

Radacare Company Limited

Grovelands Lodge

Inspection report

21 Grovelands Road
Wickford
SS12 9DG
Tel: 01268 459941
Website:

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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 

Overall summary

We inspected Grovelands Lodge on the 29 July 2015.

The service provides accommodation and support for up to four people with mental health issues. There were three people living at the service at the time of our inspection.

The service has 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.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough staff available to support people.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Summary of findings

Staff and the manager were able to explain to us what they would do to keep people safe and how they would protect their rights. Staff had been provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them; these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance was sought from health care professionals, including people's G.Ps and community mental health nurses.

People knew how to raise a concern or make a complaint; any complaints were resolved efficiently and quickly.

The manager had a number of ways of gathering views on the service including holding meetings with people, staff and talking with relatives.

The manager and provider carried out a number of quality monitoring audits to ensure the service was running effectively. These included audits on care files, medication management and the environment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Grovelands Lodge

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.

This inspection took place on the 29 July 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, the provider completed 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with three people, the manager, and two care staff. We reviewed three care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person said, "I like living here, it's nice." Another person said, "Everything is safe here."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "If I had any safeguarding concerns I would report it to the manager or if necessary the local authority." The service had a policy for staff to follow on 'whistle blowing' and it also clearly advertised an external agency called 'Ask Sal'. This is a confidential helpline staff, people or their relatives can call if they had any concerns about care. The manager knew how to report safeguarding concerns to the local authority and CQC and what his responsibilities were to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, for example their ability to make hot drinks and use the kitchen independently. Assessments also covered how much support people needed when accessing the community and whether they could do this safely independently or if they needed support from staff.

Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service. Should there be an environmental emergency staff had contact numbers to call for example for plumbers or electricians.

There were sufficient staff on duty to meet people's needs, which included being able to support people with their individual programs and access to the community. When indicated due to need the staffing numbers could be increased. The manager told us that they used regular staff and did not have a need for agency use. If there was a shortfall due to sickness, regular staff would usually cover these shifts. One person told us, "There is enough staff, they sit and talk with me."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). We noted that staff had worked at the service for a number of years and were happy working there.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Staff who had received training in medication administration dispensed the medication to people. One person told us, "I could keep my medication on me but it might be dangerous so the staff look after it for me." People said they received their medication on time and when they needed it.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us they had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “I have just completed a diploma in health and social care.” Staff felt training provided was very good and supported them within their role.

Staff felt supported at the service. New staff had an induction which included working with more experienced members of staff sometimes known as ‘shadowing’. New staff also completed a comprehensive induction program to equip them with the skills and knowledge they needed to support people. The manager said, “New staff always work with another member of staff for at least a month, to give them an opportunity to know people well and to understand their role.”

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consult with people and support them with making choices on how they wish to spend their time. People at the service had capacity to make decisions. CQC is required by law to monitor the

operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act, however nobody currently required to have a DoLS in place. This told us people’s rights were protected.

People had enough to eat and drink. Staff prepared food for people or assisted them in making their own food. Staff discussed with people what foods they would like to have and planned menus. People were very complimentary of food and the staff who cooked it, one person said, “The food here is good, I like [staff name] roasts and spaghetti bolognese.” Throughout the day we saw people had access to food and drinks as they wished, helping themselves to drinks and snacks.

People had access to healthcare professionals as required and we saw this recorded in people’s care records. We noted people were supported to attend any hospital appointments as scheduled. People were supported to access chiropody, dentist and opticians in the community. When required people received specialist support and review from mental health professionals and a community mental health nurse attended the home every two weeks. One person told us, “I have not been well lately and have been seen by the doctor.”

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived there. People were very complimentary of the staff. One person said, “The staff are very good with me, they are very patient.” Another person said, “This is the best home I have ever had.”

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other’s company. There was free flowing conversation and exchanges about people’s well-being and how they planned to spend their day. Staff were supportive to people in helping them make decisions about how to constructively spend their time. One member of staff said, “This is their home so it’s their choice how they spend their time and we support them.”

We saw one person was anxious about a planned outing due to their reduced mobility, however with staff reassurance and support they decided to go out into the community for a short trip. We saw that there was a trusting relationship with staff and this person appreciated the support they were given.

People told us they could make their own choices about their routine and how they spent their time. One person said, “I have my own room, and television but I prefer to

watch TV in the lounge with others.” Another person said, “I usually watch football in my room, as the others do not like football and want to watch the soaps.” People told us staff supported them in their decisions.

Staff knew people well including their preferences for care and their personal histories. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. One person said, “My key worker is [name] they go through my care plan with me.”

People told us that staff respected their privacy and dignity. One person said, “You can spend time on your own, staff always knock when they come to my room, you can have a lock but I prefer not to.” Staff said that people can have a key if they wish to their rooms, one person said, “I don’t need a key there are no tea leaves here.”

People’s diverse needs were respected. People had access to individual religious support should they require this and could access churches in the local community.

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community.

The service was spacious with plenty of room for people to receive visitors. There were no restrictions on visitors or the times relatives and friends could come to the service.

Staff understood the need to maintain confidentiality and information was stored within locked offices.

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager met with other health professionals to plan and discuss people's transfer to the service. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan put in place. The manager said the aim was to enable people to be as independent as possible.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication, likes, dislikes and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. People we spoke with said they had been involved in their support

plan and had copies of it. The support plan was regularly reviewed and updated with relevant information if care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were very active and enjoyed varied pastimes that were meaningful to them. One person told us, "I go home every two weeks, I like going to the shops and swimming or watching football."

Another person told us, "I like to go out, or I make things and play games here with the others." People were encouraged to plan how they spent their time this also included helping with household chores, such as cleaning and cooking. One person told us, "I like to keep my room clean, but I am not very keen on cooking." They went on to say, "I have learnt to fry an egg and make salad though."

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised.

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager in place and the manager was very visible within the service. Staff shared the same vision as the manager which was, to enable people to become as independent as possible.

People felt at ease discussing any issues with the manager, one person said, “[manager name] is very good, they are a good cook too.”

Staff felt very supported by the manager, one member of staff said, “They are always available and when they are not here you can ring them for anything you need.” Staff received regular supervision from the manager and a yearly appraisal. One member of staff said, “We have a handover every shift and I have supervision every couple of months.” We saw from minutes that staff had regular meetings to discuss the running of the service and how best to support people. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people’s views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.