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Gloscare

Inspection report

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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

Gloscare is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Gloscare can accommodate two people. At the time of our inspection there were two people living there who were diagnosed as having an autistic spectrum disorder. They live in a small, terraced house in a street in the middle of Gloucester. They each have their own bedroom which they have personalised and share a bathroom, kitchen and lounge/dining room. The garden is accessible and has a sun lounge which one person likes to use.

Gloscare has been developed and designed in line with the values that underpin the Registering the Right Support, Building 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.

This inspection took place on 24 January 2018. At the last comprehensive inspection in October 2015 the service was rated as Good overall.

At this inspection we found the service remained Good.

People received highly individualised care and support which reflected their aspirations, hopes and routines so important to them. Staff understood them really well, anticipating their feelings and emotions, helping them to make the most of each day as calmly as possible. People's needs had been assessed and they were involved in developing their care and support with staff. If they wanted to change any aspects of this, it was discussed with staff and care records were updated. People were 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.

People were encouraged to be as independent as possible. They had developed the confidence to do as much as they could for themselves. People felt safe living in the home and accessing their community with staff support. They enjoyed a wide range of activities which reflected their hobbies and lifestyle choices. One person proudly attended a nursery to attend to their allotment without staff support. They attended social clubs, swimming, bowling and a church service. Contact with friends and family was important and being maintained.

People were supported to stay healthy and well. They chose their weekly menus which were served with portions of fresh vegetables and salad. They helped themselves to drinks and fruit. Each person had a health action plan which described their health care needs. They had annual check-ups with their GP and regular reviews with another specialist healthcare professional. People's medicines were managed safely.

People had access to sufficient staff to meet their needs who had been through a satisfactory recruitment

process. Staff felt supported in their roles and had access to refresher training to keep their knowledge and skills up to date. Staff were knowledgeable about people, their backgrounds and individual needs. They treated people with respect and sensitivity, anticipating their moods and emotions. They had worked together well as a team for a number of years and this consistency had benefited the people they supported. Staff understood how to keep people safe and were confident any concerns they raised would be listened to and the appropriate action taken in response.

People's views and the opinions of their relatives and staff were sought to make improvements to the service provided. People met formally each month to talk about their needs and any concerns they might have. They also talked with staff daily about any issues which were dealt with as they arose. Annual surveys had been completed with evidence of positive feedback from relatives. The provider and registered manager worked as part of the team enabling them to lead by example and to also ensure their values were embedded in people's experience of their care. People told us, "This is the best home I have ever lived in; it's excellent" and "This is where we are comfortable."

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Gloscare

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.

This inspection took place on 24 January 2018 and was announced. We gave the service advance notice of the inspection site visit because it is small and the manager is often out of the home providing care. We needed to be sure that they would be in. This inspection was completed by one inspector.

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). 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 the commissioners of the service to obtain their views about the care provided to people.

During our inspection we observed the care provided to two people and spent time speaking with them. We spoke with the registered manager and two members of staff. We spoke with three relatives and contacted a health care professional for feedback. We looked at the care records for two people, including their medicines records. We looked at the recruitment records for one new member of staff, training records and quality assurance systems.

Good

Is the service safe?

Our findings

People's rights were upheld. They said they felt safe in their home. One person told us emergency contact details had been left with organisers when they went out independently to an activity. Staff kept their knowledge and understanding of safeguarding up to date with refresher training. They had access to updated policies and procedures guiding them what they should do if they suspected abuse. Staff were confident the appropriate action would be taken in response to any concerns they raised. There had been no safeguarding concerns. People had information about harassment and discrimination. They were guided about appropriate behaviour between each other and their friends encouraging them to treat others with respect.

People's risks were assessed and managed to keep them safe from harm. Any hazards had been identified with people and discussed with them. Strategies had been developed to prevent the risk of injury or harm. For example, the risks about using chemicals when gardening had been explained to a person, who agreed to use these under the supervision of staff. The registered manager spoke about a positive risk taking philosophy which supported people to be as independent as possible, whilst considering possible hazards and minimising risks. For example, attending activities without staff supervision or giving them the freedom to participate in activities without staff shadowing them closely. There had been no accidents reported in the last 24 months.

People occasionally became upset or anxious. Staff really understood what might cause or increase anxieties and how to help people manage these. Staff had completed training in the management of challenging behaviour. Staff said they used medicines, prescribed to be taken when needed, effectively in response to people's anxieties or moods. Incident records confirmed these were rarely used to help people to calm down and only as a last resort. Physical intervention was not used. The registered manager commented, "We know people so well we get in there before the problems escalate, we are proud we don't use PRN (medicine to be taken when needed) inappropriately." Staff were observed supporting people by talking with them calmly, reassuring them and encouraging them to talk through the problem. Staff clearly understood routines were very important for one person as well as the way in which they communicated with them. They were observed closely following guidance described in the person's care records.

People lived in a well maintained home. Staff checked to make sure fire systems were in working order. A recent fire service inspection rated Gloscare as above average for their fire management systems. Fire extinguishers had just been replaced in line with the manufacturer's guidance. Each person had a personal evacuation plan in place describing how they would leave their home in an emergency.

People were supported by enough staff to meet their needs. They benefited from a consistent staff team with just one new member of staff being appointed in the past 24 months. Recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. New staff completed an induction

which included health and safety training.

People's medicines were safely administered and managed. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines at times to suit them and when they requested them. People's GP's had authorised the use of medicines sold over the counter. People were supported to take these safely and appropriately and not to overuse them. People's medicines were regularly reviewed with health care professionals. This was particularly important for people who had epilepsy, to ensure their medicines were appropriately prescribed. Protocols were in place for the administration of rescue medicines and when staff should call emergency services.

People were protected against the risks of infection. They were aware of the importance of maintaining a clean environment and helped with this task. They were observed washing their hands after supporting their pet cat and explained to staff why they were doing this. Staff had completed infection control training and safe practice was followed. The registered manager said an annual report for 2017/2018, in line with the requirements of the code of practice on the prevention and control of infections, would be produced.

People's care and support had been adapted and improved upon over the years in response to lessons learnt from incidents or near misses. Their care records clearly showed their progress and development and the response made by staff. The registered manager and staff described the actions they had taken to change their approaches to people, to understand their perceptions of their world so that staff could adapt the way they supported them. Improvements had been made, by staff providing a consistent approach, which increased people's sense of wellbeing.

Good

Is the service effective?

Our findings

People's needs were assessed to make sure the care and support they required could be provided. Their physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their requirements. Input from other healthcare professionals was part of this process. The registered manager described how she had liaised with commissioners to make sure their decisions were based on people's assessed needs, so they would continue to receive the appropriate levels of care and support. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by knowledgeable staff. Training and support was provided to staff to maintain their skills and knowledge. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, equality and diversity and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. Staff had individual support meetings every three months to discuss their training needs and the care being provided. They said communication between the team was really good and important information was passed over in the communication diary or by telephone. Staff commented, "I feel supported" and "We are a really tight team."

People's dietary needs were closely monitored. They were supported to eat and drink healthily. People were observed helping themselves to drinks and fresh fruit. People at risk of weight loss had high calorific snacks in addition to their meals. People chose their meals each week. Staff balanced people's likes for processed meats by providing fresh vegetables and salads as side dishes. The provider information return confirmed, "Individuals have the opportunity each week to come up with ideas for the weekly menu and these are incorporated or adapted to ensure they are healthy and balanced."

People's health and wellbeing was promoted. They had a health action plan and a summary of their healthcare needs to take to hospital in an emergency. They had annual health checks in line with national campaigns to ensure people with a learning disability had access to healthcare services. They attended dentist appointments. When needed, staff had worked closely with the GP, dentist and family to ensure people who disliked attending dentist appointments were able to feel more relaxed about their appointments. For example, prescribing medicines to help them feel calm. This considerably improved the quality of health for people who had previously chosen not to access community health care services. Staff worked closely with social and healthcare professionals to share information to ensure they received coordinated and timely services when needed.

People lived in a house which reflected their individual preferences. They lived in a terraced home in a street in the middle of Gloucester, no different from other houses in their street. They had been involved in decorating their rooms and helped to maintain the garden. Additional space had been created in the sun lounge for people to spend time alone if they wished.

People made choices about their day to day lives. They were observed choosing where to spend time, what

to eat and drink and what to wear. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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. Decisions had been made in people's best interests, for example for medicines. Records confirmed those involved in making this decision such as their relatives and healthcare professionals.

People deprived of their liberty had not been granted the appropriate authorisations in line with the Mental Capacity Act (MCA) 2005. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). An application had been made to restrict a person of their liberty. The supervisory body had contacted the registered manager in November 2017 to confirm they would be assessing the application in due course. There was evidence restrictions, such as access to the kitchen, were reviewed in light of changes in people's behaviour and restrictions were amended or removed.

Good

Is the service caring?

Our findings

People had positive relationships with staff. They were observed spending time with staff, enjoying their company. They chatted amiably, shared jokes and were relaxed and happy. A person said, "Staff are nice, they are good." Relatives told us, "All seems fine, he is happy and doing well" and "They look after him well." Staff had a really good understanding of people. They were aware of their backgrounds and personal histories. Staff appreciated how important routines were to people and respected these. Staff were observed anticipating people's anxieties and worries, enabling them to cope and manage their emotions. Staff gently responded to people using sensitivity and compassion. The provider information return (PIR) confirmed, "We all know them so well that if there is even the slightest change in their behaviour/mood we pick up on it, and endeavour to find the reasons why, even if they are unable to explain what is wrong themselves."

People's equality and diversity were recognised. The composition of the staff team was that they were supported by a female staff team during the day and male staff during the night. Adjustments had been made to accommodate the needs of one person when swimming. For example, one member of night staff supported them to go swimming each week enabling them to access the appropriate changing rooms. People's cultural and spiritual needs had been discussed with their relatives and the impact this was likely to have on their care and support. One person had chosen not to follow their parent's spiritual beliefs and there were no special requirements with respect to another person's cultural background. People liked to attend a local church where they took part in low key services and activities. A cat was an important member of the household and one person had taken responsibility for the pet. The registered manager said this had proved to be really beneficial to them.

People talked through their care needs with staff. They showed confidence in their talks with staff, expressing their views and being encouraged to make their own decisions. Each month they formally met with staff to give feedback about their care and support. This included reflecting on anything they might like to change. The PIR stated, "We listen to their opinions, we know their likes and dislikes and listen to their views." Staff were observed spending time with people, listening to them and answering their queries.

People were supported to keep in touch with those important to them. They met with friends socially at clubs or swimming. People told us they visited their parents for a weekend each month. A relative said they always felt welcome when they visited. Relatives said staff kept them informed and up to date with what was happening in people's lives. One relative said, "Staff phone to let me know how he is getting on."

People's privacy and dignity was respected. People decided when they wanted to spend time alone and staff respected this. People were encouraged to be as independent as possible. A person proudly told us about how they went to an activity without staff support. They were observed helping out around their home, doing the laundry, making their bed and clearing away the table. Another person said they helped with the shopping. Staff commented, "We work with the guys to help them have a good life, supporting their everyday choices and making sure they get the best out of life."

Good

Is the service responsive?

Our findings

People's care was individualised, reflecting their personal needs, routines important to them and guidance about how they wished to live their day to day lives. People told us how they were involved in making sure their care and support reflected what they needed. For example, being able to follow their individual choice of activities at times to suit them and not having to do everything together. The provider information return (PIR) stated, "Any suggestions/ideas are listened to with respect and understanding, we encourage individuals to openly express their views and work with them to implement changes that are needed." People were observed confidently discussing with staff their plans for the day and week ahead. If changes were needed to their routines, for example, going to a health care appointment instead of a planned activity, they were involved in the planning of these changes to reduce any anxieties.

People's care records had been reviewed and updated with them. Annual reviews were held with commissioners to make sure their needs continued to be met. Records evidenced when there were any changes and staff were informed of these through the communication diary. The PIR confirmed, "The communication book is widely used so that all staff are immediately aware when they come on shift of any matter concerning a service user's wishes/wants." A person suggested we look at their daily diary to see what they had done each day. They were happy about the content and that staff used these to keep in touch with what was happening in their day to day lives. People were encouraged to be independent and their care records stated what they could do for themselves and what they needed help with. For example, getting their own drinks and doing household tasks.

People were supported to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). The registered manager said, "We are open-minded about activities. People are known locally and have built up a community of friends." People said they enjoyed a wide range of activities which included swimming at their local leisure centre, using facilities around their home such as shops and going to car boot sales. Their chosen activities were discussed with them and if they wished to change these staff helped them to find alternatives. For example, one person had worked for many years at a farm but wanted a change. They had tried out a local nursery and said they really enjoyed working on their own allotment. People said they also went to social clubs, bowling, attended a fortnightly church service and had trips to London and Minehead.

People's preferred way of communicating was highlighted in their care plans. Some information was provided in an easy to read format using pictures and photographs to illustrate the text. For example, their health action plans and the complaints procedure. Photographs had been taken of activities people had been involved in and were displayed in a folder. Their care records guided staff about how to interpret their behaviour and body language as an expression of how they were feeling. The registered manager was aware of the need to make information accessible to people. People had been encouraged to embrace information technology. One person said they had a mobile phone but chose not to use it.

People knew how to raise concerns. People said they would talk with the registered manager or the provider. They talked formally each month with staff about any issues or worries they might have. Their

relatives said, "I have no call for complaint. I talk to [registered manager] and [provider], they ring quite a lot" and "No problems at all, I talk to the [provider]." No complaints had been received. People told us, "I am happy, I'm smiling" and "It's good here." The registered manager and staff were open, accessible and approachable listening to people's concerns and issues as they arose.

People had discussed their preferences for end of life care. Records confirmed how they would like to be supported, their choice of service and memorial as well as what they would to happen to their possessions.

Good

Is the service well-led?

Our findings

People benefited from a provider who promoted person centred care and achieving good outcomes for people. A person told us, "This is the best home I have ever lived in; it's excellent." A relative commented, "He is eager to go back, when he visits us. He is doing really well." The registered manager reflected, "If the staff are happy, service users are happy" and "Staff need to feel rewarded." By working alongside staff, the registered manager and provider were able to observe the quality of care provided first hand. They both supported people, working as part of the shift pattern, making them accessible to people, their relatives and staff. They were able to lead by example and to impress on staff the culture and values of the service they wished to be provided. Staff said, "[Name of the provider] has a very person centred focus."

There was 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. Health care professionals commented, "The registered manager, to her credit is always there, and manages people well" and "Everybody knows each other, the consistency factor works well." Staff said they felt able to raise concerns and challenge ways of working. They said they were listened to.

The registered manager understood her responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. People's personal information was kept confidentially and securely in line with national guidance. Staff felt supported in their roles and were confident raising concerns under the whistle blowing procedures. Staff said, "[Names of registered manager and provider] are really good and make us feel supported." The registered manager had a range of quality assurance checks which they completed. These showed areas such as health and safety, fire systems, food hygiene and medicines were managed effectively. The provider monitored people's experience of their care and support through regular visits to the service.

People, their relatives and staff were asked for their opinions of the service. People were able to talk with staff each month as well as giving feedback on a daily basis. Relatives had completed an annual survey in July 2017 to give their views about people's experience of their care and support. Comments included, "I am happy with what you say" and "He is very happy there."

People benefited from staff who had learnt from incidents and feedback from people. Staff worked effectively to make positive changes to the way they supported people and to really understand what care and support they wanted. A health care professional commented, "Staff have learnt a lot from incidents and the past, and grown in confidence about how to support people." The registered manager reflected, "Anyone can openly come to me and challenge my ideas or share their ideas." The provider information return confirmed, "Motivation amongst staff is high" and they would "raise any issues or concerns with me (registered manager) as well as suggestions/new ideas".

There were strong links with local agencies and organisations which a health care professional confirmed had grown over the years. Records confirmed information was shared with other agencies and organisations when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well. Although both people's families lived in another county people lived amongst their peers and friends who they had known since they were teenagers. As one person said, "This is where we are comfortable."