

Mrs Jennifer Khan

Grosvenor Park Community Project

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

About the service

Grosvenor Park Community is a 5 bedded service for people with mental health needs. At the time of our inspection, there were 5 people using the service.

People's experience of using this service and what we found

People were protected from the risks of abuse and neglect, as staff were clear of their responsibilities to protect people from harm. Staffing levels were appropriate to meet people's support needs and recruitment processes were managed safely. Risk assessments had been completed, which guided staff how to keep people safe from avoidable harm. The provider had systems to record and monitor accidents and incidents. People were protected from the risks associated with the spread of infection and the home was clean and tidy.

People's needs assessments were completed before they started using the service. People received support from staff who had the knowledge and skills to meet their needs. Staff completed an induction programme when they first started working for the service. Staff also received training, and supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and respect. Staff encouraged people to be as independent as possible. People were supported to express their choice in areas such as how they wanted to be supported. Care records were written to reflect people's individual needs and were regularly reviewed. The provider had a policy and procedure for dealing with any concerns or complaints.

The home was clean and tidy, and measures had been taken to reduce the risk of the spread of infection. The provider ensured that there were systems in place for learning from accidents and incidents took place to prevent recurrence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last inspection for this service was rated good (published 03 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Grosvenor Park Community Project

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Grosvenor Park Community is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grosvenor Park Community Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed notifications that the registered provider had sent to us since the last 6. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 3 people's care records, 4 staff files, training records, risk assessments and satisfaction surveys. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures. We spoke with 5 people during our inspection and 2 relatives by telephone to obtain their views of the service. We also contacted 4 members of staff by telephone, to ask them questions about their roles and to confirm information we had received about them during our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risks of abuse as staff were clear of their responsibilities to protect people from harm and the provider had effective systems to monitor safety for people and staff.
- People told us they felt safe living at the home. One person said, "I like living here, I feel very safe."
- There were policies and procedures for safeguarding people who used the service.
- Staff were clear who to report concerns to and how to work with other agencies such as the safeguarding team and police. One staff told us, "If I see that a [person] was being abused I would report this to my manager. I would also report the concern to the police if they were at harm."

Assessing risk, safety monitoring and management

- The provider ensured people's risk assessments were up to dated and reviewed on a regular. This helped people to keep safe.
- People told us they felt staff provided safe care. A person said, "When I do new things like going on holiday, the staff will talk to me about things that can happen. Staff will then write the concerns and risks down, so we know how to keep safe."
- Staff were aware of potential risks to people and ensured they were safe when carrying out tasks.
- The registered manager also had an environmental risk assessment which identified potential risks and how to minimise them. This helped to ensure people received care and support within a safe environment.

Staffing and recruitment

- The provider had enough staff working at the service to ensure people's needs were met.
- People and relatives told us they felt supported by the staff team and they were available when people needed support. A person told us, "The staff are good, and they know what support I need. It gives me a piece of mind knowing that I can talk to staff at any time I need to."
- The registered manager told us they also help out if staff had to take leave at short notice. They told us that they worked alongside staff..
- The provider carried out checks on all staff before they were able to care for people. This practice helped ensure staff were recruited safely and staff had the right skills and experience to meet people's needs. The checks consisted of a pre-employment check, employment references, proof of identification and right to work in the UK.
- The provider also completed background checks with the Disclosure and Barring Service (DBS). A DBS check is a way for employers to check staff criminal records, this helps to decide whether they are a suitable person to work with vulnerable adults.

Using medicines safely

- There were systems to support people safely with their prescribed medicines. ● People told us they felt supported by staff with their medicines. A person told us, "I need support and reminding to take my [medicines] by staff, they also support me to see my doctor who reviews my medicines."
- We reviewed people's medicine administration records (MAR), they were completed correctly by the staff.
- The provider had a medicines policy and staff were trained and assessed before they administered medicines to people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on friends and family visiting people at the home.

Learning lessons when things go wrong

- There was a system for staff to record accidents and incidents within the service.
- The registered manager told us that there had not been any incidents or accidents recently.
- The management team met with staff in meetings to discuss lessons learnt and the actions taken to help manage risk.
- Staff confirmed they received regular updates and meetings by the registered manager on any changes as part of lessons being learnt.
- The registered manager was available for staff if they needed any advice in the event of an emergency.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving into the service, the registered manager carried out an initial assessment of people's needs. This practice ensured the service could meet people's support needs.
- People and their relatives told us they were involved in the process. A person said, "The manager visited me and told me about this home and how they can support me in the things I need help with. The staff also asked me about my past and how I want to be supported."
- From the provider's initial assessment, a care plan was developed, with the support from the person who used the service which covered all aspects of the person's care and support needs.

Staff support: induction, training, skills and experience

- People received their care and support from staff who had the knowledge and skills to meet their individual needs. A person told us, "The staff are nice, they know what they are doing."
- The provider had an induction programme for all new staff to complete, before they were able to work along with people.
- The provider ensured staff received appropriate training to help carry out their role effectively. Training records showed staff received training in first aid, Mental Capacity Act, food hygiene, infection control and safeguarding.
- The provider had systems to ensure all staff received the support they needed. For example, this included, regular staff meetings and supervision with their line manager.
- Staff told us they felt supervision were helpful and supportive and they also received yearly appraisals. A staff told us, "I enjoy meeting with my manager, as I find them to be very helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to have enough to eat and drink where this was part of their care and support needs.
- People told us they were given a choice of different meals and drinks they chose to have. A person told us, "I can make food for myself anytime, like snacks or sandwich. Staff also support me to make my dinner."
- Staff were clear about people's preferences and their likes and dislikes, or if they had any dietary requirements due to their medical condition.

Adapting service, design, decoration to meet people's needs

- The environment was homely and were accessible to meet people's support needs. The home was over two floors, some people's bedrooms had an en-suite bathroom. There was a communal kitchen, and lounge

and dining area.

- People told us they were able to personalise their rooms and staff supported people in making decisions relating to the interior decoration and design. For example, a person said, "I have decorated my room with the colours that I wanted and chose my own furniture."
- There was a large garden where people carried out activities. For example, people told us they played badminton.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other professionals to ensure people were supported with their health needs. This included, working with mental health team, general practitioners and community nurses.
- Staff told us how they monitored and recorded people's health and welfare. They reported any concerns to the registered manager and/or health professionals. For example, a staff said, "If I saw that a [person] was unwell, I would immediately call for medical advice and inform my manager."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were aware and understood their responsibilities under the MCA. People who were assessed potentially not to have capacity were supported to have MCA assessments in place, which had been reviewed and update were needed.
- Staff had received training on how to protect people's rights and were familiar with the processes and principles of the MCA.
- As part of the provider's initial needs assessment, the registered manager checked if people had capacity to make decisions prior to them received their care and support. This ensured people received the right support.
- We saw people had consent forms in place and staff acted in accordance with their wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were respected and treated equally regardless of their abilities and beliefs. For example, we saw that staff were patient and used appropriate interaction and communication with people.
- The service ensured people were matched with their care workers. A person told us, "I get on well with my keyworker. We meet each to have a chat on how things are going."
- The provider supported staff to completed equality and diversity training and people's spiritual and cultural needs were respected.
- Staff had a good understanding of the care needs of people who used the service. They were able to describe people's like and dislikes regarding how they wanted to be supported.

Supporting people to express their views and be involved in making decisions about their care

- People were given appropriate information by the service about their care and support needs.
- People were involved in decisions about their care. A person told us, "I'm fully involved in any decision about me, and I would not have it any other way. The staff always listens to my views and asks me what I want."
- Staff knew how to support people to access independent advocacy if required. For example, 1 person received support from an advocate .

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and had their privacy, dignity and independence respected.
- People told us they had the opportunity to try new experiences and develop new skills to help improve their independence as much as possible. A person told us, "I have always been very independent, staff support me to keep my skills and independence."
- Care records outlined information of areas what people can do for themselves and areas where they needed support.
- The provider had a policy in place on confidentiality. We saw people's personal data were kept secure in the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was personalised and responsive to their individual needs.
- People told us they were involved in reviewing care plans to ensure that they were up to date. A person said, "My care plan is kept in the office, and I can ask for it at any time if I wish to. I am also involved in reviewing my care plan with my keyworker."
- Staff were knowledgeable about adapting their support to people's individual needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager ensured people had access to information in formats they could understand. For example, information being in large print, or in pictorial format.
- People had information in their care plans on how staff should communicate with them and words not to use as the person may become upset and stressed.
- Staff knew how to make referrals to other organisations. For example, staff told us, "I have worked with a number of agencies such as, speech and language therapists and the psychology team."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in their chosen social and leisure interests. People had an activity schedule in place for each day, which they completed with the support from staff.
- People were supported to develop relationships that were important to them. A person said, "I go out independently and meet up with my family."
- Staff told us how they support people to achieve their goals and aspirations. For example, 1 staff told us, "I meet with the [person] that I keywork to plan what activity they would like to do, or places they would like to travel to."

Improving care quality in response to complaints or concerns

- People were supported by staff to understand their right and how they could make complaints if they wished to. For example, comments included, "I know I can talk to staff about any concerns that I have." Another person said, "I know how to complain but don't need to as I'm very happy here. The staff are very

good."

- The provider had a complaints policy and procedure in place, which was shared with staff and people who used the service. There had been no complaints since our last inspection.
- The service held meetings with people on a regular basis to receive feedback, which helped the provider to improve their service and to adjust people's support if required.

End of life care and support

- At the time of inspection, no one were being supported with end of life care.
- Some people chose to have information in place that described how the person would like to be supported with their end of life wishes.
- The provider was clear of their responsibility and knew how to access the support from other agencies if a person was identified needing support around their end of life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained good. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked directly with staff and supported people carrying out care tasks and led by example.
- People and relatives spoke positively about the management and staff team. For example, a person said, "The staff and manager are really friendly and, easy to talk to."
- Staff told us they felt supported, and the registered manager was very approachable. Staff were able to contact the registered manager for advice when needed.
- Staff had a good understanding and were given clear guidance from the registered manager of what was expected of them. This meant staff understood their roles and responsibilities in ensuring people's needs were met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider was aware of requirements in relation to the duty of candour as part of their roles and responsibilities. The registered manager was aware of when the CQC and the local authority should be notified of events and incidents that happen within the home.
- The service had systems and processes to help monitoring the quality of the service. The systems included feedback from people who used the service and their relatives, as well as staff and stakeholders.
- The registered manager completed care plans, medicines and IPC Audits and spot checks were carried out to improve and help develop the running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager encouraged people who used the service and staff to be involved in the day to day running of the home as much as possible. The registered manager said, "We operate an open-door policy, which means that people, relatives and staff are supported and encourage to discuss any issues they may have."
- People confirmed staff encouraged them to be involved in the development of the service. For example, a person said, "The manager has meetings with us to discuss different things, like what we want to do for our birthday or different place we would like to visit."
- The registered manager held monthly staff meetings, this gave staff the opportunity to share ideas and

challenges that they may be experiencing. Staff told us that the meeting were also helpful for learning and developing their knowledge and skills as the staff team had different skills and experiences.

- The registered manager attended different meetings to keep themselves updated with the latest practices in health and social care. This included local authority meetings where this gave them an opportunity to meet other providers within the area.