

Stroud Court Community Trust Limited

Stroud Court Community Trust

Inspection report

Stroud Court
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Stroud
Gloucestershire
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Tel: 01453834020

Date of inspection visit:

16 July 2018

17 July 2018

23 July 2018

Date of publication:

24 August 2018

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

Stroud Court Community Trust is a 'care home'. People in care homes receive accommodation and 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. There were 33 people of various ages living with autism at Stroud Court Community Trust. People lived in one of several types of accommodation on the 17 acre site according to their needs. The care service has been developed and designed in line with the values that underpin the Registering 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 can live as ordinary a life as any citizen.

At our last inspection we rated the service good. 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.

Why the service is rated Good:

Feedback from people's relatives was overwhelmingly positive. They complimented the caring nature of staff and felt that the service was well-led. They praised the approach of staff and stated that they felt their relatives were safe living at Stroud Court Community Trust. Staff understood the values and vision of the service. The senior management team had reviewed the quality of people's lives and were making progress in their plans to update people's accommodation. They were implementing a new approach to encourage people to be fully involved in their daily activities.

People's needs had been assessed and their support requirements and preferences were recorded in detail to provide staff with the guidance they needed to support people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service's policies and systems supported this practice. Effective systems were in place to manage people's medicines so that they received them safely and on time. People were supported to access health care services and to maintain a healthy lifestyle.

Sufficient numbers of staff were available to ensure people's well-being and for them to safely be involved in activities. New staff were suitably vetted and trained before they supported people. Staff had a good understanding of people's needs and had been trained to carry out their role. Staff told us they felt supported and trained and had access to the information they needed to support people. They understood their responsibility to report concerns and poor practices.

The registered manager was supported by a senior management team and board of trustees. The service had an open and progressive culture to improve the quality of lives for people. Systems were in place to

identify shortfalls in the service and drive improvement. People and their relative's views were valued and acted if any concerns had been identified.

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.

Stroud Court Community Trust

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 16, 17 & 23 July 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people about their experiences of living at Stroud Court Community Trust. We spoke with the registered manager, deputy manager, facilities manager, training coordinator, two financial staff, the chief executive officer and four care staff. We also spoke with six relatives by telephone and received feedback from two healthcare professionals about the service.

We reviewed five people's care records as well as records relating to the management of medicines, complaints and how the registered persons monitored the quality of the service. We also looked at staff records relating to their professional development and recruitment.

Is the service safe?

Our findings

People's relatives felt that their family members living at Stroud Court Community Trust, were safe and there were effective systems in place to ensure people were protected from the risk of abuse or harm. Staff had received safeguarding training and were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care. Staff explained that they would report their concerns to a senior member of staff or to social services and CQC if they felt the managers did not act on their concerns. Easy read posters displayed in the main building on the site and in people's homes provided people with the information they needed to recognise and report any concerns. A robust system to monitor people's finances was in place to help reduce the risk of financial abuse.

People were supported in accordance with their risk management plans. People's care records gave staff clear guidance of the triggers which may cause people to become upset and how they should be supported. Health care professionals complimented the service for their management of people's risks and told us they contacted them when people's risks and needs had changed for advice and support.

Staff knew people well and were able to determine people's mood or if they were unwell or becoming agitated by changes in their behaviours and own unique way of expressing their emotions. People's risks associated with people enjoying activities in the community and around their home had been assessed and were managed well. For example, risks relating to travelling in a car or using sharp utensils in the kitchen had been assessed and control measures were put into place to ensure the safety of people and others. Incidents relating to people's behaviours were documented and regularly audited to identify any patterns and trends. The registered manager explained that their analysis of the people's behaviours showed that staff had mainly been able to manage people by distracting them or giving them their own space. This showed evidence that positive behaviour support had been effective when supporting people who became upset or agitated. Incidents were reviewed and actions had been taken which were communicated to staff to help mitigate further incidents.

Clear management plans were in place to manage people's medical conditions such as epilepsy. For example, guidance provided staff with the information and actions they should take if one person experienced a seizure. Staff understood the actions they take if the person experienced a prolonged seizure. The registered manager was making progress in implementing detailed personal emergency evacuation plans to ensure staff knew how to support each person if an emergency occurred, such as in the event of a fire.

People were protected from those who may be unsuitable to care for them because appropriate checks were carried out on staff before they started work. Staff recruitment records showed that relevant checks had been completed before staff worked unsupervised. Where there had been any discrepancies or gaps in staff's employment history, this had been discussed at interview but not always recorded. The registered manager said this would be added to interview questions to ensure that all future conversations around staff employment histories were recorded.

The staffing levels were determined by the needs of people. Additional staff were made available if there were changes to people's personal support needs or to support people if they had planned activities in the community such as going on day trips or attending appointments. Bank and agency staff who were trained and familiar with people's needs were used if required to ensure people were supported by sufficient numbers of staff.

People's medicines were managed according to their needs. Each person had a medicines administration record which stated the medicines they were prescribed, dosage and the time it should be administered. Staff administered people's medicines from blister packs (blister packs are individual pre-sealed packs of people's medicines to be administered at set times of the day). Information about each medicine and how people preferred to take their medicines was described in people's medicine records. Protocols were in place for medicines and creams to be used as required. Staff who administered people's medicines had been trained to do so. Any medicines errors found were immediately investigated and addressed.

People's homes were maintained and clean. Plans were in place and progress was being made to adapt and update some of the homes on the site to accommodate people's current and changing needs.

Is the service effective?

Our findings

People were being supported by staff who had been trained to deliver care and support in line with current guidance. For example, staff had been trained in positive behaviour support which included legislation and subjects relating to the protection and safeguarding of people's human rights. The training coordinator was working on improving the systems which would provide the registered manager with an improved overview of the staff training and supervision requirements. New staff were given a six week period to shadow experienced colleagues to gain a better understanding of people's needs and embed their training into their care practices. Staff told us they felt trained to carry out their role. One relative explained that they felt there would be more 'behavioural type' incidents if staff had not been trained adequately.

People were supported to maintain a well-balanced diet and were encouraged to make healthy snack choices such as eating fruit. Staff were aware of people's meal and food preferences and recognised when people who were unable to verbally communicate were becoming thirsty or hungry. They closely monitored those people who experienced behaviours associated with eating or were at risk of choking or gaining/losing weight. Relatives confirmed that people were supported to have a healthy diet but also enjoyed the occasional treat and meals out in the community.

People were supported to have access to healthcare professionals such as their GP, as well as support from the learning disability team. There was clear recorded evidence that people had been referred to health care services as required to maintain their physical well-being such as the dentist and optician. People were supported by staff, or their relatives, to attend their appointments. The outcome and recommendations from the health care appointments were recorded and informed people's care plans. Relatives confirmed that they were always informed by staff if there were any changes in people's well-being or there had been any incidents relating to their relative.

Staff were attentive to people's needs and involved them in any decision making. Staff obtained consent before carrying out any tasks for people or provided them with information to help them understand and make a choice for themselves. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how this impacted on their role when supporting people who lacked the capacity to make some decisions about their day or care. Staff were aware of the need to support people in their best interest and in the least restrictive manner. Best interest decisions had been made with the involvement of families and health care professionals for example, when decisions had been made to change people's medicines.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority for authorisation to continually supervise and monitor some people. This authorisation was monitored by the registered manager and reflected in people's care plans.

People had been involved in decisions about the decoration of their bedroom and home. The provider had

been responsive in adapting people's homes to meet their need and promote their independence such as installing low level showers. For some people, their bedrooms and environment had been adapted to meet their sensory needs and the management of their risks such as minimal decoration. The registered manager explained "We recognise that people that live here are aging and we are making plans to accommodate their future needs and those people who may prefer not to live in shared accommodation."

Is the service caring?

Our findings

The service was inclusive and staff empowered people to be involved in decisions about their care, support and running of the service. For example, people were given the choice to speak to the inspector during the inspection. The purpose of our visit was explained to them and they were given the option of having a staff member with them. Some staff assisted people in speaking to the inspector and spoke to them in a way that they could understand to help them understand our questions about their experiences of living at Stroud Court Community Trust. A lot of people had lived at the service for many years and told us they liked living there. One person told us they felt part of a 'big family'.

Other people were unable to express their views about living at Stroud Court Community Trust, however we observed positive and genuine interactions between staff and people. People appeared relaxed and comfortable around staff who knew their individual needs well. We saw staff chatting with people in a friendly and warm way. Staff adapted their communication and approach according to people's communication abilities and skills. Staff recognised when people were becoming distressed or excited and offered them support or distracted them, to help them relax. People freely walked around the site independently or with the support of staff and visited people or attended activities as they wished or according to their activity programme. Information in different accessible formats was available to help them understand their rights and support available to them.

After our inspection we spoke with six people's relatives by telephone. All the relatives were very pleased with the care their family members received from staff. They told us they were always welcomed to visit their relative and staff helped them to maintain a relationship with their family member. They all expressed gratitude towards the staff and told us they felt staff were kind and caring and that they focused on people's individual needs. We received comments such as: "It's the best I have ever seen (referring to the care people received). They have always kept their standards high"; "I think the staff do an equal job as I can do, if not better. They treat my son like a prince" and "Stroud Court is very good and the staff are very good. I am quite happy with everything that goes on there."

Staff were compassionate about the people they cared for and provided opportunities for them to progress in their emotional well-being and levels of independence. For example, one person enjoyed collecting milk from the main kitchen for their house by exchanging used milk bottle tops for new bottles of milk. The team leader explained that collecting milk daily had given the person a sense of well-being and using the milk bottle tops had promoted their independence.

Some people were supported by a high ratio of staff to ensure their safety and the safety of others. Staff explained the steps they had taken to build a rapport and trust with people. They had slowly exposed people to new environments in a controlled and planned manner which had resulted in people enjoying trips into the community and meeting up with family members.

Most people preferred daily routines and to carry out regular and familiar activities. Staff were aware of the approach they should take, if unexpected changes to their day needed to be made, to help reduce people's

anxieties. Where possible, people were involved in decisions about their day to day lives and decisions about their care and support.

Staff had a good understanding of supporting people with dignity and as an equal. They respected people's privacy and gave them opportunities to spend time by themselves as well valuing their need for privacy when supporting people with their personal hygiene needs.

Is the service responsive?

Our findings

People received care which was personalised and focused on their individual needs. The care and support that they received had been assessed and was tailored to their needs. Some people had complex emotional needs and could display behaviours that may challenge others or put themselves or others at risk. People's care plans reflected their support needs, preferences and how they should be supported including triggers which may affect their behaviours and anxieties as well as information about their health and well-being. Staff helped new people to transition from their old home or placement to their new home at Stroud Court Community Trust. Staff gave us examples of how they slowly built up trust and rapport with people and encouraged them to try out new activities by providing them with constant support and encouragement. Staff also recognised when people needed their own space and withdrew their support and monitored people from a distance. The service was making progress in implementing a new approach to enable people to be more engaged in their daily lives. The chief executive explained that the concept was to "move staff away from caring for but encourage staff to working with people". This would promote people's independence and support people to be more active in their own lives such as meal preparation and household tasks.

People enjoyed a range of activities on the site of Stroud Court Community Trust such as walking, gardening, crafts and swimming. A sensory room was available for people to use which gave them the freedom to enjoy a range of sensory stimulations and experiences. People also enjoyed a variety of activities in the community such horse riding, visiting the shops and garden centres. Some people had taken part in a horticultural project and planted and grown vegetables which was used for their meals.

People were supported by staff to maintain their personal relationships with people who were important to them. Staff supported people to remain in contact with their relatives and visit them at the family home or meet with people's relatives in the community for a meal or coffee. One relative said, "He is happy to come home and always happy to go back to Stroud Court. I know he is happy there as he is always smiling." Another relative said "We are very grateful of Stroud Court. We wouldn't want him to live anywhere else. We regularly meet with my son and staff at a coffee shop."

Care plans identified people's individual communication needs and identified how these needs were met in line with the Accessible Information Standard (AIS). AIS sets out a specific, consistent approach to identify, record, flag, share and meet the information and communication support needs of people with a disability, impairment or sensory loss.

The service had recognised that some people had lived at Stroud Court Community Trust for many years and had their physical health was changing. The registered manager explained, "We are aware that some people's health is deteriorating and that they may require additional support with their personal care and end of life care in the future." No one at the time of our inspection was receiving end of life care. However we were provided with examples of how staff had supported people and had adjusted their care and support when they had entered the final stages of their life. Staff had also supported people to come to terms with the death of people in community. The registered manager explained that planning people's end of life care

was an on-going process as they had to tentatively and sensitively approach people and their families when appropriate to discuss their end of life wishes.

The provider had a complaints procedure which was made available to people and their families. Relatives told us they had had no reason to make a formal complaint but were confident that any complaints would be taken seriously and immediately addressed. There was evidence that one complaint had been made since our last inspection which had been managed in line with the provider's complaints policy.

Is the service well-led?

Our findings

The service continued to have strong person-centred values. Both staff and management were fully committed to ensuring people received the best possible care in a safe and caring environment. Relatives, staff, stakeholders and health care professionals felt the service was well-led and had a positive and progressive culture. One health care professional wrote to us and said, "I felt the staff I came into contact were diligent, responsible and able to make pragmatic decisions in the best interest of people who lived there." They felt this approach was due to the style and approach of the managers.

The registered manager had been in post for many years. 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 told us they felt supported in their role and kept up to date by subscribing to various health and social care websites which kept them informed of any changes of legislation and guidance. They ensured that the service's policies and procedures were up to date and available to staff and was aware of their CQC registration requirements.

The senior management team had a clear vision about how people with autism should be cared for and were highly visible around the service. They knew people well and were informed of any changes in people's needs. Relatives praised the management of the service. One relative said, "The management team are fabulous, I can't fault them." Some of the senior managers provided some of the training to staff which helped them to quickly assess staff's strengths and weaknesses and emphasise the values and expected standards of the service. The managers had good links with organisations relating to autism and learning disabilities which ensured their practices and teaching were current.

The service had recognised that people were not always fully involved in their daily living activities. They had reviewed the deployment and training of staff and were in the progress of implementing a new approach which would encourage people to be engaged and involved in meaningful everyday activities of their choice with the support of staff.

The service was committed to ensure people were treated equally and their views were valued and acted on. Senior staff were all involved in the delivery of care to people which gave them an insight into people's needs and the quality of care being delivered. They frequently worked alongside staff and carried out spot checks to observe the conduct of staff and assess their skills and competencies when caring for people.

The senior management team was supported by a board of trustees who helped in the management and implementing the business plan of the service. The board of trustees also assisted in monitoring the care being provided, including the environment and made recommendations to help improve the quality of people's lives. The provider information return stated: 'Board members undertake periodic audits and feed back to us or chat with us individually to understand a topic, process or requirement. Most of the senior management team are all long serving staff members and because we have worked in the units have a very

good knowledge of clients and staff and changing needs over time.' The senior management team also carried out effective checks of the service to monitor the quality of the service people received and to ensure that the service complied with the legal requirements and current practices and expected standards. These included checks on people's medicines, care plan, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.