

Noble Care Limited

Gloucester House - Learning Disability & Autism

Inspection report


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Ratings

Overall rating for this service	Good 
Is the service safe?	Requires Improvement 
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

Gloucester House is a residential care home providing accommodation and personal care to eight people with a learning disability and / or autism in one adapted building. At the time of the inspection eight people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Improvement was required in some areas of the management of medicines to ensure the protocol in place reflected their fluctuating needs.

The management and staff were aware of the need to report abuse or potential abuse to the local authority.

Quality assurance systems were in place to monitor the quality and safety of the service provided. However, these had not identified a timing issue with a person's medicines.

Risk involving people's care were assessed. Staff were aware of these and of the care and support people needed to manage and mitigate these risks. Checks were in place regarding the environment to ensure it was safe for people to live in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to healthcare specialist and other professionals to maintain their wellbeing. People had a choice of food and staff were aware of people's likes and dislikes as well as any medical requirements regarding their dietary needs.

Staff were trained in areas relevant to meet people's needs. The registered manager had attended specialist training re de-escalation techniques.

People were positive about the staff members who cared for them and were seen to enjoy each other's company. People were able to engage in fun and interesting things to do. These included activities and events at the home as well as in the wider community.

Staff and management were responsive to people's changing care needs and acted upon these to ensure their wellbeing. Care plans were in place and regularly reviewed. People were confident any concerns would be listened to and acted upon.

People were consulted and able to take part in satisfaction surveys. People and staff spoke positively about the management of the home and of their passion to provided good quality care.

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

Rating at last inspection

The last rating for this service was Good (published 23 March 2016).

Why we inspected

This was a planned inspection based on the previous report.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Gloucester House - Learning Disability & Autism

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Gloucester House 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.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with members of staff including the registered manager, the deputy manager, care staff, operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We spoke with a relative who regularly visited the service. We received additional information from the provider in relation to a revised protocol regarding a person's medicine.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe in relation to using medicines safely. There was an increased risk that people could be harmed.

Using medicines safely

- Medication prescribed on an as and when needed basis [PRN] was not always administered to a person in line with the written protocols drawn up with a medical professional for the person concerned. We saw records showing staff had administered an amount of medicine more than the written agreement as staff believed this medicine was required. The nominated individual took immediate action to have the protocol reviewed and changed by a medical professional to cover the actions staff were taking. The use of medicine above the original protocol had not however been recognised prior to our inspection. We were assured however from the revised protocol the amount administered had remained within safe limits for this medicine.
- Medicines were signed as given by staff members. The number of medicines remaining for people balanced with the records. We found a discrepancy in the homely remedy medication where by medicines were not always recorded correctly. Homely remedies are medicines which may be purchased without a prescription.
- People's medicines were held securely either in their own bedroom or dedicated room. We saw temperatures were monitored in the dedicated room to ensure medicines were stored safely.
- Training records confirmed that all staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the registered manager

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of their responsibility to inform the local authority of incidents involving people living at the home. One member of staff told us they would contact the local authority's advice line.
- People told us they felt safe living at the home. One person told us, "I feel safe here. I like it here." The same person told us, "The staff are excellent" and confirmed they helped them feel safe.
- Staff were aware of different types of abuse and were aware of their responsibility to inform a senior member of staff of any suspected or actual abuse. Staff confirmed they had attended training in safeguarding and knew of the provider's whistleblowing procedure. One member of staff told us there was always someone they could tell if they were concerned about a person's welfare. Another member of staff told us, "People are definitely safe."
- A relative told us their family member was safe. The relative told us they were able to have quality time now as they had previously worried about their family member and this was no longer the case.

Assessing risk, safety monitoring and management

- Staff were aware of the risks people were subject to and how these risks were to be met. Information was available for staff regarding the types of food one person was able to eat due to an identified risk of choking within an area off the kitchen. Staff were aware of people's needs in relation to having food cut up or the use of thickener in drinks in line with advice from specialist healthcare professionals.
- Risk assessments were reviewed on a regular basis or as needed to reflect people's changing needs.
- Regular checks were carried out on items such as fire safety, gas appliances and water temperatures. Visual checks had taken place regularly on emergency lighting and firefighting equipment.
- Personal evacuation plans were in place in the event of an emergency to provide information and guidance to staff and the emergency services. These plans showed the number of staff on duty which matched the information we were told.

Staffing and recruitment

- Staff told us there were sufficient staff on duty to meet the needs of people living at the service. Staffing levels enabled people to go out with staff to places they wished to go to such as to a café.
- The provider had procedures in place to ensure staff were recruited safely to protect people living at the home from potential abuse. These included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and therefore helps prevent unsuitable staff from working with people who use the service.

Preventing and controlling infection

- People told us staff assisted them to keep their bedroom clean.
- Staff members confirmed they had received infection control training and told us senior members of staff checked they were using this equipment. Staff were seen wearing protective apron when in the kitchen.
- Communal areas of the home were kept clean to reduce the risk of infection.

Learning lessons when things go wrong

- The registered manager carried out audits of incidents to look for trends as a means of reducing further incidents. A monthly report was submitted to the operations manager and was used to compare month on month. They used this information to see if further professional intervention was required.
- Staff reflected on practice and discussed areas as part of their staff meetings to establish whether any improvements could be made and what worked well.

Is the service effective?

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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

- The registered manager told us the home had had fully occupancy for 18 months therefore no recent assessment of people's needs prior to admission has been necessary. The nominated individual described the assessment process carried out involving a person who now lived at the home. A relative told us they and their family member saw the registered manager and providers when first went to the home to discuss the person's support needs.
- The registered manager was aware of the need to undertake a full assessment of anyone moving into the care home. This was to ensure they could meet each person's needs as well as ensuring compatibility with other people who lived at the home.

Staff support: induction, training, skills and experience

- Staff told us they received the training they needed to care and support for people. One member of staff told us, "We get a lot of DVD training." Another member of staff described the training as, "Rigorous". Staff told us they received training in areas such as first aid, health and safety as well as training specific to the needs of people living at the home and how to manage people's behaviour. Staff felt supported by management. One member of staff told us they were part of a good team and believed this resulted in quality care for people living at the home.
- Staff confirmed they received regular supervision and observed practice to ensure they had the skills need to carry out their job.
- The registered manager was trained in de-escalation skills and carried out training in this to ensure staff had the skills and knowledge required. The registered manager believed it to be important they monitored techniques to ensure they were used at an appropriate level and carried out correctly.
- New members of staff undertook induction training and the care certificate. The care certificate is an identified set of standards which social care staff work through based on their competency. In addition, new members of staff spent time shadowing experienced members of staff.

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

- People were supported with eating and drink as required following risk assessments and advice from healthcare professionals as needed.
- People were offered a choice of meals for example one person was shown different soups. Staff were aware of people's dietary requirements and ensured meals were suitable for people such as cut up in line with instructions in their care plan. People told us of the meals they enjoyed such as fish'n'chips, curry and

pizza.

- One person told us they liked cooking while another was seen to be encouraged to assist making themselves a drink.

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

- People told us their doctor's surgery was close by and they could walk there if they needed to see them.
- People were able to see healthcare professionals on a regular basis such as an annual check-up with the doctor and visits to the dentists, sight checks and chiropodists. Health passports were maintained, and people's weights were regularly monitored.
- The registered manager and provider were aware of external agencies and spoke of good working relationships with healthcare specialists such as professionals in mental health.
- Staff had made determined efforts to ensure people's healthcare needs were explored and people received appropriate treatment to promote their wellbeing.
- Staff members were able to tell us about people's healthcare needs. Care records matched what we were told.

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

- The home looked like a large family residence with little to suggest it is a residential care home. Internal furniture and fixtures were in keeping with the domestic appearance of the building.
- A sensory room was a popular place for people to spend time as well as the lounge and dining room. People were seen relaxing in these areas and looked at ease with the staff on duty.
- Requirements to meet people's individual needs were available within their bedrooms for example one person had blinds to keep out the bright light.
- People had en-suite bedrooms, they were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests.
- People had access to a garden area with space for people to spend time enjoying the weather and facilities. We were told of plans to improve the garden area to make it more attractive.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of who had an authorised DoLS in place and of any conditions associated with the authorisation. They were also aware of people's Relevant Person Representative (RPR).
- Staff were aware of best interests decisions in place for some people such as not having a lock on an en-

suite door to ensure the person was safe or regarding their eating and drinking needs.

- People were given choices. One person was seen giving a thumbs up showing their agreement when consulted about what they would like to do.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 told us they liked the staff who supported them. One person described the staff as, "Brilliant" and, "All the staff are fantastic". Another person told us, "I see this as my home."
- A relative described the home as, "The right place" for their relative. They told us the person had their needs met and described the environment as, "Warm and friendly". They told us staff were very good at predicting how the person was because they [staff] knew their relative so well.
- When a person displayed signs of anxiety staff were available and were able to reassure the person with good effect.
- Throughout the inspection we saw people and staff members engaging in positive, friendly and appropriate banter. Staff were seen sat alongside people discussing what they wanted to do that day such as going out or spending time in the sensory room.

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

- People's opinions were sought regarding what they wanted to do during the day. For example, people commented on which café they wished to visit. We heard staff asking people what they wanted to do when they were at the home such as time in the sensory room or watching television. Staff had a good awareness of people's likes and dislikes.
- One person told us they were able to make decisions about what they did and where they spent the day. This included listening to music in their own bedroom and watching television there once gone to bed.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I can go to my room when I want. I have a key to my room. I always keep my room locked". We saw a person unlocking their bedroom door. This gave people privacy from other people potentially entering their room.
- Staff had a good understanding of how they were able to maintain people's privacy and dignity including while people were experiencing a medical condition.
- An audit on dignity carried out in 2018 showed one hundred percent was achieved. This showed staff to be polite and courteous.
- Care records were held securely to prevent unauthorised access to these.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding At this inspection this key question is now Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were aware of people's personal likes and dislikes regarding all aspects of their care including what people liked to do for leisure.
- People's positive behaviours and what could make them unhappy was recorded within their care plans. People had positive behaviour support plans in place. These included potential triggers for staff to follow so behaviour which challenged could be reduced. Staff we spoke with were aware of these triggers. One member of staff told us as a result they were able to keep people safe. The same member of staff told us they could tell how people were from their body language.
- A relative told us their family member was able to select what they wanted to do. They told us of a positive change in the person since they moved to the home.
- Reviews of people's needs were carried out. Relatives were involved in this as appropriate. We saw a comment from one person saying, 'Very comforting to know [person's name] being well looked after in a caring and stimulating environment.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of using keywords with one person to ensure they were able to communicate. These were reflected within the person's care records.
- We saw a pictorial menu which could be used with people when menu planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Plans for activities and fun and interesting things to do were displayed for each person. These included going out for a drive, for a walk, visits to a café and a gym and playing games. One person told us they went out for a coffee most days. The same person told us, "It's a brilliant place. I go out shopping. It's good here." Another person told us they had enjoyed going to a museum and a sweet shop and seeing flood defences in the town they visited.
- People planned for activities that met their needs and preferences and they were supported to follow their interests

- We heard staff talk with people about going out and what they wanted to do during the morning and later in the day.
- We were told about a disco held in the community which people enjoyed going to.
- One person enjoyed spending time in the sensory room while having the feet soaked in a foot spa.
- A relative told us staff had taken their family member to a family gathering. Staff planned the day and worked around the person to ensure they had a memorable experience. The relative told us their family member would not have done what they achieved prior to moving to the home.
- Staff were aware of what was important for people and were seen engaging with people about these pastimes.

Improving care quality in response to complaints or concerns

- People told us they would tell staff if they were unhappy about living at the home. In addition, staff explained they would be aware if people were unhappy by their actions and body language. One person told us the registered manager listened to any problems. Another person told us they would speak with the registered manager and, "She would put it right."
- A relative told us they believed they could approach the registered manager, deputy manager or provider if necessary with a concern.
- A complaint from a person living locally was seen to be addressed and resolved.

End of life care and support

- The registered manager was aware of one person's anxiety regarding death and dying following a bereavement. Staff had involved counselling to assist this person with their feelings.
- Staff were aware of the sensitivity of the subject and were looking at how best to consider people's end of life wishes.

Is the service well-led?

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service management and leadership was consistently good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us they were happy at the home. One person described the registered manager and the staff team as, "Nice".
 - Staff had access to management at night and over weekends. We were told any member of staff can speak with a director adding, "They are very accessible". One member of staff told us it was the best company to work for and told us the manager would support them with their work.
 - A relative described the service provided as, "Excellent from the manager down to everybody."
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- A senior member of staff was on duty seven days per week, during the working day to provide leadership and support to staff members. Additional staff were working towards becoming a senior staff member.
 - The registered manager and the nominated individual knew people well and had a good awareness of their individual care needs. People were seen to be at ease with both the registered manager and nominated individual. The registered manager was supported by regular visits from the nominated individual to discuss continuous improvement.
 - Audits were carried out regularly covering areas such as health and safety, food safety, infection control and medicines although these had not identified a shortfall regarding an as and when required medicine. An overview of audits detailed any actions needed such as work on the garden.
 - Satisfaction and feedback surveys were undertaken. Surveys for people were pictorial. These were completed by staff in consultation with people. We saw these were positive about the care provided. One person had requested photographs in their bedroom; we were assured this was done. The surveys were analysed and showed for example people were happy with the privacy and dignity within the home and had a choice about their bedtime. A healthcare professional described the service provided as 'very person centred' and 'respectful and responsive', 'well managed' and people 'always listened to and given respect'.
 - Visits from the provider were recorded. We saw these showed positive outcomes such as staff receiving training.
 - The registered manager kept themselves up to date with current best practice, supported by the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and was open, honest and took responsibility

when things went wrong. The registered manager acknowledged that making improvements in the suggested areas would be a part of the continuous improvement she strived for.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People living at the home enjoyed being part of the local community. For example, going for a coffee or taking part in events within the town.
- We were told of plans to hold another service user's forum in the garden during the forthcoming summer months. This would involve people's family members and therefore an opportunity to engage with people and their family members.
- Staff told us they attended staff meetings during which they discussed changes in people's care needs as well as policies and procedures. They told us each month a member of the team presented a discussion topic such as oral healthcare. This presentation was also made to people who lived at the home.
- The provider's previous rating was on display as required as well as a summary of the previous CQC report.
- Staff were aware of initiatives regarding oral health and choking such as the International Dysphagia Standardisation Initiative.
- The registered manager attended manager forums and meetings with other registered managers from within the company to share positive practice and experiences.
- The registered manager attended monthly meetings with other managers from the provider and the Director at which governance, changes in regulation and health and safety were reviewed.
- The provider published a quarterly newsletter which was circulated to people who lived at the home as well as their family members. These sharing areas for development and celebrated good news stories.
- The provider had initiatives in place to reward and motivate staff members.
- The registered manager had in the past been nominated for a manager of the year award.
- There was a person of the month awarded collectively by the people who lived at the home in acknowledgement of their contribution to making a difference to their own or other people's lives.

Working in partnership with others

- The provider and the registered manager told us of good working relationships they had developed with healthcare specialists.