National Schizophrenia Fellowship

Grove Court

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

The inspection took place on 21 July 2016 and was unannounced. Grove Court is a residential home for up to 12 people who have mental health support needs. It comprises 10 rooms, with eight of those being single rooms and two double rooms. One bedroom is separate to the main building. There were 12 people living there at the time of the inspection.

There was a registered manager in post. 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.

We spoke with people who use the service, the staff that support them and other professionals that have contact with the people who live there.

People we spoke to told us they felt safe. Staff knew how to recognise abuse and knew how to report concerns if they suspected someone was being abused.

Risks to people had been assessed and appropriate actions put in place to minimise the risks. People were supported to take positive risks and accessed the community regularly.

Staffing levels were sufficient to support peoples' current needs. Recruitment practices meant that appropriate checks were in place to ensure staff were fit to work with vulnerable adults. Staff training and on-going training ensured staff had the skills and knowledge to support people effectively.

People received their medication safely and there were systems in place to store medicines correctly and document administration.

People were encouraged and supported to make their own decisions where possible and staff knew about the principles of the Mental Capacity Act 2005 (MCA).

People's physical and mental health were monitored and appropriate referrals were made to health services when required.

Staff treated people in a caring manner and people told us they liked the staff.

People were involved in planning their care and making choices. The care plans reflected peoples' current needs and were regularly reviewed. People were encouraged to partake in activities and access the local community.

Systems were in place to monitor the quality of the service and issues identified were acted upon and

resolved.

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 harm by staff that were aware of different types of abuse and how to report concerns.

There were sufficient staff to support peoples' current needs.

Safe recruitment practices were followed to ensure appropriate staff were working with vulnerable people.

Peoples' medicines were safely managed and people had their medicine as prescribed.

Is the service effective?

Good

The service was effective.

Staff had been trained sufficiently to support people effectively.

Peoples' consent was gained and were encouraged to make decisions where possible. The principles of the Mental Capacity Act 2005 were being followed.

People had adequate amounts of food and their preferences were catered for.

People had access to health care services and were supported by staff where required.

Is the service caring?

Good

The service was caring.

Staff knew people well and supported people in a caring manner.

Peoples' views were sought and taken into account in their care.

Privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and regularly reviewed.

People were supported to access the local community and undertake activities of their choice.

The service had a complaints policy, and people knew how to complain.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post who knew the people well.

Quality monitoring systems were in place which were effective in ensuring that issues were identified and were acted upon to improve the quality of the service.

Staff felt supported by the manager and had confidence in them.

Grove Court

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.

The inspection took place on 21 July 2016 and was unannounced. The inspection was carried out by two inspectors.

We spoke with six people who used the service and spent time in communal areas observing others. We also spoke to the Registered Manager, two members of staff, other professionals who work with people who use the service and contacted commissioners for their feedback.

We looked at information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We reviewed the care plans and other care records (such as medication records) for four people who use the service and looked at management records such as quality audits. We also looked at recruitment files and training records for three members of staff.

Good

Is the service safe?

Our findings

People we spoke with told us they liked living in the home. People told us they felt safe. For example, people had signed consent for the service to look after their money, as they would have felt confident that it would be managed correctly. A professional we spoke to told us, "I feel people are safe there. Everyone knows everyone".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. One person we spoke with told us, "I go to the shops on my own, I go out as I want". Another person was supported to go out on their own. Staff followed the risk assessment and ensured the person had their mobile phone so they were contactable whilst they were out and documented what the person was wearing, should they need to find them. Another document had details of a person's condition that clearly recorded how this affects the person and how staff can support them effectively. This meant that people were supported to reduce the risk of social isolation and they were kept safe when away from the service.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. There was a central system for recording accidents and incidents and all members of staff were encouraged to enter information onto the system.

People were protected from the risk of harm by staff that had appropriate safeguarding training. All the staff we spoke with knew about safeguarding and knew the process for reporting abuse or concerns. One staff member told us, "I've had training on safeguarding and know the procedure to report to the manager or direct to the council". This meant that people were kept safe as staff recognised what abuse is. It also meant that if an incident occurred, staff knew how to recognise and report it.

When a safeguarding incident had been reported, we saw that action had been taken to investigate concerns and make changes where appropriate. For example, there were concerns regarding staff working alone at night so the service took action to protect people and staff safety, reiterating the lone working policy, it was discussed in team meetings and ensured both people and staff have mobile phones available. This reduced this risk of a reoccurrence and meant the service had taken learning from an incident and people were kept safe.

People were kept safe from the risk of emergencies in the home. The home had worked with the fire service to ensure the environment was safe and a fire risk assessment had been developed. Regular checks were carried out to ensure exits remained clear, equipment was working and fire drills had been carried out so that people knew what to do in an emergency. Other checks, such as water hygiene and temperature checks on refrigeration equipment had also been carried out within the home to keep people safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us they had time to talk to staff, "The staff chat with me" and another said, "They have a chat

with us". Staff did not appear rushed during our inspection and people did not need to wait for support. Professionals we spoke to told us that when they visited the service, they had felt there had been enough staff. The registered manager explained that on occasion they have used agency staff but they used profiles with information about the agency worker to select someone with the right skills and continued to use the same worker for consistency. They explained they have bank staff which can be called upon to cover shifts and they have been trained to the same standard as permanent staff.

The service followed safe recruitment practices. Staff told us they went through a full recruitment process prior to starting at the service. Staff files included application forms including their employment history and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK and their identity had been verified. This meant that people were protected from harm as appropriate staff were employed by the service.

Peoples' medicines were managed and administered safely. One person told us, "I get my meds every day". Medicine had been stored safely and the records matched the medicine present during the inspection. Regular checks were carried out to verify people had had their medicine administered as prescribed. If an issue had been identified, action had been taken and documented correctly. One person's medicine records we looked at clearly documented the effects of the medicine they take and the medicine was given as prescribed. The staff member who was giving medicine knew people well, knew the medicines they took and their personal requirements. People were asked for their consent prior to taking their medicine. We asked for feedback from professionals that work with the service. One professional we spoke with had involvement with medicines and had visited the service to audit the medicines. They told us their visit, "gave no concerns for residents safety".

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included, "It's pretty good here, all the girls look after us" and, "they help me take my medicine".

Staff told us they had the training and skills they needed to meet people's needs. Comments included, "In my first week I was shadowing and had time to talk to the residents, read the care plans and get to know people". We saw staff interact with people in different ways, in order to cater for individual needs. For example, staff would bend down to be at the same level as someone so they could be heard. People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. This included both online and face-to-face training. The registered manager told us that if a number of staff go on training, they feedback their learning to other members of staff who did not attend. The competency of staff was also checked by the manager who would carry out competency assessments of staff supporting people to take their medication.

New staff were supported to complete an induction programme before working on their own. One staff member told us, "I am still going through the 12 week induction, doing booklets on fire safety, medication and other training". This meant that staff were encouraged to gain the skills and experience to effectively support people. One member of staff told us, "People's needs are met here".

Staff told us they had been supported by the registered manager. One member of staff told us, "I'm able to ask anything". Another told us, "I feel really settled here". We viewed the records for staff which confirmed staff received training on a range of subjects. Training included the Care Certificate, the Mental Capacity Act, equality and diversity, safeguarding and fire safety. There was also evidence that regular team meetings had been held. This meant that issues and ideas could be discussed as a group. In a recent meeting the Mental Capacity Act had been discussed and in another meeting medication had been discussed to improve staff understanding and reinforce training.

The service has a proactive approach to respecting people's human rights. They had a 'Rights and Responsibilities Charter' for people that lived in the home to encourage people to consider one another and there was an equality and diversity checklist. This meant the service considered each persons' differing needs whilst encouraging the people to living together to consider one another's needs.

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.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA. People were not deprived of their liberty at the service. For example people could leave the service unaccompanied, should they wish to.

Where someone lacked capacity to make a specific decision, a best interest assessment was carried out in conjunction with healthcare professionals. People's rights were protected because the staff acted in accordance with the MCA. People had signed to give consent for staff to support them to have their medicines, and consent was sought from people at the time they had their medicines administered. Some people had not given their consent to have their photograph taken and their choice had been respected.

People were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Documentation we viewed was signed by the people and they were involved in reviews.

People told us they liked the food and were able to make choices about what they had to eat. One person we spoke with told us, "We get our own breakfast, there is a choice of breakfast items" and, "I can tell cook an hour before and they can do something special for me". Another person told us they, "like several cups of tea in the mornings" and we saw that people often had cups of tea. The registered manager told us that when a person had told her they hadn't liked their food as it was too 'well-done', they had changed it for them. This meant peoples' food and drink choices were catered for. The kitchen area was accessible to all, so people could help themselves to food if they wanted it. We viewed the menu and could see it changed on a rolling four-weekly basis.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to health care professionals. We spoke with a professional that works with people that live at the home and they told us that staff, "are kind, proactive, call me for support and manage people well".

People had access to health and social care professionals. One person told us, "I see the doctor every month. They [staff] help take me to them". People's care records showed relevant health and social care professionals were involved with people's care and support. One person had diabetes support needs and they had appointments with a Practice Nurse, chiropody appointments and specialist diabetic eye tests to help them manage their condition. Other documents showed that there was clear information about a person's mental health condition and how it affected them.

Good

Is the service caring?

Our findings

People appeared happy and contented. People we spoke with told us they liked living in the home. One person told us, "I like it here". Staff knew people well and understood the care and support people needed. One person told us, "I am able to speak to them about what I want". Another person told us that they like to tell jokes and they have a joke with the staff - we saw this person tell a member of staff a joke and the staff also told them a joke in return.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect. People told us, "They [staff] listen to me" and, "The girls are mostly nice. I like to chat with some of them".

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews, surveys and residents' meetings. The service had established an action plan to improve the accessibility of information available to people. Staff were to be trained in Accessible Information Standards and peoples' communication needs were documented in their care plan and in information available to other services, if people had appointments.

Staff knew people's individual communication skills, abilities and preferences. We saw that a person with hearing difficulties was still included and able to communicate with staff and other people living in the home. Some staff had training in Makaton so they could communicate with the person. Makaton is a type of sign language that uses signs and symbols to communicate. Staff who didn't have Makaton training had all learned how to sign the alphabet so they could all communicate with the person.

People's care was not rushed enabling staff to spend social time with them. We saw staff playing board games and ball games with people that lived there. People were spending time together in the outside space. One person told us, "I get on with the others" and another person told us "I get on well with the others here most of the time". This meant that there was opportunity for people to spend time together in a social situation and staff understood the need for social interaction and reduces the risk of social isolation.

The home was spacious and allowed people to spend time on their own if they wished. People had their own rooms and people were able to come and go as they choose so they can access the local community. Staff told us they respected peoples' privacy by always knocking on a person's door before entering.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Many people were sitting outside due to the nice weather. Staff encouraged people to continue drinking water and they encouraged people to apply sun cream to stay safe in the sun. This meant that staff had considered peoples' needs and had encouraged people to look after themselves in a caring manner.

People's records included information about their personal circumstances and how they wished to be supported. Staff told us that people were encouraged to be as independent as possible. One staff member

told us, "Nothing's locked away from people, everything is accessible to them and people can go out as they want". Another member of staff told us, "I've been here [number] years. I love working with people with mental illness. I want to do all I can to help them integrate into the community". Information about advocacy services was available to people and advocacy services had been used in the past.

Good

Is the service responsive?

Our findings

People told us about the activities they took part in. One person told us, "I go swimming every week. I've been on holiday to Wales, to a caravan for a week" and another said, "I go into town sometimes. It's nice sitting out here [in the garden] today". One person told us how excited they were to go on holiday this year. The manager told us about different activities that have taken place within the home; a Dignity in Care day, line dancing, a trip to see the Blackpool illuminations and other days out. This meant people were encouraged and supported to partake in social activities and reduced the risk of social isolation.

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. For example, when a person needed additional support with morning routines, their Community Psychiatric Nurse was contacted and supported the person and staff to continue to support the person in an adaptable way. One professional we spoke with said, "It would be easier to move [person's name] into a nursing home but they [the staff] have persevered" to ensure that person remains at Grove Court. Another professional we spoke to told us they "found staff responsive to resident's needs, and had a good rapport with them".
People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. For example, in one person's file it was recorded that they wanted to go swimming every week. The person told us that they did go swimming every week and a staff member told us, "Some people go out on their own, others have staff go with them. I took [person's name] swimming on Wednesday". Another person told us they go shopping each week, "I get a taxi to the town centre to go shopping". It was also evident in the care notes when a person went out.

The care notes which are completed each day ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Goals were documented within files viewed and progress with achieving those goals recorded. People had the opportunity to discuss their progress and were involved in reviews of their care. The service used a chart in which people could measure their progress in areas of their life they wanted support with by rating progress on a scale. For example, one person wanted support to recognise their illness and their limitations caused by their illness. Staff and other professionals worked with the person in order for them to make steps towards this. This meant people were supported to achieve their goals and the service was responsive to peoples' needs.

People had care plans that clearly explained how they would like to receive their care, treatment and support.

Care plans included information that enabled the staff to monitor the well-being of the person. For example, when a person hadn't returned home when they were expected, the staff worked with the person to reduce the risk of a reoccurrence. A Community Psychiatric Nurse visited and risk assessments were updated. It was evident in the care notes that the risk assessment was being followed by staff.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. For example, one person goes out on a weekly basis with a friend. People

were also spending time together in the garden on the day of our inspection.

The registered manager explained to us that each person had a copy of the complaint procedure and staff have a procedure to follow should a person complain to them. Each complaint is recorded onto a central system however there had not been any recent complaints. People were asked for their feedback in residents' meetings. One person told us, "We have resident meetings. We can talk about what we want". Meetings are held regularly and documented. People had commented about a change to the menu which was recorded and acted upon. Surveys were also sent to people that lived in the home and their relatives to gather feedback. There was also the opportunity for people to feedback anonymously in a suggestions box that was accessible to all.

Good

Is the service well-led?

Our findings

The service had a positive culture that is person-centred and inclusive, with people being encouraged to make their own decisions. Documents were all signed by the people who lived at the service and people were encouraged to achieve goals they had set.

The Registered Manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. If the service became aware of concerns they were investigated and any issues identified were acted upon.

The service worked in partnership with other professionals that support the people who live there. The professionals we spoke with told us the service was proactive. One professional told us "The Manager made time for my visit ". This ensured people had appropriate care and support based on partnership working between different agencies.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received by attending residents' meetings or completing surveys. Some staff had worked at the service for a number of years and they knew people well. Some people we spoke to told us the manager was nice. The registered manager also told us, "I speak to people on a daily basis, I've known them a long time so they know they can speak to me". This meant people were able to make suggestions and the registered manager would act upon their feedback. For example, people had requested a change in the menu and this had been done. Peoples' care would be personalised as feedback was taken into consideration.

The registered manager told us they felt supported by the provider. They were able to attend quarterly working groups with other registered managers, useful resources are sent out to managers and training is sourced where there is an identified need. They also said they had support from a Human Resources (HR) department to assist them in safely recruiting staff.

The registered manager also told us they had support from their line manager in the form of one-to-one supervisions. They can send any issues they need support with, ideas they have and examples of good practice through to their line manager.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal audits had identified shortfalls and action had been taken. The provider did full audits on a quarterly basis and any areas identified had an action plan in order to make the necessary improvements. For example, it was identified that the Mental Capacity Act 2005 needed to be discussed with staff and training refreshed. It was evident in team meeting minutes and training files that this action had been completed. This meant that staff had the correct training and people were protected from their rights being infringed.

The registered manager also checked people's care files and identified if documents needed updating.

People told us they had a keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. If the registered manager noted information needed updating, they communicated with the key worker to update them as required. We saw evidence that documents had been updated as required. This ensured that people received the correct level of support they required as information was available to staff.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. The manager told us they had an 'open door' policy. Staff we spoke with told us, "The registered manager is really approachable and supportive".

People benefited from staff who understood and were confident about using the whistleblowing procedure. A whistleblower had previously raised concerns and the service acted appropriately. An action plan had been developed and both the Safeguarding Authority and CQC had been notified.