

Gloucestershire Group Homes Limited

Churchill Road

Inspection report

65 Churchill Road
Forest Green
Nailsworth
Gloucestershire
GL6 0DE

Tel: 01453835023

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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

About the service: Churchill Road is a residential care home. It provides accommodation and personal care for up to three adults with autistic spectrum disorder. At the time of the inspection there were two people living at the service.

People's experience of using this service: The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- People were involved in planning their care.
- People were supported to follow their interests and set their own goals.
- People had good access to their local community and opportunities to meet people and were supported to maintain relationships with friends and family.

People were supported by a small but consistent team of long-term staff who were kind and caring. Because people had lived at the service for many years and staff had worked there for a long time, staff had good relationships with people and knew them well. One person we spoke with told us they liked living at the service.

Both people living at the service were independent in many aspects of their lives. Staff supported people to manage their anxieties and enabled them to be happy doing the things they wanted to do.

Staff knowledge in relation to people's condition, their needs, and how to support them was thorough.

Care plans were person centred and included people's personal goals for the year. There was a focus on providing people with a clear timetable and consistent support. This resulted in people being relaxed and being able to enjoy doing things they wanted to do.

There was an open culture where staff and people could raise concerns or issues.

Rating at last inspection: Good (September 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue our on-going monitoring of the service and all information we receive. We will use this information to determine when we next inspect the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Churchill Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Churchill Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit. We wanted 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 autistic spectrum disorder become anxious when in the company of unfamiliar people.

What we did:

We reviewed information we had received about the service since the last inspection in September 2016. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections.

During the inspection we spoke with one person living at the service. We spoke with two members of staff and the registered manager. We reviewed two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After the inspection we sought feedback from health and social care professionals.



Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- People were supported to manage their finances. People and staff signed records to show when people took money out of their accounts or put money in.
- Staff said they felt confident to raise concerns about poor care. One staff member said, "If I was concerned, I'd speak to [senior support worker]. I'd take it further if I had to. I know about whistleblowing."

Assessing risk, safety monitoring and management

- Risk assessments were in place for when people were at the service and in the community. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. These included areas of support such as money management, road safety and accessing the community alone. The registered manager said, "We can balance the risk of access to the community and keeping people safe. They have every right to be out and about."
- The environment was regularly checked and assessed.
- Fire systems and equipment were monitored and checked. People took part in regular fire drills.

Staffing and recruitment

- There was enough staff on duty to meet people's needs.
- Safe recruitment procedures were followed.
- People were supported by a small, consistent team of staff they had known for several years.
- When new staff joined the service, people were asked for their feedback. The registered manager said, "One person doesn't like young female staff, so we don't tend to have them here." The senior support worker said, "We see the way new staff are with people and then we work out which [of the provider's services] they are best suited to."

Using medicines safely

- Medicine administration records were signed by staff to indicate people received their medicines as prescribed.

- Medicines were stored safely. Regular stock balance checks were carried out.
- People's medicines were regularly reviewed.

Preventing and controlling infection

- The service was clean and tidy.
- Staff told us people did their own laundry and ironing and were supported to keep their bedrooms clean and tidy.
- Staff had access to personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

- Incidents and accidents were reported. These were reviewed regularly by the registered manager and lessons shared to prevent recurrence.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service and were regularly reviewed. One person had chosen not to take part in this process and had signed to confirm this.
- Care plans detailed people's personal goals for the year ahead and these were reviewed to see if they had been met.
- People's protected characteristics under the Equalities Act 2010 were identified and their needs were met. For example, a member of staff told us, "If I'm in a shop, and the assistant speaks to me instead of whoever I'm with, I will always turn to the person and say, "What to do you think [person's name]? I'm making the point that they have the right to be treated the same as everyone else."

Staff support: induction, training, skills and experience

- There was a formal induction programme in place for new staff.
- Staff had been trained to carry out their roles. There was a training plan in place which highlighted when refresher training was due.
- Staff told us they felt trained to carry out their roles. One member of staff said, "I did Asperger's and ageing training the other week. That was interesting."
- Staff had regular one to one sessions with a line manager to access support. One member of staff said, "I can talk about anything in the sessions, but because I speak to [senior support worker] every day nothing builds up."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff told us there was a four-weekly menu in place. One member of staff said, "We have a rolling menu; although there is flexibility within that. People like the routine of the menu. They like to know what they're having to eat on set days."
- People could make their own drinks and snacks. Staff prepared and cooked the evening meal.
- Staff supported people to eat healthily. One member of staff said, "I went on a nutrition course recently and we had the dietician come down and she gave us some good ideas. So, we're stopping double carbs, like pasta and garlic bread, encouraging brown bread and pasta, things like that".

- People were supported to maintain a healthy lifestyle. People walked a lot and staff encouraged this. During the inspection, one person told staff they were going to go for a walk to enjoy the nice weather. A member of staff said, "I do promote and encourage healthy living and exercise because we know it helps people cope with their anxieties."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with a local GP. The registered manager told us they met with the GP quarterly.
- People had annual health checks.
- Staff supported people to attend appointments. They considered innovative ways to ensure people attended these when people's anxiety levels might otherwise prevent them from doing so. For example, one member of staff said, "I will book the first appointment of the afternoon, so that I know we will go straight in, because I know [person's name] gets anxious waiting to be seen."

Adapting service, design, decoration to meet people's needs

- The environment was clean, tidy and homely.
- People had their own bedrooms and use of a communal living room and kitchen.
- There was a pleasant garden. One person said, "I sit outside with a cup of tea when the weather's nice."
- Regular environmental checks were carried out. Maintenance issues were resolved quickly. The service considered people's autism when maintenance work was required. For example, a member of staff told us, "Any redecoration that's needed, we tend to do it ourselves. Decorators coming in all day doesn't work for the guys here with their anxieties."

Ensuring consent to care and treatment in line with law and guidance

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 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.

- Staff remained knowledgeable about the principles of the MCA and supported people to make informed decisions. One member of staff said, "They [people living at the service] can both make decisions and we talk things through with them. They both know what they want and what they don't want."
- Records showed that people could make decisions for themselves. For example, one person had written in their plan to state they chose not to be involved in reviews. A member of staff told us, "One person used to have aromatherapy weekly, but then got a bit fed up, so I said, you don't have to go if you don't want to. It's your choice."
- People were asked for their permission before staff showed us around the building and were asked if they wanted to speak to us or not.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were relaxed around staff; chatting, smiling and laughing with them.
- People could move around the home freely. One person frequently came into the office to speak to staff and they were welcomed when they did this.
- There was a small team of long serving staff at the service. People knew all the staff by name. People were provided with a rota, so they knew which member of staff was working each day.
- It was clear people had good relationships with staff; one person was laughing and joking with a member of staff. Another member of staff said, "We've known them both a long time, so we can have a joke and a laugh."
- Staff told us they enjoyed their roles. One member of staff said, "It's about being here for people, supporting their anxiety levels, cooking meals, shopping and cleaning. The guys here are independent with personal care. But their anxiety can shoot up at the flick of a switch; so, it's about maintaining a calm environment."

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in making decisions, and setting their own goals for the coming year. A member of staff told us people's goals might change, but staff respected this.
- People could speak up whenever they wanted to. They could speak to staff at the service, or could go into the main office and speak to someone there.
- A member of staff said, "[Person's name] finds it difficult to communicate [their] needs verbally. They've been given a pad and pen to write notes for staff. [They] seem happier expressing themselves this way."
- The senior support worker told us, "I meet with [person's name] every Thursday to have a catch up one to one, and I go for a walk with [person's name] every week to have a catch up with them. But they do phone me regularly as well."
- The registered manager said, "We work together as a team to create positive outcomes for people. So, I will make sure the Thursday meeting for [person's name] takes place even when [staff name] is off duty."

Respecting and promoting people's privacy, dignity and independence

- We saw that staff respected people. People had been informed of our visit to reduce any anxiety about a stranger being in their home.
- People's privacy was respected. We saw one person chose to spend time alone in their room rather than speak with us. Staff left them alone to do this.
- People came and went throughout the inspection. A member of staff went to meet one person at a local garden centre; they said the person had walked there by themselves and had arranged to meet the member of staff for coffee and a lift back to the house.



Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support plans were person centred throughout. When they chose to, people had been actively involved in developing their plans and had regular meetings with staff to review how things were going.
- Care plans contained detailed information about people's choices and preferences. These included people's preferred routines.
- Staff understood people's need to live in a low arousal environment and supported them to do this.
- Staff knowledge of people's needs was thorough, particularly in relation to things that caused anxiety. For example, a member of staff told us, "Last Sunday I took [person's name] shopping, but there were temporary traffic lights. When the lights are red and we have to wait, this causes [them] anxiety, so I talked to [them], offered [them] the option to get out and start walking. On the way back, I said we'd go a different way to avoid the lights."
- Staff knew what might cause people to become anxious and had put in steps to prevent this. For example, the house phone ringer was set to a low volume and staff ensured the front door didn't slam when they came in.
- On a social level, the service worked closely with the local community. For example, a member of staff told us that staff at the local pub had been told about one person's need to be served quickly and they respected this.
- The registered manager told us, "It's the person-centred approach here; for everybody we have to deliver care on a person-centred basis. Independent living isn't necessarily right for everyone. We don't do things for people that won't impact positively on their quality of life. For example, cooking with people; for some it will just increase their anxieties, so it's best not to try and involve them. It's about keeping people safe. We understand the need to have routines and boundaries to help people cope."
- The service was within walking distance to the local town, and public transport links. This meant people could access the community easily. One person said, "I go out and about. I'm quite independent."
- People participated in activities of their choice. For example, people enjoyed walking into the local town, to the shops and the local pub. There was a computer room available for people to use at the provider's head office which was close to the service. One person told us they were going on holiday abroad the following week with a member of staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received in the previous 12-month period.

End of life care and support

- End of life plans were not in place. These are plans which detail people's choices and preferences for how they want to be cared for at the end of their lives and any special wishes they might have.
- The registered manager told us this was something they were discussing as a team to identify the best way to begin discussions with people.



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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's needs were put first in line with the provider's values. The registered manager said, "We provide a safe and caring environment for people on the autistic spectrum. Our people are the people who can tell us how they want to be cared for, so we ask how people want to be spoken to, how they want to be treated. We're constantly evolving, especially as our clients get older."
- One member of staff said, "We help people manage their anxieties here."
- There was an open culture where staff were encouraged to speak up. One member of staff said, "This is a good company. [Senior support worker] is really good, very supportive and ever so patient. I think that's probably why staff never leave."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager told us they monitored how well the service was working. They told us, "We look at people's behaviours, regularly checking in with them. If we can provide a safe caring environment, that provides a good quality of life for people, that's a good thing. Staff here understand the need for routines, but are also open to challenging some of the routines to see they still work."
- Quality assurance processes were in place. This included audits of medicines, health and safety and the environment.
- The registered manager told us, "We ask people if they are happy, to confirm they are given choices and aren't deprived of anything. I know the staff are caring - people tell me staff are caring. Sometimes I do spot checks and just observe and listen."
- There was an annual development plan in place. This included plans to improve decoration and furnishings. An additional bathroom had been installed in the past 12 months.
- The provider held regular meetings to discuss all their services. We saw the minutes of these and saw that learning was shared and improvement plans discussed.

- The registered manager understood their responsibilities to notify us of certain events.
- The rating of the previous inspection was displayed as required.

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

- Regular feedback was sought from people. Weekly meetings took place. We saw people could speak to the management team whenever they wanted.
- Regular staff meetings took place and minutes of these were available. One member of staff said, "We're all encouraged to speak up in team meetings."
- Staff told us they were lone workers but had 24-hour access to a manager by phone. One member of staff said, "I've called [the on-call number] a couple of times; someone always answers."
- The service respected people's different ways of communicating with staff.

Working in partnership with others

- The service had good links with the local community. The registered manager met regularly with the local GP practice.
- The service was a member of the Gloucester Care Providers Association.