

TCM Partnership Limited

Gunters Grove Farm

Inspection report

Gunters Grove Farm
Shurton
Bridgwater
Somerset
TA5 1QH

Tel: 01278653671

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28 June 2018
02 July 2018

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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 was announced and took place on 23 June 2018 and 2 July 2018.

Gunters Grove is registered to provide accommodation and care for one person. The service provides residential care in a small homely environment in a rural area. The home is staffed 24 hours per day.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

The care service has 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.' Registering the Right Support CQC policy

The person who had lived in the home for 18 years told us they felt safe and happy living there. A relative told us the person was "happy and settled in their home."

The person's comfortable and personalised life-style was supported by the registered manager's and staff team's knowledge of good care practice. They were able to make choices about all aspects of their day to day lives. Their care was responsive to their needs and personalised to their wishes and preferences

The registered manager worked as part of the small staff team which was sufficient to meet the person's needs. The registered manager's regular contact with the person and staff contributed to the relaxed family style care and support.

The person told us they felt safe at the home and with the staff who supported them. They had no worries and were confident they could talk to the registered manager and staff. Relatives had confidence any concerns they had would be promptly addressed.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager and staff ensured the person had their health care needs met. Staff noted changes in the person's health and took them to GP visits when required.

There were informal quality assurance systems in place to monitor care and plan on-going improvements. There were checks in place to monitor safety and quality of care.

The service was well run by a registered manager and staff who had the skills and experience to ensure the

person received high quality person-centred care. The manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for the person.

Further information is in the detailed findings below

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 remained Good. .

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Gunters Grove Farm

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 checked 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 2014.¹ This was a comprehensive inspection. The inspection began on 28 June 2018 and was announced. We returned to the home on the 2 July 2018 to meet with the person who lived in the home and two members of staff.

The provider was given 48 hours' notice because the location was a small care home for one younger adult who could be out during the day; we needed to be sure that someone would be in. The inspection was carried out by one social care inspector.

Before the inspection we checked to see if there had been any notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home. We met with the person who had lived at the home for the past 18 years and contacted two of their relatives. We met with the registered manager and two care staff. We received information from two of the person's relatives. We looked at records relating to the care of the individual and the management of their medicines. We spoke with the registered manager and reviewed records related to staff, quality assurance and health and safety in the home.

Is the service safe?

Our findings

The service remains safe.

The person told us they felt safe in the home and with the staff who supported them. A relative told us they had, "No worries at all" about the care the person received.

The provider had systems and processes in place to keep people safe and minimise the risk of potential abuse. There was a recruitment system designed to ensure any new staff were suitable to work with vulnerable people. There was an emphasis placed on a new staff member working well with the person they supported and with other members of the small staff team. A relative said of a new member of staff "[Staff name] is excellent. Gets on well with everybody."

The person was safe because staff understood the positive and negative aspects of working in such a small service. They knew how to recognise and report possible abuse. Staff explained to us their duties and responsibilities to the person they cared for and understood how to keep them safe. The manager was knowledgeable and confident with their safe guarding responsibilities. Staff were confident in dealing with any situations arising from incidents within or outside the home.

The care plan contained risks assessments that told us about the ways in which the person's risks had been assessed and the action taken to mitigate the risk of harm.

The person was supported to go out into the community and to visit their family. Staff spoke confidently about the ways in which they supported the person to do this safely.

Care records were accurate and up-to-date. The daily records completed by staff reflected the care plan. The manager and staff emphasised the importance of communicating verbally with each other at hand-over so they were always fully informed about the person at that particular time.

There were sufficient numbers of staff to meet the person's needs in a relaxed manner. The registered manager and small staff team supported each other to ensure continuity of care which was very important to the person. Staff said if they ever needed extra help they could ask the registered manager who was very supportive or talk to each other.

The person needed few medicines. Records showed these were administered safely.

The home was very clean and free from all odours. Care staff had adequate supplies of personal protection equipment such as disposable aprons and gloves to help prevent the spread of infection.

Is the service effective?

Our findings

The person continued to receive effective care.

They had lived in the home for eighteen years and had regular reviews by the local authority funding their care to ensure the service continued to meet their needs.

They received care from staff who were competent and knowledgeable. The registered manager worked as part of the staff team. One member of staff said, "We know [the person] and how they think and feel. We avoid difficult situations and avoid possible upsets." Staff had recently completed first aid training and were commencing a range of on-line training up-dates.

The person's health was monitored and it was clear from staff comments and care records they received regular health care according to their needs. Records showed both short term and longer term health issues were addressed. Long term health conditions were monitored and appropriate referrals and visits were made to consultants and clinics.

Their mental and psychological needs were supported with skill and kindness. Most staff had worked at the home for many years and knew them well.

The person was supported to have a balanced diet that promoted healthy eating. They chose the menus with support and were involved in buying and cooking their meals. They were supported to prepare breakfasts and snacks themselves.

The person only received care and support with their consent. They were consulted on all aspects of their care and daily routines. They had been supported to refuse some health care appointments they did not wish to have.

The registered manager and staff we met knew about the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the people who know the person well and other professionals when relevant. The person's legal rights were protected because the registered manager and staff knew how to support the person. They were encouraged and supported to make decisions on everyday issues.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The person's care manager had put DoLS in place as they were not able to leave the home safely on their own and required constant supervision.

The person's needs were met within the homely environment of the service. They were encouraged to

maintain their independence and mobility. Their bedroom was comfortable and sufficiently spacious to enable the person to enjoy listening to their music or spending time alone.

Is the service caring?

Our findings

The service continued to be caring.

The person said they liked the staff who were always kind to them. The registered manager and staff talked to us about the person in a kind and understanding manner. They combined a relaxed family approach with a skilled understanding of the support needed.

One relative said, "[Person] is settled and happy. That's their home and they are very settled."

The person's privacy and dignity was promoted in the home. All care was conducted privately and discreetly. The person was supported to be as independent as possible with their personal care. At night staff respected the person's wish for privacy and did not disturb them unless requested to do so.

The person was supported to be as independent as possible. They were encouraged and supported to take part in some of the routine tasks of running the home. Staff acknowledged that they sometimes liked to be alone and respected this.

The person was supported to express their views informally on a daily basis with staff and each week when the registered manager worked in the home. They told us they felt able to raise general issues about the home with the manager and could talk to all staff.

The service encouraged and supported links between the person and their family. They respected their wishes regarding the number and location of visits and regularly drove the person to meet their relative. Visitors were made to feel welcome in the home and could visit freely. Relatives told us they were kept informed and involved with their family member's care.

Is the service responsive?

Our findings

The service continued to be responsive.

The person living in the home said "I have been here for 18 years. It is my home. It suits me very well." The person confirmed they made their own choices about all aspects of their daily life. For example they told us they chose when they would do their exercises, go shopping or see their family. Staff went through their weekly programme with them and confirmed they were still wishing to participate. They told us about the entertainment and music they enjoyed within the home. At times they decided to discontinue activities or to change when they did them.

Their needs and wishes were set out in a comprehensive care plan. This was up-dated each year. The person and staff were always asked for feedback at this time. One staff member said, "We always get asked to read through it and feed-back." Staff told us they always, "Checked back" with the person living in the home. They told us that the care plan was very important because it ensured staff were consistent in the ways in which they supported the person. Within this framework they worked flexibly to ensure the person was confident and happy.

The person living in the home and their relatives were able to raise issues with the registered manager. One relative told us they met regularly with the registered manager. They were kept informed between meetings of any events and felt confident any issues raised would be promptly addressed.

The registered manager attended meetings with the local authority funding the care. Meetings were held to review the support provided and to ensure the person's needs were still being met.

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in place who had the skills and experience to run the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. 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.

The registered manager was fully involved with all aspects of the service. They provided direct care and support each week. They were very knowledgeable about the person and were able to observe first hand when support was working well and when aspects needed consideration and possible change.

The registered manager ensured the person received good care. Quality assurance in the home was informal but regular and effective. The registered manager encouraged staff to talk to them. Staff told us the registered manager was supportive and if they needed any guidance they could ring them at any time. Staff felt they were consulted on matters in the home although decisions at the end of the day were made by the registered manager.

One staff member told us "This is a lovely place to work. There is good team work. With such a small team there has to be. We all work to the same plan which is what [the person] needs." Relatives commented they were extremely satisfied with the care their family member received. They said the registered manager was always willing and happy to discuss anything.

The registered manager met regularly with a family member and this gave opportunities for exchange of information and feed-back regarding the well-being of the person.

The person's views were gathered informally on a daily basis and through regular meetings with the registered manager. The registered manager and staff knew the person who lived in the home and their family very well and were up-to-date with their changing needs and care.

The registered manager was aware they needed to regularly review the service to see if they make any improvements. They had introduced opportunities for staff training. They had changed the way meals were planned and produced. They were aware that people's needs changed and this would affect the way in which their care was delivered. Care was therefore reviewed and up-dated on a completely individual level.

The registered manager made links and professional relationships with other health and care professionals who contributed to the person's well-being including their social worker and GP. The manager understood the relevant legal requirements regarding the Care Quality Commission and the need to notify us of significant events.