Social Care Aspirations Ltd

Grosvenor House

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?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 23 and 29 November 2017 and was unannounced. The last inspection took place in January 2017 and the service was rated 'requires improvement' in Safe, Effective, Well Led and overall. Caring and Responsive were rated 'good'. We found breaches of Regulations relating to safe care and treatment, consent to care and treatment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when they would make the necessary improvements to meet regulations. During this inspection, we found that improvements had been made.

Grosvenor House is a 'care home' for up to six people. 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. At the time of the inspection, two people were using the service.

The previous registered manager left the service in August 2017. The director, who was also a shareholder in the service, had employed a new manager who was due to begin working with the service in December 2017 and the expectation was that they would apply to CQC to become the 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.

During the inspection we found, the provider had not been notifying the Commission of the applications they had made and the outcomes of these applications for authorisations to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS). This was addressed promptly following the inspection and the director said this was an oversight. However, the provider's quality assurance systems had not identified that these notifications had not been submitted to the Commission as required by law.

The provider had procedures in place to protect people from abuse. Care workers we spoke with knew how to respond to safeguarding concerns. People had risk assessments and management plans in place to minimise risks and incidents and accidents were recorded appropriately.

Care workers followed procedures for the management of people's medicines and underwent medicines training and competency testing. Weekly medicines audits indicated that people were receiving their medicines safely as prescribed.

Care workers had completed training in infection control and used protective equipment as required.

Care workers had an induction, up to date relevant training, supervision and annual appraisals to develop the necessary skills to support people using the service. Safe recruitment procedures were followed to

ensure care workers were suitable to work with people using the service.

People were supported to have maximum choice and control of their lives and care workers were responsive to individual needs and preferences.

People's dietary and health needs had been assessed and recorded and were monitored.

People and their families, were involved in their care plans and making day to day decisions. Care plans contained the required information to give care workers guidelines to effectively care for people in their preferred manner.

There was a complaints procedure in place, however the service had not had any complaints since the last inspection. The director was available at the service and stakeholders told us they were approachable and supportive.

The service had a number of systems in place to monitor, manage and improve service delivery so a quality service was provided to people. This included a complaints system, service audits and satisfaction surveys.

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.

Safeguarding and whistle blowing policies were up to date and staff knew how to respond to safeguarding concerns.

People had risk assessments and risk management plans to minimise the risk of harm. Incidents and accidents were recorded and managed appropriately.

Safe recruitment procedures were followed to ensure care workers were suitable to work with people using the service.

The provider ensured staff had the relevant training, and had audits in place for the safe management of medicines.

The provider had infection control procedures in place which were followed by care workers.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the requirements of the Mental Capacity Act (2005) to promote people's rights.

People's physical, mental health and social needs holistically assessed prior to their move to the home.

Care workers were supported to develop professionally through an induction, training, supervision and yearly appraisals.

People's dietary and health needs had been assessed and recorded and were monitored.

Is the service caring?

Good

The service was caring.

Relatives of people using the service said care workers treated their relatives kindly and with respect.

Care plans identified people's cultural needs and preferences and provided care workers with guidelines to effectively care for people in a way that met their needs.

Care workers supported people to express their views and be involved in day to day decision making.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning people's care. Care plans included people's preferences and guidance on how they would like their care delivered. Reviews were held annually and involved people and their families.

The service had a complaints procedure and people knew how to make a complaint if they wished to.

People and their families were consulted about end of life care.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not always notified the Commission of events or incidents that had taken place within the service as they are required by law, in a timely manner. The director submitted the necessary notifications after the inspection.

The director was very involved in the running of the service, had oversight of it and promoted an open culture within the home.

Care workers and relatives had the opportunity to provide feedback to the provider to improve service delivery.

The provider had a number of data management and audit systems in place to monitor the quality of the care provided.

Relatives of people using the service and care workers were able to approach the director and felt supported.

Grosvenor House

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.

The inspection took place on 23 and 29 November 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's learning disability team to gather information about their experience of the service.

During the inspection we spoke with one person using the service, one relative, the director and two care workers. We viewed the care records of two people using the service and three care workers files that included recruitment, supervision and appraisal records. We looked at training records for all five care workers. We also looked at medicines management for two people who used the service and records relating to the management of the service including service checks and audits. After the inspection we spoke with two relatives.

Good

Is the service safe?

Our findings

At the inspection on 31 January 2017, we identified a breach of regulation relating to the safe care and treatment of people. This was because one risk management plan was not robust enough and the lack of guidance meant risk was not adequately minimised to keep the person safe from harm. Following the inspection, the provider sent us an action plan to be met by April 2017, which indicated how they would address the identified breach.

During the inspection on 23 and 29 November 2017, we saw the provider had updated their risk assessments. There was evidence of detailed risk assessments and there were measures in place to minimise identified risks for areas that included finance, abuse and maintaining family relationships. Additionally, under each person's health and safety risk assessment there was guidance on what do in the event of a fire that including a personal emergency evacuation plan (PEEP) for each person. We also saw risk assessments for people going on holiday as an example of risks being managed but people's independence being promoted in a safe way.

People and their relatives said they felt the home provided a safe environment. One relative said, "I feel [person] is safe. I have no worries about the safety." The provider had safeguarding and whistleblowing policies and had not had to raise any safeguarding alerts in the last year. The director told us they were aware of their responsibility to inform the CQC and the local authority of any safeguarding concerns.

Care workers we spoke with were able to identify the types of abuse and knew how to respond to safeguarding concerns. They told us, "If I suspected any kind of abuse, I would tell my team leader and then go through step by step to the director and then get [the local authority] involved" and "First report it to the team manager and if they do not listen go to the director and if they do not listen report it to the Care Quality Commission and the social worker."

The provider's procedures included information on how to manage incidents and accidents. Care workers knew what to do if there was an incident or accident and told us they would report it to the manager and write an incident report. We saw two incidents had been recorded in the last year and the records included what action the manager took to minimise future risks. A fire risk assessment by an external company had last been completed in July 2017. Fire equipment including the fire alarm was checked weekly and the service had a monthly fire alarm drill.

The provider employed five care workers and a manager and the director was on site five days a week. Care workers told us they felt they had the skills and knowledge to care for the people using the service and confirmed they had an induction and ongoing training to develop their skills and knowledge. The provider did not use agency staff. On weekdays a support worker completed a 12 hour shift and the director was present as a second staff member if required. At weekends there were two care workers on duty. The director was available at all times and if not, made arrangements for another member of staff to be available to be able to provide immediate support to the service if required. We received feedback from stakeholders that there was no male staff working at the service. However a new male manager was due to take up post in

December 2017. We saw from the rota that there was one waking night staff. This arrangement ensured people using the service were supported to meet their needs and to do activities at the time they chose to. For example, one person liked to have one to one time late at night into the early hours of the morning and another person woke up early and liked to have their first shower before 7am. Waking night staff were able to support people with both activities.

The provider had arrangements in place to help ensure people received their medicines as prescribed. Medicines were ordered on a 28 day cycle. Blister packs we viewed contained a medicines list and included administration instructions and information leaflets on individual medicines. Medicines and dosages were included as part of the essential information records and all staff had signed to confirm they had read it. Medicines were kept in a locked cupboard in a separate room and controlled drugs were kept in a separate locked cabinet. We completed a medicines stock take for both people using the service and found the stocks tallied with the medicines administration records which we saw were correctly signed and dated. There were protocols in place for PRN (as required) medicines to identify what the medicines were for and the frequency of administration. Policies and procedures for medicines management were in place and were reviewed annually to keep the information up to date. A local pharmacist undertook an advice visit in May 2017 and there were no issues raised. Care workers administering medicines had completed a medicines competency assessment in the last year.

We looked at three care workers files and saw the provider had systems in place to ensure care workers were suitable to work with people using the service. The files contained checks and records including applications, interview records, two references, identification documents with proof of permission to work in the UK if required and criminal record checks.

The infection control policy was reviewed annually and staff had undertaken infection control training in the last year. A care worker said, "We use gloves, aprons, shoe covers and gels for infection prevention. In the daytime we hoover and at night we clean and mop with antiseptic and have a record of it." The manager completed a monthly infection control report which contributed to the risks associated with the spread of infection being minimised.

Good

Is the service effective?

Our findings

At the inspection on 31 January 2017, we identified a breach of regulation regarding consent to care because the registered manager had not recognised one person lacked the capacity to keep themselves safe and they had not made a new Deprivation of Liberty Safeguards (DoLS) application when the old DoLS authorisation expired. Following the inspection, the provider sent us an action plan to be met by April 2017, which indicated how they would address the identified breach. During the inspection on 23 and 29 November 2017, we saw the provider acted in accordance with the requirements of the Mental Capacity Act (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.

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The people using the service had DoLS authorisations in place and the provider kept a record of when the authorisations were due to be renewed. For one person the provider was sending a monthly monitoring form to the local authority regarding the person's DoLS authorisation. We saw evidence that where the DoLS authorisations had conditions attached, the provider was meeting the conditions.

The training database showed that all staff had completed MCA training in the last year and care workers we spoke with had a good understanding of the MCA and how DoLS authorisations impacted on the people they supported. Care workers also understood that people should be supported to make their own decisions and told us, "We always ask [person] what they want to eat and we make it for them. For [another person] we always ask if they want to do a certain activity and we will consult with their family members the things they like and what places they like."

People and their families were involved in planning people's care. Prior to people moving to the home, the manager carried out a pre admission assessment that included both medical and social needs. The care plans and individual profiles included essential information such people's cultural backgrounds, their mobility needs, preferred language, relationships and recorded what support was required with personal care and health and medicines needs. Peoples' likes and dislikes, how they liked to be supported with their personal care, what they liked to eat and what activities they liked to do were described.

Relatives said care workers provided a good level of care and care workers we spoke with said they felt they had the skills and training to provide effective care. One relative said, "I think the staff know what they are doing." Care workers had an induction and shadowed more experienced staff to become familiar with the care and support needs of the people using the service and the home's procedures. We saw evidence of staff

receiving regular supervisions and annual appraisals. A care worker told us, "Supervision is good. They ask questions and I explain and if I'm missing points they will explain it to me."

The staff training database indicated all staff had up to date training in areas the provider considered mandatory including an induction, safeguarding adults, fire awareness, infection control, epilepsy, challenging behaviour, health and safety, Mental Capacity Act 2005, DoLS and how to administer specific medicines. One care worker said, "Every training is very useful because I am new in care."

Care workers worked together to ensure people received consistent support. The service had a daily shift planner which recorded daily staff handovers, medicines checks, cleaning tasks to be completed and food preparation, so care workers had a clear plan of what was required each day.

People were supported to have a balanced and nutritional diet that included their preferences. Care plans described people's eating habits, diets, allergies, what types of food the person liked and did not like and what equipment was required to provide mealtime support. For example one person's records said the food should be soft, chopped into small sizes and served with a sauce. It also included how the person liked their tea. During the inspection we saw fresh food being prepared and people were regularly offered drinks. The menu was on the kitchen wall and because it was a small home, if someone did not want what was on the menu, care workers were able to prepare what the person did want that evening. One person told us they liked the food and requested their own food. For example, if they wanted a curry, the care workers would make it. A care worker said, "We plan the menu every week. We ask [person] what they like and if they choose the food, we make it."

We saw evidence that people's day-to-day health needs were being met. Care plans provided descriptions of people's various medical needs and how to support them. We saw fact sheets for specific medical conditions that had been signed by staff to say they had read them. A relative told us, their family member was supported to attend health appointments with their key worker. Each file contained a list of medical appointments in the past year and we saw there were a number of other professionals involved with people using the service including the community nurse, dentist, psychologist and GP. There was also a data base of scheduled appointments and a record of notes from medical professionals visiting the home. Records included epileptic seizure charts, weekly blood pressure, weight charts and fluid intake charts. The health check care plans and the health action plans had been updated in the last year so these were up to date and reflected people's current needs.

The home's environment met the needs of the people using the service. We saw adapted equipment to meet people's needs and there was enough space in the home for people to do activities of their choosing. The home had a sensory room which one person used regularly and bedrooms were decorated to reflect people's tastes and needs.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us care workers treated people with kindness and respect and knew their needs and preferences. One person said, "It's alright here. Staff are nice." Relatives told us, "Staff are always nice to [person], "I am satisfied with the care home. [Person] seems to fit in here", "Staff treat [person] with good manners and they're friendly. They absolutely listen. They know [person] and their point of view and what they like and don't like."

The care workers we spoke with knew about the likes and dislikes of the people they supported and gave us examples of how people liked to have personal care, how they liked to dress, their preferred foods to eat and what activities they enjoyed. For example, one person had to be dressed in a certain way to meet their mobility needs. We observed care workers speaking to people in a kind tone and asking if they were okay or if they wanted anything. For one person who was nonverbal we saw care workers were attentive to what the person indicated. For example we saw the person touch the radio and a care worker turned it on for them. We also saw when the person was unhappy the care workers were tactile and provided reassurance.

People's likes and dislikes were recorded as part of their care plan. Care plan reviews had sections for what was important to people and what had and had not gone well in the last year for them. We viewed information about how people liked to communicate and we observed care workers were mindful of this. One care worker told us, "I will observe, for example if [person] goes to the kitchen, I will ask them if they want a drink. By their vocalisations, I can tell if they are happy or not."

One person said, and their relative confirmed, the person had musical instruments in their room and culturally appropriate music to listen to. We observed another person listening to music appropriate to their culture and a care worker told us they could speak one person's language and would do so, as although the person understood English, they clearly enjoyed being spoken with in their second language. Additionally, people using the service were supported to attend their place of worship if they wanted to.

We observed when one person needed personal care, the care worker explained to the person what they wanted to do and encouraged them to make their way to their bedroom. The care worker did not rush the person, or take control away from the person for example by using a wheelchair to take them to their bedroom more quickly. They were patient and encouraging. The care worker told us that when providing personal care to people, "The most important thing is they are comfortable with us and they know what we are doing. We talk to them and tell them what we are going to do. We do personal care gently. We can see if [person] smiles they are comfortable. By viewing their behaviour, we will know if we are doing it right or wrong."

Staff promoted people's independence by asking them what they would like and supporting people to make day to day decisions. Relatives of both people visited the service and said they came unannounced and were made to feel welcome. We saw in the care plans there was information on what relatives visited and how to promote people's engagement with their relatives. One person's file said, "Staff must give [person] support to maintain family relationships."

Good

Is the service responsive?

Our findings

People had personalised care plans which gave guidance to staff on how they should support people, for example to choose their own clothes and support them to maintain family relationships. We saw evidence of how one person liked to be supported with their personal care, in terms of what the person was able to do independently and what they required support with. The care plans provided staff with clear guidelines on how to provide care that met the person's needs. For example, we saw for one person there was information about how they communicated including, "communicates by directing staff to what they want …by tapping on the table", through "gestures, loud vocalisations and a few Makaton signs" and provided examples of how they might respond if they were happy or unhappy. As part of the person's likes and dislikes we saw they liked wearing makeup and to have their hair done. We observed the person to be wearing makeup and care had been taken to tie their hair up in a way they liked. We saw support plans had been reviewed in the last year and included people's goals. Minutes from care plan reviews indicated family members were invited to contribute to the planning of care.

Each person using the service had a daily report completed three times a day. Records were mostly task orientated but confirmed people were following what was written in the care plans. Each person had an additional activity book which recorded what specific activities they had done that day, for example playing dominoes with staff or going to an organised group meeting in the community.

People using the service had activity plan and we saw that they did undertake activities according to the plan but this did not always appear to be consistent. Care workers explained this was about the planner being flexible to allow for people to agree or refuse the activities. One relative said, "There is a lack of going out but it is also [person's] own will and they do not want to go out. Staff ask them if they want to go out and they don't want to go out." The relative and the person both said, the person made their own choices and the person also said it was a good thing not having to follow an activity plan. Another person participated in a number of activities at the service such as using the sensory room but was also involved in informal activities such as swimming and organised activities in the community. We saw photographs of a number of holidays people had been on and days out, for example to the seaside.

The service had a complaints procedure but had not had any complaints. The relatives we spoke with confirmed they had not needed to make a complaint but knew how to if they wanted to and commented there was a complaints form available in a communal area. The service user guide included information on how to make a complaint and we saw an easy read complaints form. One person told us, "I'm okay here. I would say if I am not okay."

The service did not provide end of life care but the care plan included a section about the person's wishes regarding end of life and funeral arrangements. For both people using the service, the section indicated their families would take care of all arrangements.

Requires Improvement

Is the service well-led?

Our findings

At the inspection on 31 January 2017, we identified a breach of regulation relating to good governance. This was because there was a lack of audits to identify when training was due or when DoLS applications had to be renewed to ensure people's safety and minimise risks. Following the inspection, the provider sent us an action plan to be met by April 2017, which indicated how they would address the identified breach.

During the inspection on 23 and 29 November 2017, the provider had systems in place to monitor the quality of service delivered and we saw a number of checklists and audits to monitor both the environment and how the needs of the people using the service were being met. This included monitoring when training and DoLS applications were due to be renewed. Audits were documented with comments and outcomes to indicate where improvements were needed. We saw evidence that medicines administration records and a medicines stock take was completed weekly, as were people's finance records including receipts being reconciled with records. The health and safety policy was updated in 2015 and the provider undertook weekly health and safety checks. They also had weekly records of fridge and freezer temperatures and content, wheelchair checks and the first aid box contents checks. Additionally, the director undertook a three monthly quality assurance audit.

The director told us they were aware of their responsibility to notify the Care Quality Commission about significant events affecting people using the service. However, during the inspection we found the provider had not been notifying the Commission of applications they had made to deprive people of their liberty under DoLS and of the outcomes of the applications. The director said they thought the previous registered manager had completed the notifications, and they made the notifications the day after the inspection. Their quality assurance systems had not identified that the notifications had not been made in a timely manner.

The director had a NVQ level 5 in health and social care and said they kept up to date with current best practice and guidance through local authority provider meetings and the Care Quality Commission's newsletters. We saw there was professional involvement with the community through other health and social care professionals and people using the service also took part in community events such as attending places of worship or organised group events.

The company director was present five to six days a week and at times gave direct care to people using the service which provided them with a good understanding of people's needs and preferences. The director was available to all stakeholders and care workers felt supported by them. A relative said, "They keep me informed. We have each other's emails and phone numbers", "[The director] is there when you need her. She listens." Care workers told us, "[The director] always comes in, in the morning and asks if we have any problems. She is very supportive. She listens to us very well and takes feedback from us and consults us and the residents", and "They have the quality of being able to communicate and make us feel at home. Everyone is like family. If something is wrong, I tell them and they deal with it immediately."

Feedback was given to staff through supervisions and team meetings, where staff also had the opportunity to provide feedback to the management. Areas discussed in the team meeting according to minutes we viewed, included safeguarding adults, health and safety, the Mental Capacity Act 2005 and medicines administration records. The minutes also recorded care workers' comments during the meetings. Care workers had all signed to confirm they had read the minutes. The service last completed a staff survey in June 2016 which was positive and family and other visitors were given a feedback form when they came to visit. However as it was such a small service, there was regular and on-going informal communication and feedback so everyone was kept up to date.