

Venetian Healthcare Limited

# The Grove

## Inspection report

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20 February 2017

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## Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

When we carried out a comprehensive inspection of The Grove on 13 October 2015. A breach of the legal requirements was found. This was because the service did not have effective training made available to staff. This included, training which required regular updates. For example, Moving and Positioning, First Aid and Infection control as well as fire training. Where staff required the skills to identify and respond to mental capacity issues they had not always received the necessary training.

Members of the management team did not understand the most recent criteria in respect of assessing people who might be deprived of their liberty. Staff had not been provided with annual appraisals which provided an overview of performance and learning.

Following the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook a focused inspection on the 20 February 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the question 'is the service effective?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grove on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Grove provides accommodation and personal care for up to 38 people. There were thirty three people using the service at the time of this inspection. The service is situated in its own extensive grounds, on the outskirts of Charlestown and close to the town of St Austell. The Grove is required to have a registered manager and there was one 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.

The service had taken action to improve training. The registered manager had increased the access to training for all levels of staff working at the service. Updates had taken place for moving and positioning, first aid and infection control. In addition training had taken place for safeguarding, mental capacity act (MCA) and dementia care. A training matrix had been developed and this document allowed managers to monitor the when it was due for updating. The registered manager had taken steps to carry out annual appraisals for all staff. Records showed it looked at all areas of performance and future development.

The management team and staff understood the principles of the Mental Capacity Act and what their responsibilities were for assessment and referral where restrictions were necessary for a person's safety and well-being. Staff had undertaken training in this area and could clearly understand what restrictions meant and how they would be referred.

At this focused inspection we found the registered provider had taken effective action to meet the

requirements of the regulations and the breach had been met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was Effective. Staff were receiving training to equip them with the necessary knowledge and skills to carry out their role.

Staff were supported through annual appraisal to identify performance and training needs.

Staff had the knowledge and skills to understand what action to take should restrictive measures be required due to a person's impaired mental capacity.

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## **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.

We undertook an unannounced focussed inspection of The Grove on 20 February 2017. This inspection was completed to check that improvement had been made to meet legal requirements following our comprehensive inspection on 13 October 2015. We inspected the service against one of the five questions we ask about services; is the service effective? This was because the previous concerns were in relation to this question.

The inspection was carried out by one adult social care inspector. Before our inspection we reviewed the information we held about the service. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke with the registered manager, deputy manager, one staff member and two people using the service. We looked at the staff training matrix and the appraisal records for two staff members.

# Is the service effective?

## Our findings

At our previous comprehensive inspection in 13 October 2015, the service did not have effective systems in place to monitor staff training and annual appraisals, designed to provide an overview of staff performance and development. In addition staff did not understand the principles of the Mental Capacity Act (MCA) and what actions to take should restrictive practice be necessary for a person's health and well-being.

At this inspection we found the service had taken action to address these issues. The registered manager who was registered with the commission in December 2016 and deputy manager had reviewed each member of staff to see what training they had received and what training was required. By doing this they were able to collate the evidence and create a training matrix. This showed what training each staff member had received, the date it was delivered and when it was due for renewal. This meant the registered manager and deputy manager were able to see at a glance the current status of all training at the service. A member of staff told us, "Training is really focused on now. I have had all my updates and there are more in the pipeline."

During the previous inspection we found some staff were not receiving updates for essential training including safeguarding, mental capacity act (MCA) and dementia care. The registered manager told us they had taken steps to ensure all staff had completed training in these areas and by using the training matrix would be alerted to when the next update was due. The registered manager told us, "It's not just for carers. It's important all staff have the knowledge and skills to recognise how to protect people." This meant staff would have the knowledge and skills which reflected current good practice and guidance.

At the inspection of October 2015 it was identified that while staff had access to regular supervision there were no appraisals taking place. Annual appraisals provide an overview of a member of staffs performance and development. It is also the opportunity for staff and the supervisor to talk about broader issues for example what's gone well, what might have been done better and any additional support needed in their role. The registered manager had introduced an appraisal system and at the time of the inspection all staff had received an appraisal sessions. It was planned for this to be carried out annually at the beginning of the year. A member of staff told us, "Very supported. It's good to be able to discuss things with the manager."

People who lack capacity 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). Since our previous inspection the registered manager had correctly identified that the support provided to one person was potentially restrictive. The manager had reviewed these practices and appropriately sought guidance from social care professionals to establish if it was necessary for a DoLS application to be made. Records showed staff had received training in the MCA since our previous inspection. Staff told us they now had a better understanding of the MCA and felt confident they could now identify restrictive practices.

We judged that the service had taken action to meet the requirements of the regulations and the breach was now met.

