

# Tracs Limited

# Glebe Rd

## Inspection report

13 Glebe Road  
Nuneaton  
Warwickshire  
CV11 4BJ

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05 November 2015

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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

This inspection took place on 5 November 2015. The inspection was unannounced.

Glebe Rd is registered to provide accommodation to a maximum of six people with learning disabilities and mental health conditions. There were six people staying at the home at the time of our inspection. Each person at the home had their own bedroom, kitchen, bathroom and living space. The home also had a number of communal areas for people to sit together and socialise.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager at the service. However, the registered manager was not available on the day of our inspection for us to talk with. We spoke with the deputy manager and area manager on the day of our inspection.

People and their relatives told us they felt safe with staff, and staff treated them well. The managers and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns.

There were enough staff at Glebe Rd to support people safely and provide people with support to go out. The provider had recruitment procedures in place that made sure staff were of a suitable character to care for people safely.

Medicines were stored and administered safely, and people received their prescribed medicines as intended. People were supported to attend health appointments when they needed to, and received healthcare that supported them to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People were able to make everyday decisions themselves, which helped them to develop and maintain their independence.

People were supported to go out in their local community when they wished. Activities, interests and hobbies were arranged according to people's individual preferences, needs and abilities. People who lived at Glebe Rd were encouraged to maintain links with friends and family who visited them at the home when invited.

Staff, people and their relatives felt the registered manager was approachable. Positive communication was encouraged and identified concerns were acted upon by the registered manager and provider. Staff were supported by their manager through regular meetings and were given opportunities to provide feedback to the management team. Staff felt their training and induction supported them to meet the needs of people they cared for.

People told us they knew how to make a complaint if they needed to. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

People were supported to develop the service they received by providing feedback about how the home was run. The provider acted on the feedback they received to improve things.

There were procedures in place to check the quality of care people received, and where issues had been identified, the provider acted to make improvements.

## 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.

People felt safe with staff. People received support from staff who understood the risks relating to people's care and supported people safely.

Staff knew how to safeguard people from harm. People were protected from the risk of abuse as the provider took appropriate action to protect people. Medicines were managed safely, and people received their medicines as intended.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected, as staff followed the principles of the Mental Capacity Act 2005. People were supported to access healthcare services to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People felt supported by staff who they considered kind and caring. Staff ensured people were treated with respect and maintained their dignity at all times. People were able to make choices about how to spend their time, and these were respected by staff. People were encouraged to develop their independent living skills and achieve their long term goals. People had privacy when they needed it.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. Care plans were up to date and focussed on the needs of individuals. People were given support to access interests and hobbies that met

their preference. The provider analysed feedback and complaints, and acted to continuously improve the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

Managers supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to speak to managers at any time. There were procedures in place to monitor and improve the quality of the service provided, and the provider acted on the feedback they received to make improvements.

# Glebe Rd

## 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 was 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.

The inspection visit took place on 5 November 2015 and was unannounced. We inspected this service with one inspector.

We observed the care and support provided in communal areas to people who lived at Glebe Rd. We spoke with four people who used the service, and two relatives of people who used the service.

We looked at the records of three people who used the service. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the area manager and the deputy manager. We also spoke with four members of care staff.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service and health professionals who supported people at the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

# Is the service safe?

## Our findings

All the people and their relatives told us they felt safe at the home. We saw people were relaxed with staff and the atmosphere at the home was calm. One person told us, "Yes, I feel very safe." A relative told us, "I couldn't wish for my relative to be treated any better," they added, "I've got peace of mind."

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training regularly which included information on how staff could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform their manager if they had any concerns about anyone. They were confident the registered manager would act appropriately to protect people from harm. All the staff knew and understood their responsibilities to keep people safe and protect them from harm.

People were protected from abuse because the provider recruited staff who were of good character to work with people at the home. For example, checks on criminal records, identification checks and references were sought before staff were employed to support people.

The registered manager had identified through an assessment, where people were potentially at risk, and plans had been devised to protect people from harm. Risk assessments were detailed, up to date, and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person sometimes displayed challenging behaviour, agitation and aggression to others. People were protected from avoidable harm because staff had a good understanding of their mental health needs and people's individual behaviour patterns. Risk assessments provided staff with detailed information on what triggered the person's agitation and aggression, and what staff should do to protect the person and others around them. Through talking with staff, we found they knew the people who lived at the home well, and could inform us of how to deal with the risks of people displaying challenging behaviour. One relative told us, "They know [Name] well and are really helping them with their behaviour."

People were encouraged to take some risks described as 'positive risk taking'. Risk assessments contained detailed instructions for staff so they could support people to develop their life skills and maintain their independence safely. For example, some people were at risk of exploitation and self-harm. As Glebe Rd promoted people's independence and helped people to develop life skills, some people were encouraged to go out in their local community on their own. However risk assessments detailed how staff could minimise the risk to people by discussing risks with individuals and monitoring when people arrived back at the home.

The provider had contingency plans for managing risks to the delivery of the service. These minimised the risk of people's support being delivered inconsistently. Emergencies such as fire or staff absences were planned for. For example, there was a daily procedure to backup records and files on the computer, so any disruption to people's care and support was minimised.

There were enough staff available to meet people's needs safely. One person said, "Yes there are always enough staff." Another person said, "There is always someone available at night too to talk to, if we wake up we can have a cup of tea and a chat." Staff had time to sit and talk with people. Care staff told us there were enough staff available at the home to meet people's needs. One member of staff told us, "There are always enough staff." They added, "We do long shifts, as we sleep at the home after our day shift is over. It's fine because we are given plenty of time off after doing long shifts, and we have a good work life balance."

Medicines were administered safely. People we spoke with told us they received their medicines safely and when they needed them. Staff told us they received regular training to support them in administering medicines, which included checks on their competency. Staff knew to contact the registered manager or deputy manager if they made a mistake with medicines. The care records gave staff information about what medicines people took, why they were prescribed, and any side effects they needed to be aware of. There were procedures in place to ensure people did not receive too much, or too little medicine when it was prescribed on an 'as required' basis. There were systems in place to refer people to health professionals if they refused to take their medicines. Daily checks were undertaken to check people had received their medicines.



## Is the service effective?

### Our findings

People we spoke with told us staff had the skills they needed to support them effectively. Staff told us they had received a work place induction and training that met people's needs when they started work at the home. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and demonstrated the right approach required to support people.

One member of staff said, "The training is really good, it gave me all the skills I needed." Staff said the manager encouraged them to keep their training up to date. We saw the registered manager kept a record of staff training and when training was due, so that attendance was monitored. Staff told us the provider invested in their personal development, as they were supported to achieve nationally recognised qualifications. They also received specialist training to assist where people had a specific diagnosis or condition such as epilepsy so they could support people effectively.

The provider supported staff to achieve the skills they needed to do their role effectively. The area manager told us, "Tracscare [The provider] were awarded 'Investors in People' in 1999, an award that we have maintained for the last eight years. At Tracscare, we believe that people are at the heart of what we do; our success depends on getting the best out of everyone by investing in their development."

We found staff were supported using a system of meetings, observations, and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity for them to discuss personal development and training requirements. One staff member told us, "We have regular meetings with our manager to discuss things." Regular meetings enabled managers to monitor the performance of staff, and discuss performance issues. The management team also undertook regular observations of staff performance to ensure high standards of care were met and staff delivered the care expected, because the registered manager and deputy manager worked alongside staff at the home.

People told us staff supported them with food and nutrition to maintain their health if this was part of their agreed care package. People could get food and drinks throughout the day, when they wanted them. One person told us, "We can have what we want; we do our own shopping, and prepare our own meals."

Care staff explained how they encouraged people to make healthy choices and to vary their diet by buying a range of foods, for example, foods with low sugar content. This supported people to maintain a nutritious and healthy diet. One staff member said, "People like different foods, and have different health conditions which we need to be aware of when we are helping people plan their menus, or helping them prepare shopping lists." We saw people had foods that met their health needs and matched the information in their care records, for example, low sugar meals for people who were diabetic.

We saw one person was at risk of overeating, which was a risk to their health. The person was assisted to

monitor their food intake by staff. Their food was also stored in the communal kitchen, rather than in the kitchen in their room, to help remove temptation. We observed one person having their lunch in the communal dining area, which they enjoyed. Staff told us, "People are free to eat their meals where they like. Most people eat in their own rooms and prepare their own food." They added, "At weekends we always prepare a communal brunch on Saturdays, and on Sunday we eat lunch together if people want to join us."

The rights of people who were unable to make important decisions about their health or wellbeing were protected. We saw staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. They gave examples of when they had applied these principles to protect people's rights, for example, asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. We saw people gave their consent to the care they received at Glebe Rd, for example, people gave consent to staff entering their room when they needed to, by signing a house agreement when they first came to the home. One staff member said, "People can make decisions about what they want to do every day." Whilst no-one had a DoLS in place at the time of our inspection, we saw the provider made DoLS applications to the appropriate authorities where these were required. Procedures were followed to ensure that people were not unlawfully deprived of their liberties.

Staff told us they had an opportunity to read care records and handover records at the start of each shift. They also had a verbal handover. The handover and care records provided them with information about any changes since they were last on shift. One member of staff said, "It's everything we need to know to catch up." Staff explained the records supported them to provide effective care for people because the information kept them up to date with any changes to people's health and wellbeing.

Staff and people told us they worked with other health and social care professionals to support people. Care records confirmed that people regularly attended appointments with professionals to review their support needs. We saw staff supported people to see health care professionals such as the GP, psychologist and nutritional specialists where needed. Information and advice from medical professionals was transferred to people's care and support records, and changes were made to people's care and support plans following their advice. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

# Is the service caring?

## Our findings

All of the people we spoke with, and their relatives, told us staff treated them with kindness, and that staff had a caring attitude. One person told us, "I love it here. Staff are lovely, caring and really good." We saw one comment from a recent survey which said, "Staff support me with compassion and kindness."

We observed staff had a good rapport with people which encouraged good communication and interaction. We observed people laughing with staff and having fun. People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke with people in respectful, positive ways using their preferred name and asking people's opinion and preference before supporting them with tasks.

Staff told us Glebe Rd was a nice place to work. They told us that because they enjoyed working at the home, this encouraged a relaxed atmosphere and social interaction with the people who lived there. One member of staff said, "It's a lovely place to work. I am really happy working here."

We saw people at the home made their own choices, and their preferences were respected by staff. When we arrived at the home at 9.30am one person was up having their breakfast, other people were still in their bedroom. One person had already left the home to attend a local college. People told us they made everyday choices for themselves. One person told us, "I can spend time in my room, or the lounge and dining room. I can choose to be on my own if I want." A relative told us, "[Name] decides themselves what they want to do."

We saw a range of ways people were supported to express their views and be involved in decisions about their care. Each person had a key worker they could speak with if they had concerns. This was a member of staff who was specifically assigned to support the person. Where possible people were given choices about who supported them with different tasks, such as choosing their individual key worker. Keyworkers supported people to achieve individual goals in their 'recovery star plan'. They also developed relationships with the person's family members, health professionals, and supported people to go out. The keyworker role also included helping people plan the week ahead, for example, menu planning, domestic chores, and shopping.

People and their relatives were involved in care planning, and made daily decisions about how they were cared for and supported. For example, people had information recorded in their records about their religious beliefs, and their personal history, so that staff could support people in accordance with their wishes.

People were supported to maintain links with family and friends, and their local community, which was important to them. One person said, "I like to visit my family, and staff would come with me if I wanted them to." People told us they made choices about who visited them at the home. One relative told us, "I can visit at any time."

People were supported to live as independently as possible, as the home's aim was to encourage and

support people to live independently in the community. One person told us, "I like it here but I want to live alone eventually." Another person said, "It's a stepping stone, I'd like to move to be close to my family soon." People had their own rooms, with access to their own kitchen and bathroom, and could make their own decisions about how they lived their lives. We saw people were able to have pets in their home, and one person showed us their hamster. They said, "I like being able to make decisions." Staff were available in the communal areas of the home to support people when they wished. One person told us, "I can have a meeting with staff at any time I wish." We observed people asking staff for their advice and support, and to meet with them. This was readily given.

People told us staff supported them to maintain their independence and develop independent living skills. One staff member said, "We make sure people are encouraged to do what they can themselves, we encourage positive risk taking, to expand people's confidence and life skills." One commissioner of the service told us, "The home have played an instrumental part in [Name] regaining more independence and gaining valuable life skills." People managed their own finances, did their laundry, cleaned their rooms and did their own shopping.

People had privacy when they wanted it. People had their own rooms which they could lock if they wished. Three people showed us their rooms. One person said, "This is my personal space. I chose the sofa and my bed linen." We saw staff asked people discretely whether they needed support and this was provided to people in the privacy of their bedroom.

Most people had a relative they could ask for support if needed, however, where people did not, the registered manager provided access to advocacy services. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

## Is the service responsive?

### Our findings

People told us they took part in activities and interests that met their personal preferences. One person said, "You get to do what you want." Another person said, "We go out most days." We saw people had activities arranged according to their individual likes and dislikes.

People were able to make individual choices about which activities they took part in and were supported to attend local community groups and colleges to build relationships with people, and learn new skills. We saw people attended different local community groups and took part in courses such as cookery, card making and sewing.

The home supported people to expand their experience in the workplace, to gain future employment. For example, one person was intending to volunteer at a local charity shop to gain valuable work experience. Another person attended a specialist sewing group to learn skills to set up their own business.

People were encouraged to attend local support groups in the community to assist them with coping mechanisms for when they left the home, and to build their confidence. For example, one person attended a support group for people with addiction. Another person attended relaxation classes. The manager told us, "The support we provide people to develop independent living skills is different for each person, based on their individual support needs."

Staff knew people well, and could describe the different social activities people enjoyed. One member of staff told us, "[Name] is really keen on watching DVDs and also playing computer games." We saw the information staff gave us matched the information in people's care records, and what people told us. This knowledge enabled staff to support people in the activities they enjoyed.

Care records were comprehensive, up to date, and had been written in partnership with people, their relatives and health professionals. People told us their plan of care reflected what they wanted. We saw records detailed people's likes and dislikes and their support needs and differed from person to person meaning people's individual needs were listened to and supported. Care plans included weekly planners for each person and were based on the recovery star model, which identified the key things that were linked to each person's recovery. Plans were based on what people wanted to achieve while they lived at the home, and goals were given timescales so that staff and people were able to measure whether goals were being achieved. Progress against goals was evaluated monthly against people's individual recovery indicators. One commissioner of the service told us, "On reviews I have received prompt documentation of people's progress. The person has been fully involved." They added, "I found the staff to be very responsive on my visits and showed a caring and understanding knowledge of people's needs."

People who used the service told us they knew how to make a complaint if they needed to. People told us they felt confident about raising any concerns they had. One person said, "I could talk to staff if I was unhappy." The complaints policy was in any 'easy read' format to make it accessible to all the people at the home. We saw however that although the complaints policy was available in the office, this was not on

display on a noticeboard. We brought this to the attention of the area manager during our inspection, who said they would put the complaint policy on display immediately. No one who used the service had made a complaint about the quality of the service.

Complaints that had been received were recorded, and all complaints, compliments and feedback were monitored by the provider. This was to identify any trends and patterns that might identify areas that could be improved. We saw the provider acted to make improvements following complaints. For example, in response to a recent complaint the provider had changed outside lighting at the property.

## Is the service well-led?

### Our findings

The management team encouraged a culture of openness and transparency. People were confident in approaching the management team. People, their relatives and staff told us they could speak to a manager when they needed to because managers worked alongside staff at the home and were approachable. A relative told us, "Any queries, I just raise them with a manager, and they are always sorted out." They added, "I am very satisfied with the support my relative receives at the home."

There was a clear management structure within Glebe Rd to support staff. There was a registered manager at the service. One member of staff told us, "The registered manager is really helpful and supportive." The registered manager was part of a management team which included a deputy manager or senior care workers who were available on each shift. Staff told us they received regular support and advice from managers via the telephone and face to face meetings. Staff told us there was always an 'on call' number they could call outside office hours to speak with a manager. One member of staff told us, "We can ring the area manager if we are not sure, there is always a manager or senior on duty with us too." Another member of staff said, I have all the support I need from my manager and other staff, they added, "The registered manager is really nice."

The management team received support from other senior managers at Tracscare. The deputy manager told us, "The area manager is very approachable and support us with regular visits." They added, "Other senior managers also come to the home for regular visits, they are also approachable and we can ring them for advice about anything." Senior managers visited the service every month to offer support and advice, and to perform quality assurance checks. The registered manager attended regular meetings with other managers to share ideas, discuss incidents and improvements plans, and to offer each other support. The registered manager was also supported to visit other services to gain information about the wider care sector, which could improve the service at Glebe Rd. The registered manager cascaded their learning to other members of their team in meetings and staff briefings. This helped to improve the quality of the service at Glebe Rd.

Staff had regular scheduled meetings with the registered manager and other senior team members, to discuss how things could be improved and to share ideas. The meetings were recorded and where improvements or changes had been suggested these improvements had been written into an action plan which was followed up by the registered manager at subsequent meetings. This showed the provider responded to feedback from staff. One member of staff told us, "The management do listen if we have anything to suggest." They added, "The provider also does a staff survey every few months to gather our feedback."

People and their relatives were asked to give feedback about the quality of care, and how the home was run in a number of ways. Monthly meetings with people who used the service were scheduled, and took place when people wanted to hold a meeting. We saw the records from recent meetings where improvements were discussed and people were asked whether they were happy at the home, or whether they would like anything to change. This helped people make decisions about their home, and express any concerns they

had within a group.

The provider conducted quality assurance questionnaires for all their homes, which were completed by people who used the service, their relatives, staff and health professionals. The completed questionnaires demonstrated that all the people who used the service, or worked with people who used the service, were satisfied with the care and support provided. Comments from people included, 'I have independence'. 'I like the support I get to do my activities.' 'It's the best care home I have ever been to.' Staff feedback showed 100% agreed people supported were shown compassion, kindness dignity and respect. Staff comments included, 'We have excellent leadership and management.' 'I'm privileged to be part of the team.' 'I would happily recommend this home to any family member.'

The provider completed checks to ensure the manager and staff at the home provided a good quality service in a safe environment. The provider completed audits in areas such as medicines management, health and safety, premises, and care records. We saw the provider made unannounced visits to the home to check quality, and produced a yearly quality assurance report regarding the home. Where issues had been identified action plans were put in place to make improvements. For example, improvements were planned in activity planning and linking with community groups. Action plans were monitored by the provider to ensure actions had been completed. This ensured that the service continuously improved.

The provider was accessing information from other organisations to improve their service and keep up to date with changes in the care sector. For example, the registered manager accessed advice and support from a range of organisations with expertise in supporting people with mental health issues such as MIND, Re-think and Headway.

The provider had sent notifications to us about important events and incidents that occurred at the home. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the registered manager completed an investigation to learn from incidents. The investigations showed the registered manager made improvements, to minimise the chance of them happening again.