

Community Integrated Care

Festing Grove

Inspection report

47 Festing Grove
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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

We carried out the inspection of Festing Grove on 12 January 2017. At the time of our inspection, there were three people using the service. This was an unannounced inspection.

Festing Grove provides care and accommodation for four people who have a learning disability. People who also have a physical disability can be accommodated on the ground floor.

The service had not had a registered manager in place since December 2016. However at the time of our inspection there was a manager in place who had the intention to register themselves with the Care Quality Commission. 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 and associated Regulations about how the service is run. The manager and regional manager were present from mid-morning and stayed throughout the remainder of the inspection.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely. Staff were trained and had their competency regularly checked to help ensure safe administration of medicines.

There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place.

Accidents and incidents were recorded and acted on appropriately. Care plans were reviewed following accidents when necessary.

There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately and existing staff received regular training, supervision and appraisal.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected

people's dignity and privacy.

People's support needs and risks were identified, assessed and documented within their care plan.

People were provided with information on how to make a complaint. Management demonstrated they knew how to deal with complaints should they be received.

There were robust systems and processes in place to monitor and evaluate the service provided.

People's views about the service were sought and considered through service user meetings 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.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff present to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge and staff were supported through supervision and appraisals of their practice and performance.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs. There were processes in place to ensure staff new to the home were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good ●

The service was caring.

Interactions between staff and people using the service were

positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's accessed activities in line with their preferences.

People were provided with information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems and processes in place to monitor and evaluate the service provided.

There was an acting manager in post at the time of our inspection and they were in the process of registering with the CQC to be the registered manager for the service.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

Festing Grove

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 12 January 2017 and the inspection was unannounced. We last inspected Festing Grove on 26 February 2014 when we found it compliant in all areas inspected at that time.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document was completed and returned to us within the specified timescales.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and two staff files. We spoke with two people who used the service, the regional manager, manager and two support workers. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

Medicines were administered and stored safely. Medicines were administered by support workers who told us they received medicines training and had their medicines competency assessed to ensure continued safe practice. Medicine training and competency assessment records we looked at confirmed this. Medicines were kept securely and were locked in secure lockable cabinets within people's rooms that only staff that were trained to administer medicines were able to access. Topical creams were also stored correctly and retained within people's bedrooms with recorded dates of opening to ensure staff knew when they expired. We looked at medicine administration records for the three people living in the home and noted they were completed correctly with no omissions or errors recorded. People's photographs, known allergies and information about their health conditions were recorded to help ensure safe administration.

The provider had up to date medicines policies and procedures in place which provided guidance for staff in areas such as administration of medicines, medicines errors and self-administration of medicines. There were effective systems in place to manage medicines errors and medicines audits were undertaken on a regular basis to ensure continued safe practice. These included medicines stock checks. Medicines audits and records we looked at were up to date and conducted in line with the provider's policy.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included detailed guidance for staff in order to promote people's health and wellbeing whilst reducing the risk of reoccurrence where possible. For example, one person could show behaviour that challenged staff. Risk assessments were linked with the person's care plan to direct staff how to divert their attention and minimise distress. This showed that risks to people's health and well-being were monitored, managed and minimised where possible. Risk assessments were conducted and reviewed on a regular basis for areas such as falls, medicines, nutrition, health and mobility. Staff demonstrated a good understanding of the risks people faced and the actions they would take to ensure people's safety without limiting independence and choice.

Accidents and incidents were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action and referred to health and social care professionals when required to minimise the reoccurrence of risks. Where appropriate accidents and incidents were referred to local authorities and the CQC. The regional manager told us all accidents and incidents were also documented on the provider's computer system to monitor and identify any recurring themes and to share any learning with the staffing team.

People told us they felt safe living in the home and with the staff that supported them. One person said, "I'm happy" and they confirmed they liked the staff. Another person commented, "I like the staff." The provider had up to date policies and procedures in place for safeguarding adults from abuse. An easy read version was also available to aid understanding amongst people who used the service. Staff had received training to ensure they were knowledgeable about how to respond to concerns and demonstrated they were aware of the signs of abuse and knew what action to take. Staff were also aware of the provider's whistle blowing

policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw a multi-agency policy and tool kit. Where required staff submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate. We noted that safeguarding adult's information was clearly displayed within the home in a suitable format to meet people's needs for people, visitors and staff reference.

There were arrangements in place to deal with foreseeable emergencies. People had detailed personalised evacuation plans in place which documented the support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff had received regular fire marshal training and frequent fire alarm tests and evacuation drills were conducted. Systems in place to monitor the safety of the environment and equipment used were robust. Equipment within the home was routinely serviced and maintenance checks were carried out on gas and electrical appliances. The home environment appeared clean, was free from odours and was appropriately maintained.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records we looked at confirmed pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience or qualifications. Applicants came for an interview before decisions were made about their employment. The regional manager told us people who used the service were involved in the interview process.

We observed there were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. Staff told us they felt staffing levels were appropriate to meet people's needs and ensure their safety. One member of staff said, "It's only small here so we have plenty of staff to deal with day to day life." Staffing rotas demonstrated that levels of staff were suitable to ensure people's needs were met and staff were rostered on and made available to supervise and support people when venturing out or when participating in activities.

Staff told us they monitored people's monies. We looked at balance sheets for the people who used the service and saw they were checked monthly and calculations showed recorded balance matched the money that was left on site. Receipts for items purchased were kept to evidence where money had gone. The manager told us large amounts of cash were not kept on site for security reasons. However we found one person had a separate envelop of money their relative had given them, and, it had not been recorded as part of the finance check. The manager agreed to ensure this was done going forward.

Is the service effective?

Our findings

People were supported by staff that had appropriate skills and experience to meet their needs and people told us staff knew them well and how best to support them. One person said, "They [staff] know what I like." Another person said yes, when we asked if staff knew them well.

Staff had the knowledge and abilities required to meet the needs of people living at home and staff told us they received appropriate training to support them in their roles and to develop their practice. One member of staff said, "I get great support, training has been very useful." Training records demonstrated that staff received up to date training appropriate to the needs of people using the service and which also met the developmental needs of staff. We saw the provider's mandatory training included areas such as safeguarding, Mental Capacity Act (2005), manual handling and first aid amongst others. The provider also offered specialised training which was appropriate to the needs of the people using the service and included training such as dignity and respect and working in an empowering way. Staff were also supported to further develop their professional knowledge and skills by being supported to undertake recognised qualifications in health and social care.

Staff told us they felt supported in their roles, received regular supervision and had an appraisal of their practice and performance. Staff records showed that supervision was conducted on a regular basis in line with the provider's policy and included discussion of any staff training needs. We looked at supervision records and saw content around what was working well was recorded along with what did not work so well. People had development plans in place which were reviewed at regular intervals. There were systems in place to ensure staff new to the home were inducted into the service appropriately. Newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory training and shadowing experienced colleagues to enable them to become familiar with the service and people living there.

People told us they were involved in the decisions about their care and were able to express their preferences to staff. One person said, "I get to make my own decisions." Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently and when it was appropriate for staff to act in someone's best interests. Care plans recorded decisions people had consented to aspects of their care, for example consenting and making decisions about medicines and managing finances. There was a poster on the wall indicating to people they could access an advocate if they required one.

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, and whether any conditions on authorisations granted to deprive a person of their liberty were being met. We saw that all three people had a DoLS in place and there were no conditions attached to these DoLS. People's care plans contained mental capacity assessments and records from best interests decisions were present made for finance, decision making, care and support and medicines. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA.

People's physical and mental health needs were monitored and recorded by staff and medical advice was sought promptly when required. People had health care plans in place which documented any risks relating to people's physical health and contained guidance for staff on people's diet and nutritional needs. People were supported to attend medical appointments and health checks when required. Staff proactively supported people to meet their healthcare needs and worked with health and social care professionals to achieve good outcomes for people. For example we saw evidence where staff had supported people to attend health care appointments and supported them with their nutritional and diet needs.

People were supported to eat and drink suitable healthy foods to meet their needs. People told us they participated in meal planning and enjoyed the food on offer. One person said, "I like the food we have." Staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, one person had their menu created with support from a dietician in order to lose weight. Staff were able to demonstrate their knowledge of this and their encouragement to make food appetising. Staff promoted people's choice of foods daily and we noted picture cards of various foods and menus were used to help support people's choices. Staff told us they discussed meal options with people and created weekly menus from people's chosen preferences.

Is the service caring?

Our findings

People spoke positively about the care and support they received and told us staff treated them with kindness and respect. One person said, "Staff are nice [staff name] makes me laugh." Another person told us they enjoyed living at Festing Grove. Throughout our inspection we observed positive interactions between staff and people using the service. We saw staff displayed kindness and understanding toward people and addressed people by their preferred names. Staff had detailed knowledge of people's personalities and behaviour and were able to communicate effectively with people. We saw documentation in an easy read format to aid communication for example in one instance, a document informing a person their day service was closing. The documentation recorded 'this may make you [the person] feel sad but there is another day centre where you have friends. This showed us a kind and caring approach to a potential difficult situation.

The atmosphere at the service was happy and relaxed and we observed staff took their time and gave people encouragement whilst supporting them with personal care and daily living tasks. People discussed with staff what they were doing or planned to do that day and expressed their opinions and choices freely with staff who were attentive. We saw that for people who had specific communication needs staff knew how best to communicate with them effectively and provided them with regular interaction. Staff did this with patience. Care plans documented clear guidance for staff on how best to communicate with people including how people preferred to be addressed and information about what staff needed to know to support them better.

Staff empowered people to be themselves and to express their wishes and preferences. People were involved in developing their care plans and met regularly with staff to review their needs and wishes. When appropriate, people's relatives were involved and invited to review meetings and events. Care plans detailed people's histories, hobbies and preferences with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. One person had a specific goal around maintaining their dignity around the house; staff prompted this person during the course of the inspection as a reminder. Staff told us they received equality and diversity training which enabled them to understand and support people better when meeting their needs.

Staff respected people's choice for privacy and independence. People were supported and encouraged to be independent and to participate in external social activities. At the time of our inspection two people attended social clubs and local shops. People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when supporting people with any personal care needs. People were supported in a homely, warm and personalised environment and had their own bedrooms for comfort and privacy. People were encouraged to decorate their own rooms with items specific to their individual taste and interests and the regional manager told us that people were supported to choose the colour of their rooms as part of the homes redecoration programme which was ongoing at the time of our inspection.

People were supported to maintain relationships with their families and friends. Visitors were able to visit the home with no restrictions placed upon them. People were provided with information about the service

in the form of a service user guide which provided information about what people could expect from the service and this was available in a format that met people's needs. Notice boards in the service displayed information about health and social issues, local social events and clubs and information relating to local authority services in easy to read and pictorial formats.

Is the service responsive?

Our findings

People received care and support in accordance with their identified needs and wishes. Assessments of people's needs were completed upon their admission to the home to ensure staff and the home environment could meet their needs safely and appropriately. People were allocated a keyworker to coordinate their care and to ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care, relatives and professionals contributed to the planning of people's care. People's care needs were also identified from information gathered about them and consideration was given in relation to people's life history, preference and choices.

Care and support plans were comprehensive and documented people's needs in areas such as communication, choice and control, mobility, nutrition, activities and friendships and relationships. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs and goals. Staff were knowledgeable about the content of people's care and support plans and how they preferred their care to be delivered. Care plans were pictorial to support inclusion and were reviewed by people and their keyworkers on a regular basis to ensure they were responsive in meeting their needs. Daily records were kept by staff about people's day to day wellbeing and documented any activities they participated in. Health and social care professional's advice was recorded and included in care plans to ensure that people's specific health needs were met.

People's diverse needs and independence was promoted and respected. People had access to specialist equipment that enabled greater independence and dignity whilst ensuring their physical and emotional needs were met. For example one person had a walking aid. This allowed for the person to remain independent but still increase their own mobility.

People's need for social interaction were met. People were actively encouraged and supported to take part in daily activities within the home and were also supported to seek local opportunities and activities of interest. People had access to local transport that enabled them to venture out and participate in community activities. People had individual activity programmes which detailed their weekly chosen activities. Activities included trips out for lunch, visits to family and friends, shopping trips, community clubs and social events. Staff told us that some people took holidays of their choice and this was something they enjoyed. We saw pictures in people's care plans of the holidays they had taken. One person had set themselves a goal of trying new activities followed by recordings of different choices of activities being offered some of which had been tried by the person. This showed us people were encouraged to be active and intergrate with the local community.

We saw evidence that people were able to express their views about the home and the care that was provided. The home routinely sought people's views on how the service was run and how they wanted their care to be delivered at regular house meetings. We looked at the minutes for the last meeting held in October 2016 which included pictures to support comprehension and saw items discussed included the house, staff, health and safety and events. The provider also published information on 'how to make your views known' in an easy read format. Annual surveys asking for people's feedback had been sent out in 2016

and were due to be sent out again.

People were actively supported by staff to express concerns and to make a complaint if required. There was a complaints policy and procedure in place in a format that met people's needs and information on how to make a complaint was on display and identified how staff should support people when making a complaint. Complaints records we looked at showed that there had been no complaints made in 2016. However the provider's policy and systems in place demonstrated that should there be any complaints received the service would be equipped to respond to them appropriately to ensure the best outcomes for people.

Is the service well-led?

Our findings

The service had a registered manager in place who deregistered in December 2016. There was a manager present during the inspection whose intention was to register with the Care Quality Commission (CQC). The regional manager told us the manager had recently started in the service and was settling but was intending to register with the CQC. The service sent the CQC and the local authority notifications when required. We found no information that should have been shared with the CQC.

Quality assurance systems were in place to monitor the quality of the service provided which were conducted on a regular basis and in line with the provider's policy. Audits and checks in place included care plans, medicines, financial, health and safety, staff training and records amongst others. Audits we looked at were up to date and effectively used to ensure good safe service delivery. Records of actions taken to address any highlighted concerns were documented showing these measures had been implemented as appropriate.

At this inspection we observed that the environment was homely and relaxed and staff and the manager were visually, available and supportive to people using the service. Staff told us they felt the service was well led despite a recent change in management and new systems implemented had improved the way in which they worked. One member of staff said, "We have a really good team and all know what we are doing. We can go and ask for support or help if we need it. I have been well supported. I would not hesitate in recommending this as a place to work or live to others." At the time of our inspection there was an acting manager in post who was intending to register with the CQC. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

There were effective lines of communication in place within the home from staff handovers which provided staff with the opportunity to meet and communicate on a regular basis and residents meetings which provided people with the opportunity to provide feedback on the support they received. Minutes of meetings held showed that topics discussed included people's care and support plans, staff training and the management of the home. Records also demonstrated the home had good links with community based health and social care professionals in order to promote people's safety and well-being. For example speech and language specialists visited the home when requested by staff to ensure staff were supporting people safely and appropriately when meeting their nutritional needs.

The provider took account of the views of people using the service and their relatives through surveys that were conducted on an annual basis. We looked at the results for the resident's survey that was conducted June 2016. Results were positive showing that 100% of people using the service felt that their care and support helped them to have a better quality of life and 100% said they were very satisfied with the care they received at the home. Where improvements in the service were identified, we saw action plans were in place to address and resolve any issues.