

Gloucestershire Group Homes Limited

Glebe Road

Inspection report

103 Glebe Road
Minchinhampton
Stroud
Gloucestershire
GL6 9JY

Tel: 01453835023

Date of inspection visit:
05 March 2019
06 March 2019

Date of publication:
21 March 2019

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: Glebe Road is a residential care home. It provides accommodation and personal care for up to two adults with autistic spectrum disorder. At the time of the inspection there were two people living at the service.

People's experience of using this service:

The care service had 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.

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. 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good (July 2016).

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Glebe Road

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:

Glebe 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 one member 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 carry a mobile phone so I can call staff if I'm out and I need them."
- 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.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. Plans covered when people were at the service and when accessing the community.
- 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.
- One person said, "Potential new staff come and look round and we meet them. The staff ask us for our feedback."
- 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.

Using medicines safely

- Medicines were stored safely. The temperature of the medicine storage area was regularly taken and reviewed. Monitoring charts showed recent temperatures had been recorded at the higher end of manufacturer recommendations. On the second day of the inspection, we were informed the medicines had been moved to a cooler location.
- Medicine Administration Records (MAR) were signed by staff to indicate people received their medicines as prescribed.
- People told us they were happy with how their medicines were managed. One person said, "Staff give me my medicines."

Preventing and controlling infection

- The service was clean and tidy. People told us they helped to keep the home clean by helping with housework or helping to tidy their bedrooms.
- People were supported by staff to do their own laundry.
- Staff had access to personal protective equipment such as aprons and gloves.

Learning lessons when things go wrong

- There was a process for reporting accidents and incidents. 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. One person said, "This is the right place for me."

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.

Staff support: induction, training, skills and experience

- There was a comprehensive induction programme in place for new staff.
- Staff had been trained to carry out their roles. There was a training plan in place which highlighted when refresher training was due. One member of staff said, "There is a matrix. [Service co-ordinator] arranges it and gets everyone to attend. It's mostly face to face with some e-learning. I've just done my medicines training."
- Staff had regular one to one meetings with a line manager to provide support and identify learning needs.

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

- People were supported by staff to plan their meals and go shopping for food.
- People told us that in the main, staff prepared their meals. One person said, "I do sometimes help with the cooking, but my concentration isn't very good."
- People were supported to eat healthily. One person's goal was to lose weight and the guidance within their care plan was for staff to help manage calorie intake by reducing portion size and not to buy sugary snacks for the home.
- People told us they regularly went out for coffee and lunch with staff or friends.

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 attend healthcare appointments. One person said, "If I'm ill, they [staff] call the doctor. And they take us to appointments."
- Health action plans were in place. These are documents that state what is needed for a person to remain healthy, including what the person needs to do themselves, who will help and when this will be reviewed. Annual health checks took place and were reviewed monthly.
- Records showed people accessed the local GP, dentist and optician.

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

- The home was pleasantly decorated.
- There was a large garden which people told us they enjoyed in warmer weather. One person said, "It's a nice garden. I grow tomatoes in the summer and we have barbeques too."

- People told us they could choose how their bedrooms were decorated. One person said, "Our bedrooms are nice and we've got a nice view."

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.
- People's capacity to consent to their care and support had been assessed. One member of staff said, "If either of the people living here wanted to do something we would always sit and discuss it, talk it through with them to make sure they understood. If they wanted to do something dangerous, we'd have to go through a best interest meeting, but they've never wanted to."

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. One person said, "We're very happy here aren't we?" The other person nodded and said, "Yes, we are happy here."

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

- People told us staff supported them in the way they wanted. One person said, "We have one member of staff here all the time and three staff in total. They're all very good."
- People told us staff were, "kind." One person said, "We have good fun with them [staff]. They make us laugh."
- The atmosphere was friendly and calm. People were relaxed around staff; they were smiling and engaging with them.
- Staff told us they enjoyed their roles. One member of staff said, "We try and make people as happy as they can be with the limitations they have. I'm constantly trying to make their lives better."

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

- People were actively involved in making decisions, and setting their own goals for the coming year. One person said, "I wanted to learn how to get to [place] by bus and staff helped me do that."
- Surveys had been carried out previously, but this no longer happened. 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. The registered manager said, "[Name of person] will come in here [office] and tell us what is good and what isn't."
- A member of staff said, "I'll often go for a walk with [person's name] and we will have a chat and [they] will off load if they need to."
- People's care plans contained details of their likes, dislikes and preferences. People told us they were involved in reviewing their care plans. One person said, "Staff sit with us and go through the plans and check we're happy with it. It's every few months or so."

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 to us on their own, this was respected. The member of staff closed the door and left us in private.
- People told us staff knocked on bedroom doors before entering.
- People were supported to be as independent as possible. Care plans detailed when people might need staff support. One member of staff said, "We try to encourage independence, but we might have to supervise. So, with laundry for example, [person's name] will chuck everything into the machine without checking pockets if we don't watch and remind [them]."

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 and support plans were person centred throughout. We saw, and people told us they had been actively involved in developing their plans and had regular meetings with staff to review how things were going.
- Care plans contained detailed information about people's choices and preferences. These included people's preferred routines. For example, one person liked to have a bath once a week, with support from a named member of staff. The registered manager told us, "A clear rigid timetable with consistent support has a positive impact on people with autism. Then they can start to really enjoy doing things they want to do."
- Staff understood people's need to live in a low arousal environment and supported them to do this.
- People told us they could participate in activities of their choice. There were activity planners in place. One person said, "I go out for coffee, walks, I meet friends and go to clubs."
- Another person said, "We're both going to Dartmouth on holiday with staff, but at different times. We stay in a lovely place right near the harbour."

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.
- One person said they knew how to make a complaint. The other person told us they would ask staff to help them. One person said, "If I was worried about anything, I'd speak to [registered manager]."

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

- The provider's values were embedded in the service. 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."
- 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."
- One member of staff said, "We get lots of opportunities to offload with [registered manager] and bounce ideas off each other."
- People told us the registered manager was, "fantastic."

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."
- 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.
- Areas for development were reviewed. For example, an action to implement health action plans had been completed.
- 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.

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.