

Gloucestershire Group Homes Limited

Wortley Villa

Inspection report

Bath Road
Nailsworth
Gloucestershire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

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

People's experience of using this service:

People were supported by a small but consistent team of long-term staff who were kind and caring. Because people had lived at the service for many years and staff had worked there for a long time, staff had good relationships with people and knew them well. People told us they liked living at the service and wouldn't change anything about it.

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

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

There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up.

Rating at last inspection: Good (July 2016).

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

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 ●

Wortley Villa

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

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

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit. We wanted to ensure the people living in the home were available for us to speak with and to provide them with assurances about our visit. This was because some people with Asperger's syndrome become anxious when in the company of unfamiliar people.

What we did:

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

During the inspection we spoke with two people living at the service. We spoke with three members of staff

and the registered manager. We reviewed two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safer living here than I would anywhere else."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care. One staff member said, "I would report concerns, pass it on. I would be happy to do that. I've have spoken up in the past and it was sorted."

Assessing risk, safety monitoring and management

- Risk assessments were in place for when people were at the service and in the community. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people.
- The environment was regularly checked and assessed.
- Fire systems and equipment were monitored and checked. People took part in regular fire drills.

Staffing and recruitment

- Safe recruitment processes were followed.
- There was enough staff on duty to meet people's needs.
- Job applicants were invited to look around as part of the application process. One member of staff told us, "We encourage potential staff to come and look around before interview to see if this is the job they think it is. We introduce them to people and get a gut feeling for whether new staff would fit in."
- People were supported by staff they had known for many years. Although staff worked across the provider's other services, people told us they had consistent support from staff they knew well. One person said, "I know a lot of the staff really well."

Using medicines safely

- Minor improvements were needed to strengthen the process of managing medicines when people went on social leave. Although there was no impact on people using the service, staff had not recorded the quantity of medicines they had given to a named relative or other and there was no record of detailed instructions being provided either. This meant the provider's policy was not being followed. No issues had arisen because of this, but we discussed this with the senior support worker on duty who said they would address this going forward.
- Medicine administration records were signed by staff to indicate people received their medicines as prescribed.
- Medicines were stored safely.
- People's medicines were regularly reviewed.

Preventing and controlling infection

- The service was clean and tidy.
- People were supported by staff to do their own laundry. One person said, "I do my own laundry. I clean my bedroom and change my sheets, every week. Staff keep the communal areas clean."
- Staff had access to personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

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

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

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

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

- People's support needs were regularly reviewed. Care plans detailed people's personal goals for the year ahead and these were also reviewed to see if they had been met.
- People's protected characteristics under the Equalities Act 2010 were identified and their needs were met. This included people's needs in relation to their culture and religion.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. There was a training plan in place which highlighted when refresher training was due.
- Staff told us they could request additional training if required. One member of staff said, "I feel well trained. The training is good."

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

- Staff supported people to plan meals and shop for food.
- One person told us, "We plan our food for the week. I go to the supermarket with staff and I do the cooking once a week. We all cook different things and a member of staff helps."
- People told us that if they didn't want what was being cooked, they could have something different. One person said, "We have a takeaway at the weekends."
- We heard staff encouraging people to try different foods. One member of staff said, "I keep suggesting new things, but they always choose the same."
- People's preferences for where and how they liked to have their meals was recorded in care plans. For example, some people preferred to eat in their bedrooms rather than with others.
- People were encouraged by staff to maintain a healthy diet and lifestyle.

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

- People were supported to access ongoing healthcare. They did this by arranging appointments and attending them with people.
- One person told us, "If I'm unwell, they help me. I fell over the other week, and [staff name] took me to hospital, and stayed with me."
- One member of staff said, "When people go into hospital or appointments, I will always go with them, support them. It's better for them with someone they know."

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

- The environment was clean, tidy and homely.

- Improvements had been made to communal areas, such as redecoration and a new hall and stair carpet. The registered manager told us people had been asked for their preferences on colour schemes.
- One person said, "I've got my own bedroom and it's the colour I want it to be."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff were knowledgeable about the principles of the MCA. For example, one member of staff said, "We would risk assess anything people wanted to do. One person wants to go sea fishing, so we will risk assess that and work out the best person to go with [them]."
- Staff told us everybody living at the service had been assessed as having capacity to consent to their care. One person told us, "I chose what to do and the staff help me do what I want to do."
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak to us.

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

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

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

- Staff were kind and caring. One person said, "Staff are kind to me. They make me laugh. I feel relaxed around most of them." Another person said, "[Staff name] is my favourite. Sometimes they make me laugh."
- There was a small team of long serving staff at the service. People knew all the staff by name .
- The atmosphere was friendly, relaxed and welcoming. We saw staff sitting and chatting with people.
- Staff spoke highly of their roles. One member of staff said, "For me it's the little things that make people forget they've got Asperger's, just for a minute or so. People like their routines, they feel safe and comfy. We know their routines; like [person's name]; I know the times [they] like to have a cup of tea." Another staff member said, "I love it here. It's a unique place. I've seen lots of different services but not seen any that provide everything and more that people need."
- One member of staff showed us some pictures of a party that was held for one person. They said, "[Name of person] was supposed to be going home for their birthday but it was cancelled. So, staff put on a tea party for [them] here. [Person's name] buys a new [item of clothing] every week so staff got a cake made to look like [the clothing]. It was great and [person] loved it."
- Supporting people to express their views and be involved in making decisions about their care
- People were involved in their care plans. People set their own personal goals for the year and reviewed these with staff to assess if they had been met.
- The registered manager told us people could speak up whenever they wanted to. They could speak to staff at the service, or could go into the main office and speak to someone there. One senior member of staff said, "We don't do formal feedback meetings; people find it too stressful. But on Tuesday mornings, I come here first thing and the guys know that I'm here if they need me."
- There was a computer room available for people to use at the provider's head office which was close to the service. We saw people from the service and the provider's other services using this.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff respected people. People had been informed of our visit to reduce any anxiety about a stranger being in their home.
- When people chose to speak with us, staff respected people's right to speak with us privately.
- People told us, and we saw that staff knocked on people's bedroom doors before entering. For example, we heard a member of staff knock on one person's door and say, "I'm coming in with your coffee. Is that ok?"
- When people wanted to be more independent, staff supported this. For example, one person told us they enjoyed travelling around using the bus service. They told us, "Sometimes I have to change buses. It's nice to be able to do that." Staff told us this person had a mobile phone and called staff daily at a set time to

confirm they were ok.

Is the service responsive?

Our findings

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

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

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

- Care plans were person centred. They included clear information for staff on people's preferred routines. This was important for staff to understand because of people's need to do things in a certain way. For example, one person preferred to use a coloured plate and their own cutlery at meal times.
- Staff had a clear understanding of people's needs. They knew people well and could describe in detail how they supported them. One member of staff said, "We use a lot of low arousal and diversion techniques." Another member of staff said, "One person can't cope being alone, they're always shadowing staff because [they] need that level of support. Every night we go for a walk with [them]. Sometimes, another gent will come along, but it's up to them. We support people individually and based on their needs."
- People took part in activities of their choice. For example, one person told us they had been working at a local farm that morning. Other people attended a woodwork group, went walking, took bus trips and attended other activity groups. One member of staff had engaged people to help with basic maintenance of the 'house car'.
- The service was within walking distance to the local town, and public transport links. This meant people were able to access the community easily.
- One person told us, "I'm going on holiday again this year. I went to France last year." The member of staff who went on holiday with this person said, "We had a great time. [Person's name] had a so many new experiences, from sitting and eating at a table with strangers to being in a foreign country."
- People were supported to maintain relationships. One person had gone to visit family during our inspection. One member of staff said, "I take one person on holiday every year to meet up with [their] family. It's important for [them] to maintain those family links."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received in the previous 12-month period.
- Both people we spoke with said they had never needed to complain. One person said, "If I was worried about anything, I'd speak to a member of staff."

End of life care and support

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

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

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

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

- People's needs were put first in line with the provider's values The registered manager told us, "We provide a specialist service, always Asperger's and autism. Staff here have a good knowledge of the condition. Our consistent approach is person centred. We make a point of saying service users come first."
- One member of staff said, "We're specialists in caring for clients with autism and Asperger's. We support everything in people's lives and everyone is treated as an individual with different needs. We don't have one approach fits all."
- There was an open culture where staff were encouraged to speak up. The registered manager said, "We have an open-door policy; staff can come and talk to us whenever. I am very confident that staff will speak up if they're worried or frustrated about anything. I really don't think there is an authoritarian feel here." A member of staff confirmed this and told us, "All of the management team are really approachable; they're all nice people."
- Another member of staff said, "[Senior] listens, and [registered manager] does too."

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

- The registered manager was aware of how the service was performing. They told us, "Bottom line for us is behaviour. Our experience of people's behaviour shows us what we do is high quality care. When I first came here, we had regular incidents, and now it's only maybe once a month across the whole organisation." Staff understood the importance of providing a routine for people and supporting them to keep to that routine. The registered manager said, " If people are calm and relaxed, we know we're doing the right thing."
- The registered manager understood their responsibilities to notify us of certain events.
- The rating of the previous inspection was displayed as required.

Continuous learning and improving care

- Quality assurance processes were in place. This included regular audits of medicines, health and safety and the environment. Actions arising from these fed into annual improvement plans.
- 'Quality checks' were also carried out by a local charity run by people with disabilities for people with disabilities. The latest check had taken place a few weeks before and the report was not available yet.
- Areas for development were reviewed. For example, some external work to the building had been carried out and more was being planned.
- The provider held regular meetings to discuss all their services. We saw the minutes of these and saw that learning was shared and improvement plans discussed.

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

- Although the service had previously undertaken surveys of people, relatives and staff, this no longer happened. The registered manager said this was because the return rate was so low. However, they discussed at length how they engaged with people, families and staff.
- Regular staff meetings took place. We saw the minutes of these which showed staff were encouraged and able to speak up and contribute to discussions.
- Staff told us they were lone workers but had 24-hour access to a manager by phone. One member of staff said, "We always have on-call as back up. I've called it and they do always answer. I had one incident and I called it and straight away [staff name] came and helped."

Working in partnership with others

- The service had good links with the local community. A manager met regularly with the local GP practice.
- The service was a member of the Gloucester Care Providers Association.
- The registered manager said, "On a social level we use the village pub a lot. Some people are independent and use the bus. We use the local leisure centre a lot too. We also take part in a community access scheme at Westonbirt Arboretum."