

## Stroud Court Community Trust Limited

# Stroud Court Community Trust

### Inspection report

Stroud Court  
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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



### Overall summary

Stroud Court Community Trust Limited is registered to provide accommodation and personal care for up to 39 people with Autistic Spectrum Disorder.

At the time of our inspection 34 people were using the service. Two people using the service each lived on their own, 21 people lived in four other houses with between

four and six people in each house, 11 people lived within the main house. The main house also contained a communal lobby area and office space for senior staff and administrative staff.

This inspection was unannounced and took place on 12 and 13 August 2015.

# Summary of findings

There was a registered manager in post. 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.

People were safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people. Checks were carried out on staff before they started to work with people to assess their suitability. Medicines were well managed and the provider was taking action to make medicines management even safer.

The service people received was effective. Staff received regular supervision and the training needed to meet people's needs. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make choices regarding food and drink and their fluid and nutritional intake was monitored.

Arrangements were made for people to see their GP and other healthcare professionals when they needed to do so. The provider had plans to further improvements to the physical environment.

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand. People were supported to maintain relationships with family and friends.

People received person centred care and support. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The registered manager, senior staff and trustees provided good leadership and management. The vision and culture of the service was clearly communicated and understood by staff. The quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

# Summary of findings

## 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.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe. These were designed to support people to undertake activities of their choosing.

There were enough suitably qualified and experienced staff. Staff recruitment procedures ensured unsuitable staff were not employed.

Medicines were well managed and the provider was working to make their systems even safer for people.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who received regular and effective supervision and training.

The service complied with the Mental Capacity Act 2005 (MCA) and supported people to make choices and decisions.

People were supported to make choices regarding food and drink. People's fluid and nutritional intake was monitored.

People's healthcare needs were met and staff worked with health and social care professionals to access relevant services.

The provider had plans to further improve the physical environment.

Good



### Is the service caring?

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

Care was taken to provide people with information in ways they were able to understand.

People's views were actively sought and they were involved in making decisions about their care and support.

Good



### Is the service responsive?

The service was responsive.

People received a service that was designed around their individual needs.

People participated in a range of activities within the local community and in their home.

The service encouraged feedback from people using the service and others and made changes as a result.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The registered manager and other senior staff were well respected and provided effective leadership.

The trustees and senior management team worked closely together on the longer term strategic management of Stroud Court Community Trust.

There was a person centred culture and a commitment to providing high quality care and support.

Quality monitoring systems were in place and used to further improve the service provided.

**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 12 and 13 August 2015 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist advisor, whose area of expertise was in autism. The last full inspection of the service was on 16 February 2014.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR) before the inspection. The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted 11 health and social care professionals, including community nurses, social workers and commissioners. We asked them for some feedback about the service. We were provided with a range of feedback to assist with our inspection.

Some people were able to talk with us about the service they received. We spoke to 10 people. We also spent time observing how people were being looked after. We spoke with 11 staff, including the registered manager, chief executive, one team leader, activities organisers and six support workers. Stroud Court Community Trust Limited is a charitable organisation managed by a voluntary management board of trustees. We were able to talk with the current chairperson of the provider's voluntary management board and one other trustee. We also spoke with relatives of two people using the service.

We looked at the care records of five people using the service, four staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents, equality and diversity and duty of candour.

# Is the service safe?

## Our findings

Some people who used the service were able to tell us they felt safe. One person said, “Yes, I like it here and feel safe”. Others spoke positively about their lives and the staff supporting them. We observed people and saw they reacted positively to staff and seemed relaxed and contented in their home. Relatives said they felt people were safe.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff we spoke with told us they had completed training in keeping people safe. Staff knew about ‘whistle blowing’ to alert management to poor practice. Fourteen safeguarding alerts had been raised in the 12 months before our inspection. This is a higher than anticipated number. However, a number of these alerts arose from altercations between people using the service. The high level of reporting demonstrates the provider places importance on keeping people safe. On each of these occasions the provider had taken the appropriate action. This included sharing information with the local authority and the Care Quality Commission (CQC).

There were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place to keep people safe from harm when carrying out domestic activities such as cooking and for people to use community leisure facilities safely. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Assessments were regularly reviewed and were based upon individual activities people wanted to do.

Accident and incident records were kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. During our inspection we identified a potential risk of injury in one of the houses. This was from a fire panel which was situated on the wall at head height in a narrow corridor. In this house one person had a history of

becoming anxious and moving quickly down the corridor. A staff member we spoke with said they felt this posed a risk of injury. We brought this to the attention of the registered manager. Before we finished our inspection, the senior manager with responsibility for maintenance had arranged for the fire panel to be moved.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant’s police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager. We saw in staff personnel files that a robust recruitment process was used, with the provider assessing the values of potential employees. The registered manager told us that people using the service were involved in recruiting and selecting staff.

People were supported by sufficient numbers of staff to meet their needs. Staff were allocated to work in individual houses. People living alone were supported by one member of staff, with between two and four staff supporting people in the other houses. This meant a total of 12 to 16 staff were supporting people at different times of the day. This did not include activities staff or senior staff who were also available to provide support to people. Staff rotas identified senior staff and an on call person who could be contacted at any time of the day or night. The service had a stable staff team and made use of agency staff to ensure staffing levels were maintained. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people.

There were clear policies and procedures for the safe handling and administration of medicines. These were followed by staff. Medicines were securely stored and records of administration were kept. Staff had received training in administering medicines. Following this training the registered manager assessed the ability of staff and signed them off as competent to safely administer medicines. The registered manager told us they had been concerned about the number of errors in administering medicines. We saw they kept a record of errors and had taken appropriate action when errors had been made. This had included providing additional training for staff and

## Is the service safe?

removing this responsibility where they had concerns about a staff member's ability to safely administer. This showed the provider had identified a potential risk to people and put in place measures to minimise the risk.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control.

# Is the service effective?

## Our findings

People using the service told us about the service they received. They told us their needs were met. One person said, “I love the activities we do”. Relatives said they felt people’s needs were met. One relative said, “I’m very happy with the care and support”. Staff we spoke with told us people’s needs were met.

The service had a programme of staff supervision and appraisal in place. Staff members told us they received regular supervision. Staff records showed that supervision was held regularly with staff. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. The provider accessed an external counselling service for staff when needed.

People were cared for by staff who had received appropriate training to meet people’s needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, infection control, fire safety, food hygiene, administration of medicines, safeguarding vulnerable adults and working with people with autism. Additional training provided for staff working with certain people included, epilepsy awareness and positive behavioural management. Staff said they had been provided with the training required to meet people’s individual needs. Newly appointed staff completed induction training. An induction checklist ensured staff had completed the necessary training to care for people safely. The registered manager told us new staff shadowed experienced staff for six weeks as part of their induction training. One staff member said, “The induction, shadowing and training is very good, you wouldn’t get better anywhere”.

People were able to make their own choices and decisions about their care. Information in people’s support plans showed the service had assessed people in relation to their mental capacity. Staff told us they had Mental Capacity Act 2005 (MCA) training and were aware of how this impacted on the support given to people. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Staff understood their obligations with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, and

respected those decisions. Staff understood the principles of capacity and best interests. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People’s care records showed that where people had been assessed as not having capacity to make a decision, a process of “best interest” decision making had been followed. This meant a decision was made on a person’s behalf, with the involvement of appropriate people that considered the best interests of the person.

We looked at whether the service was applying DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there were restrictions on their freedom and liberty, they were assessed by professionals who were trained to decide whether the restriction was needed. The manager and senior staff had a good understanding of MCA and DoLS and knew the correct procedures to follow to ensure people’s rights were protected. They had identified that a number of people required an application to be submitted. As a result 13 applications had been submitted to the appropriate authorities. The provider had put in place systems to monitor dates that DoLS applications were authorised. This meant the provider would know when the authorisation would lapse and, if the restriction was still required, could submit a new application in a timely manner. The registered manager was aware of the role of the relevant person’s representative (RPR) in maintaining contact with the person. The RPR is appointed by the appropriate authority and is responsible for representing and supporting the person, including if appropriate, requesting a review or making a complaint to the appropriate body.

People chose what they wanted to eat. Menus were planned with the involvement of people using the service. The menus were varied and included a range of choices throughout the week. People were encouraged to participate in the preparation of food. People said, “I like the food” and, “We have plenty to eat”. Records were kept of the food and drink people consumed.

People’s care records showed relevant health and social care professionals were involved with people’s care. Plans were in place to meet people’s needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital



## Is the service effective?

appointments. People had health plans in place that described how they could maintain a healthy lifestyle. A relative said, “(Person’s name) health care needs are met very well”.

The physical environment in some of the houses looked somewhat tired. However, the provider had plans in place to further develop the accommodation. The physical environment in one of the houses was of a very high

standard. We discussed with the provider how they were going to ensure the environment was designed to meet the needs of people living with autism. We were told advice was being sought from reputable sources and board meeting notes detailed discussions regarding this. Specially adapted furniture and adaptations to assist people with mobility difficulties were in place.

# Is the service caring?

## Our findings

People told us staff were caring. One person said, “I like staff, they’re all really nice”. Another person said, “The staff are lovely”. Staff members said, “The staff here are really good” and, “I would recommend Stroud Court to anyone, the care and support here is really good”.

People were treated in a caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People responded positively to staff, often with smiles, which showed they felt comfortable with them. We saw a number of positive interactions and saw how these contributed towards people’s wellbeing. Staff knocked on people’s doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. Staff respected people’s right to privacy.

Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. People’s care records included a communication plan which described how people’s communication needs were met. For example, one person who could not communicate verbally used facial expressions and eye contact to communicate. This was clearly recorded and meant they were able to express their views. Staff were able to explain how people expressed their views.

We saw educational materials designed for children being used in activities. Staff did not seem aware of the possibility of this resulting in people being viewed as childlike. We also saw guidelines on supporting a person to manage their behaviour displayed in an area of their home where it could be seen by others. These areas may reflect the values of staff and require attention from senior staff.

During our visit a barbeque was held in the grounds. This was well attended by people using the service. Activities staff and support staff had organised the event and served food and mixed with people. We were struck by the sense of enjoyment and ‘fun’ and felt this event gave a sense of community for people.

Staff had received training on equality and diversity. People’s care records included an assessment of their

needs in relation to equality and diversity. We saw the provider had planned to meet people’s cultural and religious needs. For example, specific dietary requirements were met and people were supported to go to their preferred places of worship. Staff we spoke with understood their role in ensuring people’s equality and diversity needs were met.

Monthly meetings were held with people to seek their views regarding their care and support. They said they enjoyed these meetings and felt their views were listened to and acted upon. Records of these meetings were kept. These showed people’s views were sought on areas such as activities, menu choices and planned alterations to the service.

An information board was situated in the lobby of the main communal area of the service. This provided information on events happening that day. Shortly after our arrival at the service, we were asked by the provider if our photographs could be taken. These were then displayed on the board along with a brief description of who we were. When we were shown around different areas of the service, we were introduced to people. This showed the provider and staff wanted to ensure people knew who we were and why we were visiting their homes.

The provider had a keyworker system in place, where a staff member was identified as having key responsibility for ensuring a person’s needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met. Keyworkers completed a monthly review with the person. These reviews included people’s views and provided an update on how their needs had been met.

People were supported to maintain relationships with family and friends. This included providing support and transport for people to visit family and friends at their homes or meet at other venues. People were also encouraged to invite family and friends to Stroud Court. Private meeting space was made available for people to entertain family and friends during visits. The provider also used technology to support people to maintain relationships by using video conferencing on tablet computers.

# Is the service responsive?

## Our findings

People told us the service responded to their individual needs. One person said, “I get to do what I want”. Relatives told us they felt the service responded to people’s needs. We received feedback from a health and social care professional commenting on a meeting to review a person’s needs. They said, “Staff had a good knowledge of the person’s support requirements and had a person centred approach. The person had an active weekly programme tailored to his interests and requirements”.

People’s care records were person centred. They included information on people’s life histories interests and preferences. Staff said this information helped them to provide care and support in the way people wanted. Staff we spoke with were knowledgeable about people’s life histories and their likes and dislikes. Information on how people had been involved in developing these plans was included in people’s care records. Staff confirmed any changes to people’s care was discussed regularly at team meetings or through the handover process to ensure they were responding to people’s care and support needs.

Regular staff meetings were held. We saw in minutes of these meetings that people’s needs and how they were to be met was discussed. Daily handovers were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people’s care needs and to ensure a consistent approach.

Each house had an activities programme in place. This identified activities for each person every day. Activities

were varied and included swimming at the local pool and the pool on site, craft groups and trips out. The provider had a range of different vehicles to enable people to access their local community and go on trips. We visited the craft studio and saw people engaged in a range of activities. People told us they enjoyed the activities. Staff said there were plenty of activities and sufficient staff and transportation. Some people had photographic daily activity schedules. We saw other visual cues such as photographs by individuals coat hooks.

The registered manager, senior manager and staff were all aware of the potential for people using the service to become isolated as a consequence of living within the Stroud Court Community. The registered manager told us they reduced this risk through developing links with the local community, making use of volunteers and supporting people to participate in events and activities in the local area.

People told us they were able to raise any concerns they had with staff or the manager. One person said, “I tell the staff if I’m not happy”. The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainants. A comments and suggestion box was available in the main communal area of the service. A record of complaints was kept at the service. The provider had not received any complaints in the previous 12 months.

Staff told us that people generally got on well with each other but staff needed to support and maintain this. Strategies were in place to guide staff on how each person should be supported to minimise the risks to others.

# Is the service well-led?

## Our findings

People told us they liked the registered manager and senior staff and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led. Relatives said, “The way the senior management team works together to the benefit of people is excellent”.

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Staff of all levels understood the values and culture of the service and were able to explain them. Senior staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. The relationship between senior staff and trustees was positive and supportive and each spoke of the effective strategic management of the trust. This allowed for the identification of any issues affecting the quality and management of the service. We were told how the high staff retention rate was viewed positively whilst recognising the need to avoid stagnation and encourage new ideas and initiatives.

The provider operated an on call system for staff to access advice and support if the manager was not present. Staff confirmed they were able to contact a senior person when needed. Experienced care staff were responsible for the service when the manager, deputy or senior care worker were not present.

All accidents, incidents and any complaints received or safeguarding alerts made were and followed up to ensure appropriate action had been taken. The registered manager analysed these to identify any changes required as a result and any emerging trends. The registered manager had arranged for one to one debriefing and some additional time off for one staff member following a recent incident.

The registered manager, deputy and senior care worker knew when notification forms had to be submitted to CQC. These notifications informed CQC of events happening in the service. CQC had received appropriately notifications made by the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant that guidance for staff was up to date and easy for them to use. The senior management kept themselves aware of developments in health and social care and had developed new policies to address these. An example of this being the development of a policy on duty of candour’.

Systems were in place to check on the standards within the service. This consisted of a schedule of monthly audits carried out in each house by senior staff. Audits completed by the registered manager included medicines management, accidents and incidents and care records. Audits carried out by other members of the senior management team covered health and safety and property maintenance. Trustees also carried out monthly quality checks and a programme of areas they audited was in place. These audits were carried out as scheduled and corrective action had been taken when identified.

Health and safety management was seen as a priority by senior staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

The provider had completed a survey of the views of people using the service. The registered manager said family members had provided assistance for people to complete this. They said, “We are now in the process of collating this information and identifying any themes. Following that we will agree actions at house and board level and implement any changes required”.

Gloucestershire County Council’s Quality Monitoring team carry out monitoring visits to the service. The provider had planned to take action on recommendations made at the most recent visit. We saw these plans had been implemented and progress recorded and monitored.