

Noble Care Limited

Gloucester House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Gloucester House is a residential care home providing accommodation and personal care to 8 people with a learning disability and / or autism in one adapted building. At the time of the inspection 8 people were living at the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting underpinning principles of right support, right care, right culture.

Right support: Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. People were supported in a safe and clean environment that met their sensory and physical needs. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture: People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff provided people with personalised, proactive and co-ordinated support in line with their communication and support plans.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 November 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the safe and well-led Key Questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gloucester House on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gloucester House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Gloucester House is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 18 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided. We spoke with the registered manager, home manager, nominated individual, operations manager, senior support worker and 2 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment and other records regarding training and monitoring. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had a clear understanding of their role and responsibilities in protecting people from harm and abuse. One person told us, "They [staff] make sure I don't hurt myself and keep me safe".
- All staff we spoke with knew how to identify, respond to and escalate suspected abuse. Staff confirmed they were confident in reporting poor practice to external agencies, for example the local authority safeguarding team if needed.
- The registered manager shared information with the external safeguarding teams where required.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. One member of staff told us, "It's their [people living at the service] home, they should be able to do what they, when they want, they deserve the world".
- Staff managed the safety of the living environment and equipment well through checks and action to minimise risk.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and includes checking details about convictions and cautions held on the Police National Computer.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Staff received regular training and guidance to ensure they provided safe care. One member of staff told us, "We can ask for additional training if there is anything we might not be sure of, or if someone has a complex medical condition, we can get training and support to help us understand how it impacts on the person and how best to care for them".
- Staff told us they felt well supported by the management team and the provider. One member of staff said, "[Registered manager] is very supportive and they, plus the other managers are always available for support, regardless of the time of day". Another member of staff said, "I always feel as though I'm not on my own, there is always someone who I can go to for advice or support to help me provide the best care I can to people".

Using medicines safely

- Following our last inspection, the provider has ensured all protocols for administering as and when required medicines are up to date and accurate.
- Systems and processes in place ensured people continued to receive their medicines as intended by the prescribing GP.
- Only staff who had received medicines management training were authorised to administer medicines to people.
- Guidance for medicines was clear and staff knew people well to look for signs for when 'as and when needed' medicine should be given.
- The provider and staff reviewed people's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people about their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain relationships that were important to them. We saw examples of methods used to ensure people could still sustain contact during periods of 'lock down' during the COVID-19 pandemic, including window visits and video calls. As restrictions lifted, staff supported people to have safe face to face visits with their friends and relatives.
- The provider ensured that current government guidance and best practice was followed to ensure people

visiting the home did so safely.

- Risk assessments and care plans were in place to support safe visits to the care home and when people visited family and/or friends.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The provider ensured any lessons learned across their group of services were shared with all staff teams during regular team meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Staff knew the people they supported well and sought positive outcomes for them. One member of staff told us, "I love being part of such a good team, we all pull together to support the people living here to achieve their own personal goals and outcomes, whatever that might be."
- Staff spoke positively about the support they received from the management team. One member of staff said, "They [the management team] have an open-door policy, it's so nice to work alongside managers who also know the people living here so well. We can access additional support or training to help us continue to provide good person-centred care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior management team had clear oversight of the service.
- Systems and processes in place ensured issues identified through the auditing process were actioned in a timely manner. Audits covered all aspects of the service, for example, medicines, risk assessments, fire safety and staff training.
- The management team understood the requirement to notify the Care Quality Commission of reportable incidents and to display the service's current rating on their website and at the home.
- The management team had a clear understanding of the duty of candour and their responsibilities in line with legislation.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff delivered good quality support consistently.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported by an identified keyworker who they could discuss areas of concern and goals they would like to achieve. A keyworker is a designated staff member who is the key point of contact for the person.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, staff had supported people living at the service to decide how to decorate

the communal areas of the home, what colours to use and which wallpaper they would prefer. The provider involved people and their relatives or representatives on a regular basis through telephone calls, care reviews and surveys.

- The service was undergoing redecoration in the communal areas and people told us they had been involved in choosing the paint colours.
- Staff told us they felt able to share their views and suggestions on the service and these comments would be actioned by the management team.

Continuous learning and improving care

- People continued to receive a service that had an embedded culture of learning and improving.
- Outcomes from audits ensured the service reflected on their achievements and areas of improvement enabling action to be taken to address any areas of concern.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.