

Gloucestershire Group Homes Limited







Ashleigh

Inspection report

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Minchinhampton
Gloucestershire
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Website:

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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 |  |

Overall summary

This inspection took place on 21 October 2015 and was announced. The previous inspection was carried out on 03 November 2013 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

Ashleigh is registered to provide personal care and accommodation for up to three people. The service supports people with Autism or Asperger's Syndrome. At the time of our inspection there were three people living in the service.

At the time of the inspection the service employed a registered manager and three care staff.

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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The registered manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk.

Staffing levels were sufficient to meet people's needs and protect them from harm. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

All medicines were stored, administered and disposed of safely. The service had policies and procedures for dealing with medicines and these were adhered to.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported with their dietary and nutritional needs. People had access to a range of healthcare professionals.

The registered manager assessed and monitored the quality of the service provided for people. Systems were in place to check on the standards within the service. These included regular audits of care records, medicine management and health and safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse.

Policies and procedures were in place to minimise the risks of infection.

People's medicines were stored securely and administered safely by appropriately trained staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Recruitment procedures were in place and the appropriate checks were undertaken before new staff started work.

Good



Is the service effective?

The service was effective.

People received care and support from staff who were knowledgeable about their needs.

People received care and support from staff who were knowledgeable about their needs. Staff received effective support, supervision and training.

The staff had a good understanding about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

People received a nutritious and balanced diet.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Good



Is the service caring?

The service was caring.

People's privacy was respected and they were supported to express their choices about their care.

Staff demonstrated a good understanding of people's likes and dislikes and their life history.

Staff had positive relationships with people living in the service and treated them with kindness and respect.

Good



Is the service responsive?

The service was responsive.

People's individual needs were clearly reflected in their care plan which was reviewed by staff on a regular basis with the person.

People were supported to pursue social and leisure activities on a regular basis. The activities were based on the needs, preferences and choices of each person.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views

Staff felt well supported by the management team and they were asked for their views.

There were quality assurance systems to monitor the quality of the service provided.

Good



Ashleigh

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 was 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 21 October 2015 and was announced. We gave notice of our inspection to ensure people would be at the service when we visited. The inspection was undertaken by an adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is

legally required to report to us. We did not request the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We contacted two health and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with the service. We received a response back from both professionals.

During our visit we met and spoke with the three people living in the service. We spent time with the registered manager and spoke with three staff members. We looked at two people's care records, together with other records relating to their care and the running of the service. This included employment records for three members of staff, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

We asked people if they felt in safe living at the service. Comments included, "I feel safe", and "Yes I feel safe here". One person was unable to verbally communicate with us but they confirmed they felt safe by answering questions in written format. We observed the care and support they were provided with throughout the day. We found people were provided with high quality care and support.

Staff we spoke to had a good understanding about safeguarding vulnerable people from abuse. Their responses confirmed they understood their responsibilities and recognised all allegations needed to be taken seriously and reported. Staff comments included, "If I was concerned I would report this straight away to the management", "If I thought people were at risk of abuse or were being abused I would report this. Policies and procedures in relation to the safeguarding of adults accurately reflected local procedures and included relevant contact information. All staff received training in safeguarding adults and attended refresher training.

People were engaged in different activities on the day we visited, including going out into the community to attend health appointments with staff and attending college. Assessments had been undertaken of the risks relating to people's individual needs. An example being one person liked to go swimming and horse riding. The risks had been assessed and strategies put in place to reduce these risks. This had been recorded so all staff were aware of how to support the person. This showed people were assisted to take part in activities that promoted their independence, with risks to the person minimised.

The service was clean, fresh and tidy. There were sufficient hand gels placed in prominent positions around the service including in toilet facilities. Policies and procedures were in place to minimise the risks of infection and these were adhered to by staff. Staff had been trained in the prevention and control of infection and food safety. These arrangements helped minimise the risks of cross infection within the service. We observed people living in the service were involved in managing the cleanliness of the building. An example being one person was moping the floors with colour coded mops and another person was vacuuming.

Visitors to the service were required to sign the 'visitor's book' in the entrance area of the service. Visitors recorded

their name, the time they arrived and left the service. Where appropriate professionals who visited the service were asked to show proof of identification. Staff advised people of visitors to the service and explained the reasons for visiting. An example being when we arrived at the service staff on duty checked our identity badge. They advised people we had arrived before we met with them to introduce ourselves.

Staff confirmed they felt there were enough staff on duty each day to ensure people's safety. As well as people being supported by the part time registered manager there were three care staff employed. One staff worked on duty throughout the day at all times. Staff said this level of staffing was always maintained and enabled people to receive the level of support required.

Staff rotas had been planned in advance to ensure sufficient staff were available to support people with their personalised activities. The registered manager told us where appropriate staffing levels would be increased in accordance to people needs. An example being if staff were required to support a person due to their increased level of need or if people wanted to go on holiday. The registered manager told us staff annual leave and sickness was covered by permanent staff as overtime and by bank staff who worked for the service. People confirmed there were enough staff working at the service to provide them with the support they required.

Effective recruitment procedures were in place and ensured people were supported by staff with the appropriate experience and were of good character. We looked at the recruitment records for two staff and found recruitment procedures were safe and the relevant checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers to check upon their employment history and past performance.

Medicines were administered by staff who received specific training and had been assessed as competent. Records confirmed staff attended medicines refresher training to ensure they were kept up to date with current practice. Suitable facilities were in place for the safekeeping of medicines and clear records were kept of all medicines administered at the service. We checked the medication administration records for three people and noted they were correctly signed when medicines had been administered. There had been no errors involving

Is the service safe?

medicines within the last 12 months. Staff were aware of the action to take should this happen. Unused medicines were returned to the local chemist and signed out of the service.

Is the service effective?

Our findings

People said they felt staff at the service were suitably trained and experienced to support them. Comments included, “The staff care for me very well”, “Yes the staff look after and support us very well”.

Staff had received a comprehensive induction. Staff confirmed they were given time during their induction to read people’s care files and the policies and procedures of the service. The staff that worked at Ashleigh has worked for the organisation for many years and the team had remained consistent. The registered manager told us newly appointed members of staff to the organisation were appointed a mentor to support them during their induction. Staff said they had spent time shadowing experienced staff before they worked unsupervised.

Staff received comprehensive support to carry out their role. Staff we spoke with said they had regular supervision and attended staff meetings held at Ashleigh. This gave them an opportunity to discuss their roles and any issues as well as identifying any training needs. During our inspection we looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The staff files we looked at showed each member of staff had received supervision and had attended regular staff meetings. Records confirmed staff had received an annual appraisal to discuss their ongoing training and development.

Training was planned and was appropriate to staff roles and responsibilities. Staff we met said they received ongoing training. We viewed the training records for the staff team which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, autism awareness, medicines and safeguarding vulnerable adults. Records confirmed staff had successfully undertaken a Level 2 or above NVQ or Diploma in Health and Social Care.

All staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom. People had their mental capacity assessed. Having mental capacity means

being able to make decisions about everyday things. For example, decisions about what to wear, what activities to participate and what the risks were. It also means being able to take more important decisions, for example agreeing to medicines, medical treatment and financial matters.

The registered manager was aware of their responsibilities in making sure people were not deprived of their liberty. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if this is done in the least restrictive way and it is in their best interests. At the time of our inspection no persons were subject to any legal restrictions and no applications had been submitted to the local authority. The registered manager told us people living at the service were able to make decisions around their care and treatment and were able to leave the service freely. DoLS applications would be submitted to the local authority if people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff.

Care documentation showed people’s nutritional needs were assessed and kept under review. The registered manager told us people living at the service were not at risk of malnutrition. People’s care records contained information about people’s nutritional intake and the support they needed to maintain good health. Records confirmed people’s weight gain or loss was monitored so any health problems were identified and people’s nutritional needs met. We noted one person’s fluid was being monitored as advised by their GP.

People were offered a choice of nutritious meals and were involved in deciding what they wanted to eat and drink with the support from staff. People were supported by staff, to prepare and cook their meals. Staff helped plan people’s weekly menus to ensure healthy choices were included. People were regularly offered hot and cold drinks and were also able to prepare these themselves. Staff said people enjoyed eating out at local cafes and restaurants. People we spoke with told us they looked forward to Saturdays as they all went out for a meal together with the staff member on duty.

Records showed staff spent time talking to people each month about their health and care needs. People had access to local healthcare services such as dentists and opticians and were registered with the local GP surgery.

Is the service effective?

Staff supported people to attend appointments at the local surgery. Staff told us they were supported by their local GP practice and local dentist and had built up a good rapport with these services. Contact details of relevant health

professionals and local authority services were kept in care records which meant referrals could be made quickly. This meant that people were supported to have their health needs met appropriately.

Is the service caring?

Our findings

We asked people if they were happy with the care they received. Comments included, “Yes I am very happy with the care here and feel very lucky”, “I am happy with the care I receive from the staff”, “Yes I am happy with things and how I am cared for”. One person could not verbally tell us about their care and support. They confirmed in writing they felt they were cared for very well by staff. We received feedback from one relative regarding the care and support their family member received. We were told they were pleased their relative “was able to live in such a stable and caring environment”.

Health professionals spoke positively about the service and the staff team. We received the following comments from professionals, “The staff are caring and do act professionally and courteously when working with service users”, “I am content that X is well placed and being well looked after”.

Throughout our inspection staff interacted with people in a warm and compassionate manner and interactions with people were positive. Staff were kind, caring, attentive and were keen to engage with people. They talked with people and listened to what they were saying. The interactions indicated people’s views mattered to staff. An example we observed staff negotiating skilfully with people about the time they had to leave the service to attend an appointment.

The inspection visit was filled with joy, fun and laughter as people and staff spent time together. Staff told us, “I enjoy coming to work and caring for the guys”, “I have worked with the guys for many years and we always have fun”. Staff

took great pride in people’s achievements. An example being the staff spoke highly of two people living at the service. Staff told us they had been committed to attending college courses for the past few years and were dedicated.

Staff consulted with people about what day care activities they wished to participate in. An example being people told us they were able to choose how they wanted to spend their one to one activity time. Health professionals told us people were encouraged to engage in varying activities of choice.

Staff respected people’s privacy and dignity. An example being staff knocked on people’s doors and sought permission before they entered people’s rooms. Staff were able to tell us what actions they undertook to make sure people’s privacy and dignity were maintained. This included keeping people’s doors closed whilst they received care and giving them time and space to themselves.

People made choices about where they wished to spend their time, what they wanted to eat and drink and where they sat. People spent time in the lounge area, conservatory and in their rooms. People said they liked their rooms and they were comfortable warm and clean. People’s rooms were personalised with ornaments, pictures, soft furnishings and photographs.

People had access to information within the service about independent advocacy services. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The registered manager told us the local authority were looking into the possibility of involving an advocate to support a person living in the service.

Is the service responsive?

Our findings

Staff were able to tell us about people's care needs and about the level of support people living at the service needed. They had detailed knowledge and a good understanding about people's preferred routines, behaviours and how best to support them. An example being one person was not able to verbally express their views to us. Staff said they had cared for the person for a long period of time and were able to communicate with them and understood their likes and dislikes and how they liked to be cared for. Staff made efforts to interpret people's behaviour and body language and to involve them as much as possible in decisions about their day to day care.

People's needs had been assessed to see what care and support they needed. The relevant social and personal information was maintained and kept up to date. This enabled staff to deliver personalised care. The assessment considered all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and ability to take positive risks. Records confirmed the local authority carried out their own annual reviews of people's care, which included the person, care staff, family and other representatives such as advocates to represent people's interests. Staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way people wanted. Care plans had been reviewed on a monthly basis and changes made when required by staff.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, dentists and opticians. People told us staff responded to their needs in a timely manner. On the day of

the inspection two people were attending dental appointments at the local dental surgery. Records confirmed people living at the service had been supported to attend yearly wellbeing check-ups with the relevant health care professionals.

Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about people's care and wellbeing. Handover sheets were prepared by staff to communicate information to each other. Staff confirmed handovers were undertaken by the staff team and valuable information was shared.

People were supported in promoting their independence and community involvement. On the day of the inspection two people were being supported to go out with staff. One person stayed at the service without the support and supervision from staff. Risk assessments were in place to assess the risks to the person during this time. People enjoyed a wide range of community activities which included shopping, going out for meals, horse riding, swimming, attending college, recycling and daily walks within the local area. People were also supported by staff to have yearly holidays in accordance to their individual preferences.

A complaints procedure was in place within the service. A copy of the complaints procedure was available to people living in the service. There had not been any complaints raised by people in the last twelve months. Staff knew how to respond to complaints if they arose. People confirmed if they were not happy they would speak with staff or the registered manager. People we spoke with were happy with the service they received and suggested no changes could be made to improve the service. One person confirmed they were happy with the service in writing. Staff told us they would notice any changes in the people's behaviour which may indicate they were unhappy.

Is the service well-led?

Our findings

People were able to tell us they thought the service was well-led by the registered manager. We observed the care and support people were provided with throughout the day. Both people and relatives we spoke with said they felt the registered manager was professional, compassionate and approachable.

People were provided with high quality care and support that was personalised. Staff said there was a personalised and open culture within service. Staff felt the registered manager's approach was open and honest. The registered manager spoke passionately about the service and the staff they managed. They said their vision for the future was to continue to provide a high standard of care to people. Staff said they felt confident in the leadership of the registered manager. Staff meetings were held regularly to make sure that staff were kept up to date with any changes and had opportunities to raise any concerns or make suggestions.

The registered manager had been managing the service for several years during which time they had focused on developing a culture which promoted independence and person-centred care. The registered manager was responsible for a further service in the local area and worked alongside another registered manager who also managed three services. Both registered managers supported each other and visited the service's monthly to undertake quality checks of the service provided. We spoke with the registered manager and staff about the people

who lived at the service. They demonstrated a good awareness of the care needs of people we talked about. This showed they had a clear insight about the people who lived at the service.

Systems were in place to monitor any accidents and incidents within the service. Accidents and incidents at the service were recorded appropriately and reported to the registered manager. Any injuries to people were recorded. There had been very few accidents that occurred and the appropriate action had been taken by the member of staff working at the time of the accident. Accident and incident records were reviewed and analysed by the registered manager to help identify any trends and potential situations which could result in further harm to people. This meant people were protected against receiving inappropriate and unsafe care and support.

Systems were in place to check on the standards within the service. Regular reviews of care plans and risk assessments were undertaken by the registered manager and care staff. The registered manager undertook a range of audits to monitor the quality service delivery. These included audits of medicine administration records, health and safety and of people's finance sheets.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening within the service. We spoke with the registered manager as the CQC had not received any notifications from the service. They told us no reportable events had occurred. The registered manager had insight of when events were to be reported and how they could access the appropriate notification forms.