Gainford Care Homes Limited

The Grove

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

Overall summary

This was an unannounced inspection carried out over two days on 30 June 2015 and 7 July 2015.

We last inspected The Grove in September 2014. At that inspection we found the service was not meeting legal requirements with regard to the safety of the premises and monitoring the quality of service. At this inspection we found that action had been taken to meet the relevant requirements.

The Grove is an eight bed care resource that provides a short break service to people with learning and physical disabilities.

A registered manager was in place. 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.

Summary of findings

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care.

People received their medicines in a safe and timely way. People who were able, were supported to manage their own medicines.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

The menus were varied and staff were aware of people's likes and dislikes and special diets that were required.

Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves.

Appropriate training was provided and staff were supervised and supported.

Staff knew the people they were supporting well. Care was provided with patience and kindness and people's privacy and dignity were respected.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

Activities and outings were provided according to people's preferences.

People were supported to maintain some control in their lives. This encouraged their involvement in every day decision making. They were given information in a format that helped them to understand if they did not read. A complaints procedure was available and written in a way to help people understand if they did not read. People we spoke with said they knew how to complain but they hadn't needed to.

The provider undertook a range of audits to check on the quality of care provided.

People had the opportunity to give their views about the service. There was regular consultation with people and/or family members and their views were used to improve the service.

Staff and relatives said the management team were approachable. Communication was effective to ensure people were kept up to date about any changes in people's care and support needs and the running of the service.

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?

Good

The service was safe.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff would be able to identify any instances of possible abuse and said they would report it if it occurred.

People were supported to manage and receive their medicines in a safe way.

There were enough staff employed to provide a supportive and reliable service to each person. Staff were appropriately checked before they started employment.

Regular checks were carried out to ensure the building was safe and well-maintained.

Is the service effective?

Good

The service was effective.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People's rights were protected because there was evidence of best interest decision making. This was required when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

The service was caring.

Relatives and people we spoke with said staff were kind and caring and were very complimentary about the care and support staff provided.

A range of information and support was provided to help people be involved in daily decision making about their care and support needs.

People's rights to privacy and dignity were respected and staff were observed to be patient and interacted well with people.

Is the service responsive?

Good

The service was responsive.

People were encouraged by staff to be independent and to maintain some awareness and control in their lives.

People received support in the way they wanted and needed because staff had detailed guidance about how to deliver people's care. Care plans were in place and up to date to meet people's care and support requirements.

Summary of findings

People were provided with a range of opportunities to access the local community. They were supported to follow their hobbies and interests and were introduced to new experiences.

People had information in a format they may understand to help them complain.

Is the service well-led?

Good

The service was well-led.

The registered manager encouraged an ethos of involvement amongst staff and people who used the service.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The registered manager monitored the quality of the service provided and introduced improvements to ensure people received safe care that met their needs.

The Grove

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.

Before the inspection we reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams.

The inspection took place on 30 June and was an unannounced inspection. It was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for people with a learning disability. The site visit was carried out by the inspector. The expert by experience carried out telephone interviews with 28 people who used the service or their relatives on 7 July 2015.

During the inspection we spoke with three people who were supported by The Grove staff, two relatives, five support workers, the cook, the registered manager and regional manager. We reviewed a range of records about people's care and checked to see how the service was managed. We looked at care plans for five people, the recruitment, training and induction records for four staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and the quality assurance audits that the registered manager and regional manager completed.

Good

Is the service safe?

Our findings

People who used the service said they felt safe. Relative's also confirmed people were safe. They commented, "(Name) is absolutely safe," and "Certainly, very safe," and "(Name) loves going, will tell me, you can go now." A relative of a person who did not communicate verbally said, "I'd know if (Name) was unhappy to stay there." Another relative told us, "(Name) is happy to visit, looks forward to it and sees it as a holiday, in fact (Name) cries if not well enough to go." Other comments included, "We have no worries, we're quite happy to leave (Name) here. Staff understand (Name's) needs," "(Name) is safe here," and, "Comfortable, warm and safe."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. One staff member said, "If I had any concerns about anyone's care I'd report it to the person in charge." Staff told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safeguarding incident needed to be reported.

The registered manager was aware of incidents that should be reported and authorities and regulators who should be contacted. They told us no safeguarding incidents had been raised. The registered manager was aware a log book needed to be in place to record minor safeguarding issues which could be dealt with by the provider, if they did occur.

A system was in place to deal with people's personal allowances and any money held on their behalf for safe keeping. We saw receipts were kept for each transaction. These were not signed on all occasions by two members of staff where people could not sign for themselves.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Relatives commented, "Medicines seem to be safely managed," and, "Staff count them in and out and they must be in packaging that gives the instructions for use provided by the pharmacy." Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Suitable checks and support were in place to ensure the safety of people who managed their own medicines. A competency checklist was used to record if the person had the capacity to manage their medicines. Care plans detailed the guidance required from staff to help people safely manage and be responsible for their own medicines.

Assessments were undertaken to assess any risks to people and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. These assessments were also part of the person's care plan. There was a clear link between care plans and risk assessments addressing for example, nutrition, pressure area care and mobility needs and risks. Risk assessments were also in place to help maximise people's independence and to encourage positive risk taking and at the same time keep people safe. They included for example, travelling independently, making drinks and managing medicines. A care plan stated, "I'm good around the cooker with supervision." Two relatives commented they would like their son/daughter to develop and maintain skills such as washing up and managing their own laundry.

Regular analysis of incidents and accidents took place. The registered manager said learning took place from this as it helped identify any trends and patterns and to take action to reduce the likelihood of them recurring. For example, a person who travelled independently to work had got lost when they went to work from The Grove, as they were not prepared for travelling the different route to work. This had been addressed and the person was prepared and made aware of the changed route to travel to work.

The service did not provide permanent care to people. The service provided short stay breaks for people who needed respite or a holiday. There were sufficient numbers of staff available to keep people safe. All people we contacted by telephone said there were sufficient staff. One relative said, "There are enough staff. Six staff during the day and four at night when six people are staying." The registered manager told us staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting

Good

Is the service safe?

people when they came to stay could be increased or decreased as required. At the time of inspection there were three people staying and they were supported by three support workers during the day and three support workers overnight.

Staff had been recruited correctly as the necessary checks had been carried out before they began work in the service. We spoke with members of staff and looked at four personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS), which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The registered provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Records we looked at included, maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

Good

Is the service effective?

Our findings

Relatives we spoke with said staff were well trained. Comments from relatives included, "All the staff appear to have training to help them support different needs," and, "I know a staff member is attending a Makaton training day."(Makaton is a method of communication using symbols and signs for a person who is hearing impaired.) Staff were positive about the opportunities for training. Staff commented, "My training is up to date," and, "There are opportunities for training, I've completed a National Vocational Qualification (NVQ) at level 3."

Staff told us they had worked at the service for several years but when they began work they had completed an induction. They had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work.

The staff training records showed staff were kept up-to-date with safe working practices. The registered manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as, equality and diversity, nutrition, dignity, mental health awareness, communication, cancer awareness, sign language, epilepsy awareness and Percutaneous Endoscopic Gastrostomy (PEG) training. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Staff had also completed NVQs at levels 2 and 3, now known as the National Diploma in Health and Social Care.

Staff said they received regular supervision from the management team, to discuss their work performance and training needs. One person said, "I have supervision every two months." They said they had regular supervision to discuss the running of the service and their training needs. They said they could also approach the registered manager and team leaders at any time to discuss any issues. They also said they felt well supported by colleagues and senior staff and worked as a team. Staff told us they received an annual appraisal to review their work performance.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA and Deprivation of Liberty Safeguards(DoLS). DoLS are part of the MCA. They are safeguards put in place by the MCA to protect people from having their liberty restricted without lawful reason. The registered manager was in contact with the local authority as part of the process for making deprivation of liberty applications. This was necessary for some people to ensure the law was complied with whilst they stayed at the service.

Records showed assessments had been carried out, where necessary of people's capacity to make particular decisions. One staff member described a situation where they may make a decision in a person's best interests, when it was assessed a person did not have mental capacity. They gave an example of where they would report an incident to safeguarding if the person had disclosed something to them which may be for example, potential abuse.

We saw staff asked people for permission before delivering any support.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. One person was able to tell us that they enjoyed the food served to them. The cook told us people completed questionnaires so staff were aware of their likes and dislikes. They said communication was good and they were made aware of any changes in people's dietary requirements. Alternatives were available if people did not like the meal on the menu and the cook confirmed that the food budget was adequate.

People's care records included nutrition care plans and these identified requirements such as the need for a modified diet. Risk assessments were in place to identify if the individual was at risk when they were eating or had specialist dietary requirements. We noted that the appropriate action was taken if any concerns were highlighted. For example, a speech and language therapist had become involved for a person at risk of choking. A relative told us, "(Name) has to have a special diet due to Irritable Bowel Syndrome (IBS) and staff make sure it's followed." Another commented, "Staff don't always read what is written, (Name) has high cholesterol and (Name) is given chocolate." We followed this up with the registered manager after the inspection. Relatives' comments from a

Good

Is the service effective?

completed survey carried out by The Grove in 2014 stated, “Thanks for making all the Ketogenic diet meals,” and “Appreciate staff’s dedication to accommodate (Name)’s Coeliac diet in every way.”

Records we looked at showed the health needs of people were well recorded. Information was available in their records to show the contact details of any people who may also be involved in their care. There was evidence of a speech and language therapist and other professionals being involved in the care planning process. Three relatives told us they were aware staff had involved the behavioural team for advice and guidance in managing distressed behaviour. A relative also told us, “(Name) has sleep apnoea and staff found out guidance to prop the bed up.”

Staff told us communication was good and they were kept informed of any changes in people’s needs. They told us they received a shift handover from the person in charge to make them aware of any changes and urgent matters for attention with regard to people’s care and support needs. A communication diary was also used to pass on information and record any actions that needed to be taken by staff.

We observed a team leader telephone people and their relatives, to arrange the following week’s visits. This communication helped identify any change in each people’s needs since their last stay, so staff could provide the correct support during the person’s stay. Most relatives said communication was good. They said they received information with regard to what the person had done during their stay and where they’d been. One relative, however, was disappointed at not receiving information after the person’s stay. They said. “It’s early days, so we’ll talk to the manager about it.”

We looked around the premises and saw improvements had been made to the environment to ensure the building was safe and better maintained and comfortable for the benefit of people.

Good

Is the service caring?

Our findings

People who used the service and relatives were very complimentary about the care and support provided. Relatives all commented their relative loved going to The Grove. A person who used the service told us, "I'm very happy here, I'm due back in September and we'll unpack my belongings again." A relative commented, "Staff make everyone feel special," and, "I'd know if (Name) was unhappy and didn't want to go to the service." Other comments from relatives included, "It's brilliant, (Name) has been coming here for years," "The staff are great, they understand (Name)," "(Name) has complex needs and staff make sure the needs are met," and, "Staff are kind and caring."

People were supported by staff who were warm, kind, caring and respectful. They appeared comfortable with the staff who supported them. During the inspection we saw staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. The staff on duty met people's needs in a competent and sensitive way. Good relationships were apparent and people were very relaxed. Staff spent time with people individually. People were laughing and engaging with the staff. The staff were knowledgeable about people's backgrounds, interests and likes and dislikes.

Staff engaged with people in a calm and quiet way. They were enthusiastic and made time to sit and talk to them. Staff bent down as they talked to people so they were at eye level. We observed the tea time meal being served in the dining room. The atmosphere was pleasant and unhurried and staff provided people with assistance as necessary. We saw a staff member who assisted a person to eat explained what they were doing and reassured them as they supported them and provided words of encouragement.

People were encouraged to make choices about their day to day lives. One person told us, "I like to go to bed late."

Not all of the people were able to fully express their views verbally and staff used pictures and signs to help the people to make choices and express their views. We saw pictures were available to help people make a choice with regard to activities, outings and food.

Information was made available in a way to promote the involvement of the person. For example, visually by use of pictures or symbols if people did not read or use verbal communication. We saw evidence of this with the complaints procedure, the fire procedure, assessments and care records. All people's care records advised staff how people communicated. For example, "I make noises and gesture with my head," and, "I have no verbal communication, I can understand easy language and use facial expressions to let you know my wishes."

Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as two plates of food, two items of clothing. We saw a staff member show a person two ice lollies so they could indicate which one they wanted. This encouraged the person to maintain some involvement and control in their life. Staff also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. We saw staff knocked on a person's door and waited for permission before they went into their room.

The registered manager told us that no one required an advocate at the present time, however they were aware of how to obtain one if required. Advocates can represent the views of people who are not able to express their wishes. We did not see reference to the use of advocates in the information guide given to people who used the service.

Good

Is the service responsive?

Our findings

Some relatives we spoke with said their family members had been supported by staff from the service for several years. They all said they were involved in discussions about their care and support needs. A relative commented, "We're involved in planning meetings about (Name)'s care."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort.

We looked at the care records for five people. Pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication needs.

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Some care plan evaluations, where people's needs had not changed, provided only brief information and did not provide detailed information with regard to the progress or deterioration of the person.

Detailed records were in place for the management of some people's behaviour which could be distressed. These people had care plans to show their care and support requirements when they were distressed. The care plans gave staff guidance with regard to supporting people. Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person.

Records showed that regular reviews or meetings took place for people and their relatives to discuss their care and to ensure their care and support needs were still being met. Relatives we spoke with said they were involved in review meetings to discuss their relative's care needs. They said they were kept informed if there was any change in the health needs of their relative whilst staying at the service. A relative commented, "(Name) was unwell, whilst we were away, but they (The Grove staff) let us know and were able to still provide support so our holiday could continue."

Records showed people were supported to become part of the local community. The service had a minibus and we saw people went on trips to the coast, to South Shields, Amble. Scarborough, Whitby, Edinburgh Zoo, Richmond, Blackpool, the countryside, Appleby, shopping, cinema, discotheques and bowling. Staff said there were always enough staff on duty so people had the choice to go out or to remain at the service. We were told people would be supported to follow their regular routine such as day placements at college, school or work if they chose to attend whilst at The Grove. Some people chose not to follow their usual routine as they were on holiday. One person said, "I'm on holiday, I can do what I want," and, "I'm very happy staying here." Comments from the 2014 survey carried out by the service included, "I especially like going to different places," "I liked all the activities," "It's great to be out and about and to be entertained," and, "I love meeting new friends and going out on the mini-bus."

All relatives spoken with said they knew the complaints procedure and how to complain. One relative commented, "I'd speak to the very approachable manager first." A complaints log was available and we saw no complaints had been received. A copy of the complaints procedure was available and was written in a way to help people understand if they did not read.

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with Care Quality Commission in 2011. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities.

The registered manager promoted an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care for each individual to receive care in the way they wanted. Many staff members told us they had worked at the service for many years and they supported each other. Staff members told us, “We’re a big team,” and, “I love it here, I get a lot of joy from the job I do.”

The registered manager said they had introduced changes to the service to help its smooth running and to help ensure it was well-led for the benefit of guests. They responded quickly to address any concerns and readily accepted any advice and guidance. Staff and relatives said they felt well-supported. Comments included, “The registered manager is a super, super person,” “(Name) is great,” “The manager goes the extra mile,” “The manager and staff make everyone feel special,” and, “Relatives meetings happen every three months.”

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, quarterly and annual checks. They included, the environment, medicines, personnel documentation and care documentation. Audits identified actions that needed to be taken.

The regional manager told us monthly visits were starting to be carried out by a representative from head office to speak to people and the staff with regard to the standards in the service. They also audited a sample of records, such as care plans and staff files. These visits were carried out to provide an external monitoring of the service. They were to check on service provision to ensure any areas of need were identified and timely action taken to improve the care experience for people who used the service.

Staff told us meetings were held every two or three months. Staff members told us, a meeting had taken place the day before. Meeting minutes would be produced from the meeting and would be made available for staff who had been unable to attend.

Some relatives said they attended relative’s meetings every three months. These meetings provided an opportunity to discuss their views of the service they received and the way care was provided. We saw topics discussed included fund raising and welfare of people who used the service. We were told speakers were invited and training sessions also took place to discuss any topical issues to keep relatives informed and up to date with guidance.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires. These were sent out annually to people who used the service. We saw 33 surveys were returned from the 62 that had been sent out in 2014. Results were positive and we saw comments included, “Keep doing what you are doing. Thank you,” “I love everything about The Grove,” “All staff have been wonderful,” “I didn’t want to go home,” and, “The staff work very hard to make sure that everyone is comfortable and happy.” The registered manager told us the results were analysed and action was taken if required to improve the quality of service.