better health, better lives was also provided. The acting manager had started to provide formalised individual support sessions with staff. She said she worked alongside staff observing the care and support they provided and enabling her to have time each day with staff. Staff said they felt supported in their roles and communication within the home was really good.

People were supported to manage their diet. They chose what they wished to eat and cook. Guidance was given about healthy options and people knew a balanced diet was important. Menus revealed that each person chose individual meals for breakfast and lunch and occasionally for the evening meal. They enjoyed cooking the evening meal for each other and sharing this together. People did not have any allergies. Information about allergens would be provided for visitors if needed. In response to the changing health needs of one person their nutritional needs were reassessed.

People's health and wellbeing was promoted. Each person had a health action plan and a summary of their healthcare needs to take to hospital in an emergency. They had annual health checks in line with national campaigns to ensure people with a learning disability had access to healthcare services. People had attended dentist and optician appointments. People were supported in a timely fashion when they raised concerns about their health. They were supported when admitted to hospital and attending outpatient appointments. Staff said they were reassuring and considerate with people. They spoke with compassion and sensitivity about people's changing health care needs. Staff worked closely and effectively with other professionals. People gave their permission for information to be shared "to ensure an effective outcome".

People had been involved in making decisions about where they would live in the future; whether to stay in their present home or move to new accommodation. They chose to move and had been fully involved in the transition to their new home. A social worker had commented about their current home "the environment is enabling, celebrating their differences and responding to changing needs and aspirations". Signage and the



display of information had been kept to a minimum and where needed was discreetly displayed. There was a homely feel promoting people's individuality and reflecting their lifestyle choices.

People had the capacity to make decisions about their care and support. Staff had sought advice from social care professionals about larger decisions people were making about their home or health care. People had made their own decisions about these issues. They talked through options and choices with staff so they were fully informed about the consequences of their decisions.

People were not being deprived of their liberty. They chose when to go out and about and whether staff would accompany them or they would go out alone. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

## Is the service caring?

### Our findings

People were treated with compassion, consideration and care. A relative commented, "I am very happy with the way they look after [Name]". People told us, "Staff are really good. They treat me well", "Staff are looking after me properly" and "Staff are fun." People were observed enjoying the company of staff, laughing with them and sharing jokes. One person said, "They're [staff] fine. I really enjoy their company." People spent time chatting with staff, who listened to them and responded with reassurance and kindness.

People's equality and diversity was recognised. People's protected characteristics under the Equality Act were promoted. For example, their age, disability and religious beliefs. Staff respected people's lifestyle choices and supported them discreetly and sensitively. They advocated for them within the home minimising discrimination and possible harassment. People were supported to develop relationships with others and were confident about seeking advice from staff. One person had responsibility for looking after three chickens which were kept in the garden.

People were actively involved in making decisions about their care and support. They talked to us about changes to their living arrangements and to the levels of staff support allocated to them. One person confirmed, "We all discussed moving or staying here. We all agreed to move." People were knowledgeable about the changes and said they talked with staff and the representative of the provider about any questions they might have. People were observed making decisions and choices about their day to day lives. Staff respected their choices and enabled them to follow these through. For example, going out to see friends or changing the dates for a proposed holiday from August to September. The acting manager said, "[Name] really appreciates staff help. He needs help to advocate his needs. We keep empowering and speaking up for him." Staff had looked into whether people could access the services of an advocate to support them in their discussions with commissioners. An advocate is an independent person who can represent a people using social care services.

People kept in touch with those important to them. They visited family and friends or went out socially with them. A relative said, "I am happy with the way they treat me when I phone up." When people felt the time was right they were helped to resume contact with family and to spend more time socially with others. People invited family and friends to their home and had recently enjoyed a birthday barbeque together. One person described how they had developed a positive relationship with a work colleague who "looks after me, if I have problems".

People were treated respectfully and with dignity. A social worker said, "Relationships are respectful and time is taken to really listen to each person." Staff shared how they had supported a person recently through illness and spoke compassionately about the impact this had on people living in the home and the staff team. They said staff were "supportive of each other, helping each other out" and "we gave reassurance (to people) when needed" and "emotional support to [Name]".

People were proud of their independence. A person told us they were "feeling more independent". A social worker commented, "Service users are encouraged to be as independent as possible." People had learnt to

use local transport, to attend health care appointments without staff support and were working locally. Staff repeatedly said how "amazing" people's progress had been over the past 12 months. A member of staff said, "The team works together to give a great quality of life and independence."

## Is the service responsive?

### Our findings

The provider, registered manager and staff had developed a strong person centred working culture. We found staff supporting people 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. For all three people this had resulted in them living as ordinary a life as any citizen. The highly committed staff team supported people to gain and maintain paid employment, ensured people were partners in life changing decisions when they became ill, pursued their passions and lived a happy fulfilled life on their own terms.

People were thoroughly involved in the planning of every aspect of their care. Their care records provided up to date information about their changing social, physical, emotional and mental needs as well as their personal history. People took ownership of their care records. During our inspection we saw that they sat reading and updating their own care records to reflect what was important to them.

Staff encouraged people to explore their dreams, motivated and assisted them to achieve their future aspirations. People had regular opportunities to talk about what they wanted to achieve. People told us they had been able to gain confidence and gain independence because staff knew them really well and knew how to encourage them to become more independent. They were supported to take small steps at first, for example using transport with staff, staff shadowing them and then trying out voluntary work. People proudly told us how they had learnt, with the help of staff, to use local transport and to trial volunteer positions and eventually paid work. People told us, "We had training to help us" and "We discussed with [Name] and [Name] moving forward, what we would like. I now go into town on my own and use the bus." People's aspirations for paid employment were encouraged and they were assisted with employment related task. Staff described how they provided support initially to help people cope with any work anxieties and to negotiate their new work environment with confidence. In addition people were supported to open bank accounts, deal with annual leave requests and helped with budgeting. Staff said they provided the "scaffolding" which supported people to "make amazing steps forward". The provider information return (PIR) stated, people "are encouraged to push themselves a little bit to try more and achieve things that make them feel good about themselves".

One person loved music but liked to stay at home. They were persuaded to try a session to learn the skills of a disc jockey. They were now performing as a disc jockey at a local pub. In order to do this staff went over and above their scheduled working hours. They provided support in their own time so the person could do this. The PIR stated, "This is a massive achievement for someone who would not leave their room very often or go out in the community for a considerable amount of time."

People's citizenship were encouraged and they were motivated to make a contribution to their local community and household. One person told us how staff had helped them to try out new activities such as volunteering at a disabled riding club. Another person told us about the voluntary work they did at an old people's home. This person told us they had completed training in dementia as part of their voluntary work. They said, "I want to give something back." This person had recently been interviewed by a local radio station about their work and lifestyle. People were encouraged to take part in fire training in their home to

ensure they could contribute to everyone's safety when needed. Staff said they would never have envisaged people having the confidence to try so many new things. They said, "We are proud of their progress", "Their confidence has grown no end" and "They are open to ideas."

Staff very much understood that people saw the staff and the other people that lived in the home as their extended family. People and staff talked about the impact of life changing health care needs of one person during the past 12 months and how they had supported each other through this. They said a person and staff had been open and transparent about changing health care needs and together they had made the decision to put on hold the planned move to new accommodation. Throughout this period staff continued to support people to achieve their aspirations and lifestyle goals. Adjustments had to be made to ensure new nutritional needs were met and the appropriate infection control measures were in place. Staff provided reassurance and physical support for overnight stays at hospital for what was "an emotional and scary" time for all of them. People talked to staff about their anxieties and worries and were given comfort and encouragement. The representative of the provider said they made sure staff support was available when needed. Staff also said how supported they felt by the team during this difficult period.

People were in control of choosing and directed their day to day activities. Staff were individually matched and allocated to each person to ensure they had a highly personalised lifestyle. People enjoyed using local facilities such as the gym, cinema, museum and social clubs. Day trips were planned, for instance to see an air show. Staff explained how they offered to do this outside of their scheduled working hours, so that people could really benefit from a full day out.

People's communication needs had been identified in their care records. One person was selective with whom they communicated. We saw they chose to talk with some staff with whom they had built up a close relationship. This had significantly improved their confidence to start socialising and communicating with others. People's care records guided staff about how to interpret their behaviour and body language as an expression of how they were feeling and how staff should respond. For instance, giving them space, talking slowly and in short sentences to enhance people's participation in conversations.

People had access to information they could understand. There was evidence the Accessible Information Standard had been comprehensively applied. When needed information was provided in an easy to read format using pictures and photographs to illustrate the text. For example, care plans, health action plans, menus, activity plans and complaints information. Staff also talked through records and documents with people ensuring they had understood the information provided. The registered manager was aware of the need to make information accessible to people. People had been encouraged to embrace information technology. People had laptops and telephones which could access the home's broadband connections.

People were confident talking through issues or concerns as they arose. They were observed talking with staff, who listened to them and responded, checking that they had understood the response. People told us they would talk with staff or the acting manager if they needed to. They also had the telephone number of a representative of the provider who they could contact at any time. There was a policy and procedure in place to deal with complaints. No complaints had been raised in the last 12 months. One person told us, "I talk to [Name] and [Name] if I have any problems. They listen to me." People were supported to voice concerns with external organisations and to follow the organisation's complaints procedures.

People's end of life wishes were discussed with them when they wished to make plans for their end of life care. Training in death, dying and bereavement had been completed by staff. Staff worked closely with health care professionals.

## Is the service well-led?

### Our findings

People had been fully involved in a review of the service they received. Their views and opinions had been sought when deciding whether to relocate their home to new premises. People were looking forward to this move and talked positively about their new home and the advantages of living in a new environment and area. The new home would be located in nearby Gloucester which was a town they were all familiar with. They had been thoroughly involved in the transition process. The representative of the provider confirmed applications were being submitted to the Care Quality Commission (CQC) to register the new accommodation.

Since the last inspection the registered manager had left and the process of de-registering them was in hand. An acting manager had been appointed and was applying to CQC to become registered. A registered manager is a person who has registered with the CQC 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.

Accidents and incidents were recorded and analysed to assess if any action needed to be taken to prevent them from reoccurring. The provider was aware of and had systems in place 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.) For example, after an incident an apology was given to the person and staff reflected during a debrief on what they could have done differently.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our on-going monitoring of the service. The acting manager was aware of her responsibilities to meet the CQC's requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. People's personal information was kept confidentially and securely in line with national guidance. Each person had been given information relating to how their personal information was being kept in line with the General Data Protection Regulation. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures. Staff said, "I would talk to them without any doubt" and "I would most definitely raise concerns and go higher if needed."

Quality assurance processes monitored the quality of care provided. There were effective systems in place to monitor the quality of services and care provided to people. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements. These checked that safe practice and processes were followed and ensured the home remained compliant with necessary regulations. The representative of the provider visited each month and where any actions for improvement were identified these were monitored to ensure they had been completed. For example, ensuring staff training was up to date. Policies, procedures and guidance was up to date and available to staff.

The views and opinions of people and staff helped to shape the service provided. People were listened to and encouraged to express their views, wishes and aspirations. Staff said they worked well as a team and communication between them was good. The provider information return stated, "We listen to and respond to the individual and their needs and flexibly develop or change our support and care to meet the presenting or changing needs of each person."

There were links with local agencies and organisations including a local care provider's association. 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 a home in a local community where they were able to forge links and relationships. The representative of the provider confirmed they kept up to date with changes in legislation and guidance through newsletters from CQC and other national organisations.