

Stroud & District Homes Foundation Limited

The Gables

Inspection report

Lovedays Mead
Folly Lane
Stroud
Gloucestershire
GL5 1SB

Tel: 01453762229
Website: www.stroudhomes.co.uk

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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

The Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Gables is also the registered address for a service which also provides care and support to people living in four 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection also looked at the personal care and support provided to people in the supported living setting.

The Gables can accommodate up to five people who have a learning disability and autism. At the time of our inspection five people were living there. People at The Gables had their own bedrooms with access to a shower and bathroom. They shared a lounge and two dining rooms. Grounds around the property were accessible. The supported living settings can accommodate up to 24 people who have a learning disability in four houses within the locality of Stroud.

The Gables had 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 and autism using the service lived as ordinary a life as any citizen.

This inspection took place on 14 and 21 November 2018. At the last comprehensive inspection in March 2016 the service was rated as Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There were two registered managers in post to manage the two services. They had been registered with the Care Quality Commission (CQC) in 2010. 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. The registered manager of the supported living service was also the Group Manager for all services provided by Stroud and District Homes Foundation Limited.

People's care and support individualised, reflecting their personal wishes and lifestyle choices. They were treated with compassion, kindness and care. They had positive relationships with staff, who understood them well. People enjoyed being in the company of staff. The atmosphere in their homes was light hearted

with much laughter and happiness. Staff understood and respected people's diverse needs. Staff knew how to keep people safe and how to raise safeguarding concerns. Risks were well managed encouraging people's independence. There were enough staff to meet people's needs. Staff recruitment and selection procedures were satisfactory with the necessary checks being completed prior to employment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. They made choices about their day to day lives. People and those important to them were involved in the planning and review of their care and support. They chose the activities they wish to take part in. They said they liked to work on a farm, to the gym and to garden centres. They went on holidays, day trips, to social clubs and local places of worship. People kept in touch with those important to them.

People's preferred forms of communication were promoted. Staff were observed effectively communicating with people, taking time to engage with them. Good use was made of easy to read information which used photographs and pictures to illustrate the text. People had access to easy to read guides about safeguarding, complaints, staff on duty, activities and menus.

People's health and wellbeing was promoted. A weekly menu encouraged people to have vegetables and fruit in their diet. Special diets were catered for. People helped to prepare and cook their meals. They had access to a range of health care professionals and had annual health checks. People's medicines were safely managed. People had expressed their wishes about how they would like to be cared for at the end of their life.

People's views and those of their relatives and staff were sought to monitor the quality of the service. This was provided through quality assurance surveys, reviews, meetings, complaints and compliments. People had information about how to raise a complaint. The registered managers and board of trustees completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The registered managers worked closely with local organisations and agencies and national organisations to keep up to date with current best practice and guidance. Comments about The Gables included, "I have been really impressed with the care," "It's brilliant; it's magic" and "It's amazing."

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.

The Gables

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 was a comprehensive inspection, carried out by one inspector. The inspection took place on 14 and 21 November 2018 and was unannounced. 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 the Care Quality Commission (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.

During our inspection we observed the care being provided to five people living at The Gables. We also visited nine people living in their own homes. We had feedback from eight people and two visitors about the care and support provided. We spoke with both of the registered managers, a deputy manager, six members of staff and a board trustee. We looked at the care records for six people, including their medicines records. We looked at the recruitment record for six members of staff, training records and quality assurance systems.

Is the service safe?

Our findings

People's rights were upheld. Visitors told us, "She trusts staff" and "She knows she is safe with the staff. I can relax." People had access to information about how to stay safe and how to report concerns. This was produced in an easy to read format using photographs and pictures to illustrate the text. They had completed training in recognising and dealing with sexual abuse. Safeguarding procedures were in place to protect people from abuse. Staff had a good understanding of their roles and responsibilities when recognising and reporting suspected abuse. They kept their knowledge and understanding of safeguarding up to date with refresher training and discussed safeguarding at staff meetings. Staff said they would be confident using the whistleblowing procedures and the registered managers would take the appropriate action in response to any concerns they raised. A member of staff said, "No matter how small it is we report it. We are very proactive." Safeguarding alerts had been raised with the local safeguarding team, the Police and the Care Quality Commission had been notified.

People were supported to manage their finances. They signed their financial records which noted any payments made to them. Receipts were kept for any expenditure. As an additional safeguard the registered managers audited people's financial records. People had individual inventories in place for any personal items of value.

People's safety was promoted through the management of risks and hazards. Staff were observed following risk assessments when supporting people to eat minimising their risk of choking. People were supported to be as independent as possible. Any known risks had been assessed and strategies were in place to keep them safe. Risk assessments were reviewed annually or as people's needs changed. The Provider Information Record (PIR) stated, "Service users' have risk assessments that are personal to them and reflect the way they live. Risk assessments are completed in a way that maximises their independence and their freedom."

Accidents and incidents were closely monitored to assess if any trends were developing and if further action needed to be taken. For example, a person identified as at increased risk of injury had been provided with a sensor in their bed to alert staff when they moved and had a new aid to help them to get in and out of bed.

People were supported when they became upset or anxious. Staff knew people well and their care records provided clear guidance about what might upset them. For example, people liked consistency and continuity of support from staff. Staff said communication between the staff team was open and transparent. They talked about any incidents reflecting whether anything could be done differently, sharing this knowledge with the rest of the team. Staff worked closely with health care professionals to monitor people's mental health and implement their guidance and recommendations.

People living at The Gables benefited from a well-maintained home. The registered managers said a maintenance person was employed to deal with day to day maintenance issues and the redecoration of the home. The wet room (walk in shower) was being refurbished during the inspection. Safe environments were maintained at The Gables and at the homes of people being supported in the community. Staff checked to

make sure fire systems were in working order. People took part in fire drills. Each person had a personal emergency evacuation plan in place describing how they would leave their home in an emergency. Health and safety checks were in place and equipment was serviced at the appropriate intervals.

People had access to enough staff to meet their needs. People living at The Gables benefited from a core group of staff who had supported them for a number of years. The registered managers confirmed they monitored the staffing levels to make sure they continued to meet people's changing needs. The PIR stated, "Staffing is more than having the right numbers, it's about having the right mix of staff that enables us to deliver high quality care. We keep a safe level of suitable staff." People receiving personal care from the supported living service told us they made decisions about how they would use their individual support from staff. They were clear about how much staff time they were allocated each day.

People were safeguarded against the appointment of unsuitable staff. Satisfactory recruitment processes were in place. A range of checks had been completed. These included confirmation of the character and skills of new staff 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.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering people's prescribed medicines. People had their medicines at times to suit them and when they requested them. People's medicines were reviewed with health care professionals. Audits were completed to check that medicine systems were operating efficiently. After an audit identified issues with the administration of insulin all staff had completed new training. Their practice was overseen by health care professionals. Additional guidance and checks had also been put in place.

People were protected against the risks of infection. Staff had a schedule of cleaning. They completed infection control training and were observed following safe practice. For example, using protective clothing when needed. The registered managers monitored infection control as part of their quality assurance checks. They said an annual report for 2018, in line with the requirements of the code of practice on the prevention and control of infections, would be produced. An inspection of The Gables by the food standards agency in 2018 gave the home its top rating of five stars.

People's care and support was reviewed and changed in response to lessons learnt from incidents or near misses. The registered manager of The Gables described the actions they had taken to change their support for a person after concerns about the administration of medicines. Staff skilled in the administration of insulin were always on duty. This occasionally involved having a sleep in member of staff to assist the waking night staff who had not yet completed this training.

Is the service effective?

Our findings

People's physical, emotional and social needs were assessed, monitored and reviewed to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives. Their diversity was recognised and their care promoted the rights of people with a disability. 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 were supported by staff who had access to training and support to develop their skills and knowledge. Staff confirmed they were able to maintain their skills and professional development. Their individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, the Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. They had also completed training specific to the needs of the people they supported. For example, diabetes, dementia, end of life awareness, nutrition and epilepsy awareness. Staff had individual support meetings to discuss their training needs and the care they provided. They also attended staff meetings to share information and best practice. Staff said the induction programme was intensive, giving them sufficient time to get to know people and their colleagues. Staff told us their professional development was encouraged through opportunities to represent the service at local forums, further training and promotion to senior roles.

People's individual dietary requirements were identified. Their nutritional needs had been discussed with health care professionals where needed. For example, a person living with diabetes was supported to have alternatives to sugar. People were supported to eat a healthy diet and to manage their weight. People who were at risk of choking had been referred to a speech and language therapist and their recommendations were followed. For example, an extremely thick puree or soft and bite sized diet were provided. Staff supervised people eating their meals. People were observed helping to cook their own lunch and evening meal. Menus reflected their individual preferences and people could have alternatives if they wished. Meals were produced using fresh ingredients including vegetables and fruit. People told us, "I like to eat a lot of salad" and "I cook my meals." People said they liked to eat out at a local pub or café.

People's health and wellbeing was promoted. Each person had information to take to hospital in an emergency and their health care needs and appointments were recorded. Some people had health action plans. They had annual health checks in line with national campaigns to ensure people with a learning disability and autism had access to healthcare services. People living with diabetes had access to chiropody and optician check-ups. People attended dentist, optician and chiropody appointments. Staff worked closely with social and health care professionals to share information to ensure people received co-ordinated and timely services when needed. Paramedics told a member of the board of trustees how impressed they had been with the knowledge of staff about a person's medical condition and how quickly they had accessed the person's health records.

People lived in houses which reflected their individual preferences. They lived in detached houses in estates

in towns and villages, no different from other houses in their street. Adaptations, such as grab rails, overhead tracking and specialist baths had been provided so that people could use their bedroom, bathroom and stairs safely. People had personalised their rooms to reflect their interests and hobbies. For some people this meant their bedroom provided a sensory environment with stimulating use of colours, mobiles and lights.

People made choices about their daily lives. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff offered them choices and respected their decisions. People were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. Records confirmed when decisions had been made in people's best interests and by whom. For example, discussions about medical treatment and finances. People's liberty and any restrictions had been assessed. The registered manager of The Gables confirmed applications had been approved by the supervisory body for people who were being deprived of their liberty.

Is the service caring?

Our findings

People's care and support was provided with kindness and compassion. People had positive relationships with staff. They were observed seeking out staff and being relaxed in their company. People said, "The staff are a great team" and "Staff are lovely." People and staff were observed laughing and joking together. Visitors told us, "They look after him very well" and "I've never seen her so happy." Staff understood people and were helping them to review their personal histories. Staff appreciated how important routines were to people and respected these. Staff were observed engaging with people, sensitively responding to them and giving them time and space. A registered manager said, "We help them to achieve what they want. Everyone gets their own space and is treated as an individual."

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age and ethnicity were recognised. People had access to a range of equipment and aids to promote their independence both at home and in the community. For example, wheelchairs, overhead hoists and accessible transport. People were encouraged to participate in age appropriate activities. Staff supported people to maintain relationships and friendships with those important to them. People's cultural and spiritual needs had been discussed with them and they were supported to attend a variety of places of worship. People's preferences for the gender of staff supporting them was respected as far as possible.

People were consulted about their care needs. The Provider Information Record (PIR) stated, "Service users' needs and preferences are considered an essential part of service delivery. Service users are encouraged on a daily basis to make decisions for themselves." A registered manager told us, "Staff are responsive to their needs. They respond quickly providing person centred care." Staff said, "We are there for the guys, we have their best interests at heart" and "We understand them; we are all there to help; we always ask them." People had access to advocates. An advocate is an independent person who can represent people using social care services.

People kept in touch with those important to them. People visited their relatives and friends or were visited at their homes. The PIR stated, "One service user and her mother rely completely on staff to be able to see each other. As soon as one visit is over, the next one is planned, so that they both always know when they will see each other." Two people we met had recently moved into a new home together. Their registered manager described how staff were making sure they kept in touch with friends they used to live with.

People's privacy and dignity was respected. People were observed being supported respectfully and discreetly. People told us, "They help me" and "Staff are nice." The PIR stated, "Dignity and respect is upheld throughout all personal care, ensuring it is done in the way the person chooses and without interruptions." People decided when they wanted to spend time alone and staff respected this. They were encouraged to be as independent as possible. People's routines were extremely important to them and staff provided reassurance and guidance when needed. Staff told us, "We provide a high standard of care" and "I have been really impressed with the care." Visitors said, "It's brilliant; it's magic" and "It's amazing."

Is the service responsive?

Our findings

People's care reflected their personal needs and the way they wished to live their lives. Their care records clearly highlighted any routines which were important to them. Staff understood the importance of following these and providing consistency and continuity of care. Any changes to their routines were discussed with them. People were encouraged to be independent and their care records stated what they could do for themselves and what they needed help with. This included aspects of their personal care, helping around their home and activities. The Provider Information Record (PIR) stated, "Each service user is supported in a very person centred way and their care plans are very detailed in describing how they wish to be supported. For those who aren't able to say how they like to be supported, their families are encouraged to be involved."

People were encouraged to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People told us they liked working on a farm, going to the gym and day centres. A registered manager described how they had sought activities for one person who loved being with animals. People's chosen activities were discussed with them including day trips, holidays, social clubs and using facilities in their local towns or villages. People were busily engaged in their activities during the inspection. Whilst at home people chose to spend time listening to music, watching a movie, helping to cook and spending time in their rooms. Staff had applied for funding from a local charity to enable one person to continue attending a college course.

People's care records guided staff about their preferred form of communication. They understood how to interpret people's behaviour and body language as an expression of how they were feeling. The registered managers were aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Excellent use was made of easy to read formats which used pictures and photographs to illustrate the text. For example, information about making a complaint, advocacy, menus and activities. White boards in people's rooms and communal areas displayed photographs of the staff on duty each day and activities.

People had information about the complaints process. People said they would talk with staff or the registered managers if they had any concerns. Two complaints had been received in the last 24 months. A full record of the complaints and their outcomes was kept. A registered manager said they had face to face meetings with complainants to discuss the issues and explain any actions they had taken in response. The PIR stated, "Service user reviews are a good way of measuring the care and support people receive. Lines of communication with service users' families and friends are kept open and feedback is on-going."

People's changing needs were responded to in a timely fashion. A registered manager described how staff were supporting a person living with dementia. Staff worked closely with health care professionals to ensure the appropriate plans and level of support were in place. Technology was used effectively to make sure people's care and support was delivered when they needed it. For example, the use of monitors and sensors

to alert staff when people were awake or needed support.

People wishes for their end of life support had been discussed with them and those people important to them. People had chosen their preferred service, flowers, music and how they would like their life to be celebrated. A registered manager reflected about two people who had died in the last year. They said they were "proud of staff who had gone above and beyond to support people". Staff had visited people in hospital in their own time and made sure people were not alone when their family were unable to visit. Staff had also read poems, which had formed part of the funeral service, to people helping them to grieve and come to terms with their loss.

Is the service well-led?

Our findings

People's care and support was delivered by a provider who promoted high standards of care. Visitors told us, "She couldn't have gone anywhere better" and "It's super. I have no concerns about her care." A registered manager told us, "We provide person centred care. Everyone is treated as an individual. We are quick to respond to changes in their needs. We try to improve and to work better together as an organisation." The registered manager of The Gables worked alongside staff monitoring the day to day delivery of care and ensuring high standards were maintained. The registered manager of the supported living service visited people and staff in their homes. They told us, "We are looking to the future, developing the business whilst providing consistent care."

The registered managers were first registered in 2010. 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. Staff told us, "You couldn't ask for anyone better (Registered Manager)" and "The manager is brilliant." Staff said they felt "respected and appreciated". The registered managers sought their opinions and they felt listened to. There was always a member of the management team available and communication between them and the staff was really good.

The registered managers understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures.

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance was up to date and available to staff. The registered managers had a range of quality assurance checks which were completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these were reviewed to ensure they had been completed. The board of trustees monitored people's experience of their care and support through regular visits to the service and by meeting with the management team.

People, their relatives and other interested parties were asked for their opinions of the service. They were invited to complete an annual survey in 2018 to give their views about people's experience of their care and support. The registered manager had analysed some of the feedback, which had been favourable. No concerns had been raised. People talked with staff daily and any issues or feedback had been dealt with as they arose.

The provider was aware of and had systems 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). They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our on-going monitoring of the service.

People benefited from a provider who made resources and support available to maintain high standards of care. The registered managers described how they valued staff and recognised their loyalty and commitment. This was confirmed by staff who said, "I am really settled, they understand and support me" and "They are always there to help. They are very fair." Lessons were learnt from incidents and observations of people. The Provider Information Record (PIR) stated, "It is very important to promote and to support the wellbeing of the staff. I have also used this in staff supervisions to help staff reflect on their own behaviour and be able to learn and develop."

The registered managers said they kept up to date with current best practice through membership of national and local organisations. This helped them to reflect about how they could improve the service provided. The registered managers worked closely in partnership with other agencies, social and health care professionals. Records confirmed information was shared with them 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 communities they knew well.