

# Gloucestershire Group Homes Limited

## Old Dairy

### Inspection report

The Old Dairy  
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Nailsworth  
Gloucestershire  
GL6 0BZ

Tel: 01453835023

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31 January 2018

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

We undertook an announced focused inspection of Old Dairy on 31 January 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 10 August 2016 inspection had been made. We inspected the service against two of the five questions we ask about services: is the service safe, is the service well led? This is because the service was not meeting some legal requirements. At this inspection we found the legal requirements had been met.

No risks, concerns or significant improvements were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Old Dairy 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.

Old Dairy accommodates six people in one adapted building. One of these people lives in a self-contained flat which was attached to the Old Dairy.

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

At our previous inspection in August 2016 we found the service was not compliant with the regulation relating to the safe management of medicines. We found improvements to the way people's medicines were managed. People's prescribed medicines were recorded on their administration record. Records showed medicines no longer required had been disposed of.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. People were supported by sufficient numbers of staff.

The registered manager was accessible to people using the service and staff. Quality checks were made with the aim of improving the service in response to people's needs.

## 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.

We found improvements to how people's medicines were managed.

People were safeguarded from the risk of abuse and from risks in the care home environment.

Sufficient staff were deployed to meet people's needs.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager was accessible to people using the service and staff.

People benefitted from links with the local community.

Quality assurance checks were made with the aim of improving the service in response to people's needs.

# Old Dairy

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 31 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure 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 may have become anxious when in the company of unfamiliar people.

This inspection was carried out by one inspector. We spoke with the registered manager, a senior support worker and a support worker. We did not speak with people using the service. They were either out of the care home taking part in activities or declined to speak with us. We examined documents relating to people's care and support and the arrangements for supporting people to take their medicines. We also visited the offices of the registered provider to examine documents relating to staff recruitment, training and the management of the service.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 10 August 2016. At our previous inspection we found people's medicines were not always managed safely. This was because some prescribed medicines were not recorded on the medicine record. Medicines were not disposed of when out of date in one case. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider wrote to us about the improvements they were making to medicines management. They told us the improvements would be in place by 20 September 2016.

At this inspection we found medicines were being managed safely. People's prescribed medicines were recorded on the medicine administration record. Records showed medicines no longer required had been disposed of. We found no out-of-date medicines in use. There were no gaps in the recording of medicine administration on the records we examined.

We found medicines were being stored at the correct temperature although the storage was adjacent to a radiator. The registered manager was reviewing the location of the storage to ensure correct storage temperatures would always be maintained. Two people had medicines prescribed on an 'as required' basis. One person took charge of their medicine, an inhaler and the other person was able to tell staff when they needed to take their medicine for pain relief.

Domestic medicines known as homely remedies were approved by people's GP. Staff responsible for administering medicines had received training and had passed competency assessments. A monthly medicines audit was in use to provide an oversight of any issues related to the management of people's medicines. These examined areas of the management of people's medicines such as disposal of medicines, the recording of prescribed medicines and safe storage. Any identified issues required from the audit were recorded for action. The registered manager described how lessons had been learned from the breach of regulations found at our previous inspection in relation to the management of people's medicines.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available. Staff were confident any safeguarding concerns reported to the registered manager would be dealt with correctly. One person had a risk assessment in place for staff to be aware of how to deal with any risk of abuse from other people. People were protected from financial abuse because there were appropriate systems in place to help support people to manage their money safely.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People had individual risk assessment management plans in place. For example, fire safety, use of power tools, use of social media and activities outside of the care home. Staff were aware of how risks to people should be managed, one staff member told us "I make myself aware of risk assessments". People were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and management of identified risks. Work on the electrical installation was in progress during our visit. We found the environment of the care home was clean and well maintained. Staff had received training to keep people safe for example fire safety and food hygiene.

People were supported by sufficient staffing levels. There was always one member of staff available to provide support in the main house and one person had one to one support 24 hours a day in their self-contained flat. Additional staff were used as and when required to support people with activities and appointments.

We examined recruitment documents for one member of staff. Relevant checks were carried out before new care staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether an applicant had a police record which would prevent them from working with vulnerable people. Written references were obtained from previous employers. We discussed with the registered manager that the staff recruitment policy would benefit from some revision in terms of obtaining information about conduct and reasons for leaving previous posts providing care and support and how information on a DBS disclosure would be assessed. They told us they would look into this with a view to reviewing the policy.

## Is the service well-led?

### Our findings

It was evident through our conversations with the registered manager they were motivated to continually improve the service and were keen to take action to ensure good care and support was provided to people. The registered manager described their visions for the service as "Continue to keep people safe and secure and offer meaningful activities", "continue to offer the service we have now" and "allowing service users to be in control". Future developments included training staff for supporting people with autism as they got older. The registered manager kept up to date with developments in the field of supporting people with autism through a national organisation and meetings with registered managers from other organisations.

Old Dairy had a registered manager in post who had been registered since October 2010. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

We discussed notifications with the registered manager. A notification is a report about important events which the service is required to send us by law. The registered manager stated no events had occurred that required reporting to the CQC through a notification. They were aware of the events that would require notification. The rating from our previous inspection was displayed at the care home.

The registered manager was accessible to people using the service and staff. Staff told us the registered manager and senior staff were supportive and available to contact including out of normal office hours when an 'on-call' service operated. The registered manager described how they would join people on activities in the community as well as visiting the care home. Minutes of staff meetings demonstrated how staff were kept informed about any issues, developments with the service, information about people's needs and the expectations of the management and provider. The results of quality audits were also discussed.

People benefitted from links established with the local community. One example was communication with a local care home for older people which had a garden that adjoined Old Dairy at the rear. One person living at the Old Dairy was sensitive to loud noise. The care home agreed to put up a flag in their garden when there would be noise from building work. This would be seen by the person from their room, they could then choose what to do to avoid being affected by the noise.

People benefitted from provider quality checks to ensure a consistently good service was being provided. A regular quality audit was carried out; areas examined in the most recent audit included, staff training, record keeping, the care home environment and people's concerns. The audit resulted in an action plan which identified staff responsible for implementing any improvements. An Annual Development Plan was in place. Areas identified for action included people's health improvement, protecting people and management of the care home. The registered manager confirmed the improvement actions were being implemented. A survey to gain the views of people using the service had been carried out in 2017. One result of the survey was one person had started playing badminton.