Radacare Company Ltd

Grovelands Lodge

Inspection report

21 Grovelands Road
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Essex
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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

Grovelands Lodge is registered to provide accommodation and support for up to four people with mental health issues. At the time of our inspection there were three people using the service.

The inspection was unannounced and took place on 9 and 14 August 2017. The last inspection of this service took place on 29 March 2015 and at that time the service was rated as good.

At the first inspection visit the registered manager and deputy manager were absent due to an extended period of annual leave. A second visit took place on 14 August 2017 once the manager had returned so that the inspector could have access to information which had been locked away in their absence.

At the time of inspection there was a registered manager in post who was also the registered provider. 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 provider had failed to notify the Commission about a significant event that occurred at the service whilst the registered manager was away on annual leave. We have made a recommendation that the registered manager review the arrangements in place for managing the service during their absence.

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. The provider had considered people's mental capacity but had not always ensured that people's mental capacity had been formally assessed and recorded. We have made a recommendation that the provider look at ways to enhance their understanding and implementation of the MCA legislation.

People said they felt safe and happy living at Grovelands. Risks to people were identified and managed safely and positively. This meant that people received safe care that met their needs whilst at the same time allowed them to exercise choice and control. Robust systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff deployed to meet people's needs.

Staff had received training in how to safeguard people from the risk of harm. Staff knew the signs to look for that might indicate that people were being abused and who to report any concerns to. Medicines were managed safely by staff who had been trained and assessed as competent to give medicines.

People were enabled to make choices about how they wanted to live their day to day lives including exploring interests and maintaining relationships that were important to them.

Staff were supported to have the skills and knowledge to be competent in their role. They received regular supervision, observations of practice and annual appraisals. A regular programme of training was provided with opportunities for specialist training relevant to meeting the needs of the people who used the service.

People were supported to have enough to eat and drink which reflected their preferences and helped them maintain a healthy balanced diet. People's health and wellbeing was maintained. The service worked with health and social care professionals and were pro-active in referring people for assessment and treatment.

Staff had formed positive relationships with people who used the service. People's privacy and dignity was respected at all times and they were treated with kindness and courtesy. People's independence was encouraged and promoted.

The care and support people received was personalised and met their individual needs and preferences. People and their representatives, if appropriate, were involved in decisions about how their care and support was provided, so they felt listened to and included.

Staff felt well supported by the management team who were accessible and approachable. Staff and people were included in the running of the service and their feedback was listened to and acted upon. Quality assurance mechanisms were in place so that the provider could monitor the safety and effectiveness of the service and identify where improvements were required.

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.

There were sufficient staff employed who were aware of the risks to people and how to manage them.

Staff had been trained to recognise the signs of abuse and knew how to report any concerns to keep people safe from harm.

Safe recruitment processes were followed.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff supported people to make their own decisions.

Staff received training, supervision and appraisal to support them to be competent in their role.

People were supported to have enough to eat and drink which met their preferences and health needs.

The service ensured that people received timely input from health professionals to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff knew people well and had formed positive trusting relationships.

People were treated with dignity and respect and their privacy was respected.

The service listened to people and included them in their care and support planning.

Is the service responsive?

Good

The service was responsive.

People received care and support that was tailored to meet their individual needs.

Staff supported people to engage in activities of their choosing.

There was a complaints policy and procedure in place and people knew how to make a complaint and who to speak to if they had any concerns.

Is the service well-led?

Good

The service was well-led.

The management team were visible and 'hands-on' and staff felt well supported.

People and staff were included in the running of the service and feedback was used constructively to drive improvements.

Quality assurance mechanisms were in place to monitor the safety and effectiveness of the service.

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.

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 the PIR and other information we held about the service including statutory notifications. A statutory notification is information about important events which the service is required to send us by law.

The inspection took place on 9 and 14 August 2017. The inspection was carried out by one inspector and was unannounced.

During our inspection we spoke with all three people who lived at the service. We also spoke with the registered manager and two care staff. We reviewed three care files, four staff files including recruitment, training and supervision records and a range of policies and audits which monitored the safety and effectiveness of the service.

Good

Is the service safe?

Our findings

We spoke to the three people who lived at the service, all of whom told us they felt safe and happy living there. We observed people interacting with staff and they appeared relaxed and comfortable with the staff team.

Risks to people had been identified and assessed and management plans were put in place to minimise the risk of harm. Risks to people were recorded in people's care records and regularly reviewed. If new risks were identified an additional support and management plan was written up and added to peoples care records to reflect any change in needs and provide up to date guidance for staff. Information about risks to people was also verbally shared with staff during hand over and was also written in a communication book. This ensured staff had the most up to date information on how to keep people safe. A staff member told us, "If anything new happens we will have a staff meeting, we also phone everyone with any new info to update them and we have a communication book that we write in."

Staff we spoke with said communication between them was good and they were aware of the risks to people and knew how to manage them. For example, one staff member described a person's newly diagnosed health condition. They knew the signs and symptoms they would look for to check the person was well and what they would do to ensure the person received any necessary treatment. Accidents and incidents were recorded by staff and the information was shared with the rest of the staff team. The information captured was reviewed by the registered manager to identify if any changes or improvements in practice were required to keep people safe.

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and completing a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services.
People and staff told us that there were sufficient staff employed at the service to meet people's needs. The service had recruited enough staff so did not need to rely on agency staff to cover for annual leave or sickness. This meant that people were supported by a stable and consistent workforce who were familiar with people's needs.

On the day of inspection there was one staff member on duty for the day shift and one member of staff allocated for the night shift who would stay at the service overnight. The registered manager and deputy were not present on the first day of inspection as they were on annual leave. It was explained that usually the registered manager or deputy were available to provide additional support to staff if needed and support people with appointments or days out if required.

Whilst the deputy and manager were away contingency plans were in place with designated staff on call twenty-four hours a day who were available to come into the service and work if additional staffing levels

were required. A staff member told us, "We always have on call staff so if someone becomes unwell or we need extra staff they will come in." Written records showed that when a person had required a GP appointment, additional staff had been brought in to provide cover.

Records showed and staff confirmed that they had received training in how to safeguard people from abuse. Staff we spoke with demonstrated a good knowledge of the signs that could alert them someone was being abused. Staff understood the reporting process and told us they would tell the manager or go to the local authority if necessary.

There were appropriate facilities to store medicines that required specific storage and systems were in place for the safe disposal of medicines. Medicines were given to people in a safe and appropriate way. Staff who administered medicines had received training and had their practice observed to ensure they were competent to administer medicines safely. People had individual medicine administration records (MAR) which staff used to record when they gave people their medicines. We looked at three people's MAR sheets and found they had been correctly filled in with no gaps, indicating that people had received their medicines as prescribed. Where medicines were stored loose in boxes, the date of opening had been recorded and a stock count was kept as an additional measure to check that people had received their medicines at the right time and in the correct quantity.

Protocols were in place for PRN (as needed) medicines and these were regularly reviewed. These documents provided guidance to staff about when PRN might be required and in what dosage. The registered manager told us that staff were instructed not give PRN without first talking to a senior member of staff who would give advice via the telephone or visit the service if necessary to assess the situation first-hand. This system had been put in place to ensure that people did not receive unnecessary PRN before exploring other less restrictive options first.

Staff completed an audit of medicines at every shift change and the management team completed weekly random audits to double check that people were receiving their medicines safely. In addition, an external audit had been completed by a pharmacy company. We saw that the advice given at this audit had been followed and the systems for administering medicines had been improved as a consequence.

People had signed consent forms for support with taking medicines and we were advised that people received ongoing input from health professionals to ensure they received regular medicine reviews. People were being supported to be as independent as possible with their medicines. One person told us, "They are teaching me how to use [medical testing kit] so I can be independent."

There were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety checks, maintenance and fire drills were regularly completed. We found the environment to be generally in a good state of repair except for the carpet on the stairs and landing which was heavily stained. We spoke with the registered manager about our concerns. They told us that they would shortly be purchasing a new carpet for this area.

Good

Is the service effective?

Our findings

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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People's care records showed that consideration had been given to their mental capacity to make decisions and consent had been sought from people for the care and support they received. DoLS applications had been made where it was identified that people who may not be able to give informed consent were being deprived of their liberty. However, in one instance, we found that a best interest decision had been made on behalf of a person without first formally completing and recording a mental capacity assessment to find out whether the person had the capacity to make their own decision.

We discussed our concerns with the registered manager. They advised us that the person's capacity to make decisions had deteriorated and that they had consulted with the relevant health professional and the person's court appointed deputy (the person's designated decision-maker), regarding the best interest decision. However, these discussions had not been logged and no formal assessment of mental capacity had been recorded.

After our inspection we were provided with written confirmation that the provider was working with the relevant health and social care professionals and the process of completing a formal MCA assessment and a DoLS application had commenced. This would ensure that any restrictions on the person's freedom and rights were lawful and in the person's best interests.

We recommend that the provider refer to best practice guidance to enhance their understanding of the MCA and DoLS legislation.

Staff were aware of the importance of gaining consent from people and we observed this in practice. Staff told us they had received training in the MCA and written records confirmed this. Staff were able to demonstrate how they applied their knowledge of the MCA to support people to make their own decisions. One staff member told us, "To help people make a decision I would sit with them, talk to them, give examples, encourage them and talk in ways they can understand."

We observed staff interactions with people throughout the day and found staff had the skills and knowledge to support people effectively. People told us they were happy with the service they received and enjoyed living at the service. Comments from people included; "I like living here, it's nice." "The staff are really helpful" and "I get all the help I need."

We saw that many of the staff employed by the service were also working for other health and social care organisations. Consequently, they brought with them existing qualifications in health and social care and were also working towards more advanced qualifications such as nurse and GP training. This meant people were supported by experienced staff with a diverse skill mix.

When new staff joined the service they received an induction. For staff who were new to care, their induction was based on the care certificate which represents good practice. The care certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Staff told us that their induction included a mix of mandatory training which was provided via E-Learning and shadowing existing staff so that they could get to know the people who used the service and find out what their needs were.

In addition to mandatory training, staff were provided with specialist training to meet the particular needs of the people they supported. For example, where a person's health needs had changed, the provider had responded by booking specific training for staff so they could support the person to manage their newly diagnosed condition.

The manager kept a training matrix to monitor staff training and highlight when refresher training was required. We looked at the training matrix and saw that all staff training was up to date or had been booked in. Staff told us they had received all the training they needed to feel competent in their role.

People who used the service sometimes demonstrated behaviour that could be perceived as challenging so staff had also received training in how to manage this. We spoke with staff about how they supported people whose behaviour challenged. They told us that they were aware of people's individual behaviours and triggers and were familiar with the management plans that had been put in place to reduce the risk of harm to the person or others. One staff member told us, "[Person] can be variable; I know not to challenge them but encourage and support them. There is the risk of aggression, the only thing to do is make space between us speak nicely and calmly and give them space."

We observed that the home environment was calm and that people appeared happy and relaxed in the care of staff. When people became distressed or agitated staff quickly diffused situations. For example, we observed a person becoming agitated as their relative had not yet arrived to collect them for a day out. The staff member reassured the person and helped them to make a phone call to their relative so the person could speak to them to reassure themselves that the day out would take place.

Supervision, observations and appraisals are a means of monitoring staff competence and supporting staff learning and development. Staff told us they received regular supervision and also had an annual appraisal which they found to be a positive and supportive experience. One staff member told us, "Supervision is monthly but we can have it as and when needed as the manager is on site and approachable; we get it as often as we need." Another staff member said, "Supervision is really helpful if I don't understand anything we can talk about it. [Registered manager] has helped me a lot. When [person] was diagnosed with [health condition] we spoke about it in supervision."

We looked at supervision records and saw that the sessions were used constructively to talk about any concerns staff might have and to identify any training needs. Supervision was also used to discuss best practice and reinforce the values of the service. For example, we saw records which showed that the manager had discussed with staff the importance of including people in all decisions about their care and support and checking that people were happy and had enough to do. Staff told us they felt well supported as the management team were visible and approachable so they could talk to them anytime. The registered

manager told us that they or the deputy manager was always around and working on the floor so staff had access to continuous support and their competence was continuously observed and assessed.

People were supported to have enough to eat and drink that met their preferences and dietary needs. Residents meetings were held which gave people an opportunity to talk about food choices and plan menus. Staff supported people with buying food and preparing meals. People could chose to cook meals and eat together as a group or individually. A member of staff told us, "Normally we eat together but if a person wants something specific they can have what they like." People told us the food was very good. One person said, "I choose what I want to eat and the food is good, with [named worker] it's really good; occasionally I cook my own food or if I don't want to then the carers cook for me." Where required, the service worked with people to support them to maintain a healthy weight and make healthy food choices.

Records showed that people were supported to access a wide range of healthcare professionals and specialists to meet their health needs. For example, GP, chiropodist, optician, district nurse and psychiatric consultants all of whom worked with the service to support people to maintain their health and wellbeing. People told us the service helped them to get any help or support they needed to stay healthy. One person told us, "If I'm not well they call the doctor for me and they go to hospital with me if I need to go."

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. Comments from people included; "The staff are very nice." , "I love it here and I love the staff" and "I think the staff are nice, I like all of the staff; I know the manager and deputy, they are all really nice."

We saw that staff treated people with patience and kindness and spoke about people with affection. People appeared relaxed in the company of staff. The atmosphere was warm and friendly and staff chatted to people in a familiar way and laughed and joked with them.

Staff knew people well including their preferences regarding how they liked their care and support provided. Staff used this knowledge to build positive and trusting relationships with people. Staff spoke about the people they supported with warmth and affection.

People told us they were included in their care and support planning. They knew where their care and support plans were kept and were able to look at them when they wanted. People had access to one to one time with staff where they could talk about any issues they had with their current support package and discuss any changes they would like to make.

Independence was supported and promoted. People told us they were supported to participate in activities of daily living such as cooking meals and doing their laundry. Staff told us they encouraged people to do things for themselves and only stepped in when needed. A staff member told us, "We encourage independence and get people involved in all aspects of the home, cooking, cleaning etcetera, there is a rota in place." Another member of staff said, "We encourage people to do what they can for themselves; with showering, I do what they can't, for example, wash their back for them."

Staff understood how to promote people's dignity, and why this was important. Staff responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people up to protect their modesty when providing personal care. People told us they were treated courteously and that their privacy was maintained. One person told us, "The best thing about living here is being well looked after and having my own space." Another said, "There are nice staff who work here and we are treated with respect."

People were supported to maintain relationships that were important to them as their friends and relatives could visit them anytime and were made to feel welcome. The service held events such as an annual barbecue which friends and relatives were invited to attend.

Transitions were handled sensitively. Before a new person came to live at the service they were invited to come for short visits which were then extended to incorporate meals and overnight stays to ensure that they were happy to come and live at the service and that the existing residents felt comfortable with having them there.

Good

Is the service responsive?

Our findings

We found that people were receiving person-centred care, which means care which is tailored to meet each person's individual needs and preferences. Care and support plans were personalised to each individual and provided staff with guidance on the way each person wanted to be supported and their preferred routines. A person told us, "They know me here, I go to bed when I like I do what I want and I get all the help I need." Staff explained to us how they made sure that care and support was person-centred. One staff member told us, "[Person] likes to wake up at 6.30 and I always help them to get up when they want whereas [Person] on the other hand likes to get up at 9AM. It's about knowing and respecting what people want."

People were involved in decisions about the care and support they wanted and needed. An assessment of their needs had been undertaken before the person was offered a place at the service to make sure each person's specific needs could be met. People's support plans were reviewed every six months or sooner if something changed. We saw that records had been updated accordingly when people's needs changed. For example, where a person had become unwell, an additional support plan had been added to their care plan providing guidance to staff on how to care for the person and provide treatment. This meant that the support provided by staff remained appropriate to meet people's current level of need. People and their representatives were included in care plan reviews and we saw that people had signed their care records to indicate their consent. A person told us, "I have seen and signed it [care plan review]."

A weekly timetable of activities that people enjoyed was included in their care plan. However, staff explained that this was just a guide which was used flexibly and activities were chosen by people day to day. People told us they were supported to engage in activities of their choosing including visiting family, shopping trips, walking and swimming. One person said, "I'm escorted when I go out but I don't mind, I know I need the help" and "I don't go college or work, it's my choice." Other people told us, "I have enough to do, I went swimming recently." and "I do my art, play board games and cards, I go swimming, shopping and out for a walk whenever I want."

Regular meetings were held so that people could put forward their ideas about what they would like to do and where they would like to go. We looked at minutes of these meetings and saw that people were encouraged to make suggestions and these were acted upon. For example, people said that they did not want to go away on holiday but would rather have days out instead. The service had listened and responded positively to this request. One person told us, "We went to Clacton for a day trip recently, we took a picnic, it was nice."

The provider had a complaints policy in place and people received a written copy in their service user guide. There was also a poster displayed in the front hall explaining how to make a complaint. The registered manager told us that the management team had an 'open-door' policy so that people were able to raise concerns any time they wanted to. At the time of inspection there were no open complaints. People told us they knew how to make a complaint if they needed to. One person told us, "[named] is the manager, I know him, I have never had to make a complaint. If I had a worry, I would talk to a member of staff." Another

person said, "I would talk to staff if I had a problem or a complaint but I don't."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also the registered provider. The registered manager was aware of the requirements of their registration, however we found one occasion where they had failed to notify us of a significant event which helps us monitor how the service keeps people safe. Written records showed that there had been a police incident when a person went missing from the service. Whilst staff had followed the company's missing person protocol and dealt with the situation appropriately, a statutory notification had not been sent to us to notify us of the incident. A statutory notification is information about important events which the service is required to send us by law.

We spoke to the registered manager about what we had found. They advised us that the oversight had occurred because they and their deputy, who were both responsible for completing notifications, had been away on an extended period of annual leave when the incident occurred.

We recommend that the provider has appropriate contingency plans in place to ensure robust managerial oversight of the service when the regular management team are absent.

The registered manager and deputy manager were jointly responsible for the day to day running of the company. Both were visible within the service as worked alternate days on site. People knew who the managers were and spoke positively about them. One person said, "I know the manager and [named deputy], they are both very nice, [named deputy] sometimes takes me out shopping."

Staff spoke highly of the registered manager and told us they felt well supported by the management team who were accessible and took a hands-on approach. One staff member told us, "[registered manager] is very good, very supportive." Another said, "The manager is very accommodating, approachable and flexible."

Training had been provided to staff about raising concerns about any aspect of the service (known as whistleblowing). Staff were aware of the provider's whistleblowing policy and procedure and told us they would feel confident to whistle-blow if necessary and felt any concerns raised would be actioned.

Staff felt positive about working at the service and told us there was a strong sense of teamwork. One staff member told us, "There is a great atmosphere here, we have a good team. There is always someone to talk to and get help or support if needed; the teamwork here is very good and the seniors are always available ."

The provider was pro-active in gathering people's views about the service they received and including them in the running of the service. Meetings were held monthly to give people the opportunity to express their opinions and raise any concerns. In addition, people could talk to staff and the management team on a daily basis. The service had processes in place to record one to one discussions with people so that any concerns or suggestions were logged and actioned. We found that the service listened to people and used information constructively to make improvements. Staff were also involved in how the service was run as their ideas and feedback was encouraged during supervision sessions and staff meetings.

Satisfaction surveys were sent out to people on a yearly basis and the information received was analysed and acted upon. We looked at the last survey which was completed in April 2017 and saw that two action points had been raised and plans had been put into place in response to the feedback received. For example, where people had given feedback that they would like to be more included in their care and support planning, the deputy manager took on the role of regularly meeting with people on a one to one basis to find out if they were satisfied with the service they were receiving or would like any changes to be made.

Quality assurance mechanisms were in place to monitor the safety and effectiveness of the service and drive improvements. The management team were responsible for completing a number of audits including auditing care plans, medicine records and the safety and state of repair of the home environment. We saw that where areas for improvement had been identified, appropriate action had been taken.

The service had appropriate arrangements in place to protect people's personal information. People's records were kept secure in locked cupboards to ensure confidentiality.