Social Care Aspirations Ltd

Grosvenor House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out a comprehensive inspection of the service on 21 October 2014. We found that there was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. The provider had not adequately protected people who used the service and others from the risks of acquiring infections because the staff did not always follow infection control procedures. The provider told us they had made the necessary improvements to the service.

We undertook this focussed inspection on 24 March 2015 to check whether they had made the necessary improvements, which they had. There were policies and procedures for infection control and the staff were aware of these. They had been given training, information and taken part in workshops to understand about infection control. The building was clean and regular audits of cleanliness took place.

This report only covers our findings in relation to this requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grosvenor House on our website at www.cqc.org.uk

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.

People lived in a clean and well maintained environment. There were appropriate procedures for infection control. The staff had been trained in these and understood about good infection control. There were regular audits to make sure cleanliness was maintained and procedures were followed.

There were sufficient staff employed and the provider had arrangements to help protect people from bullying, harassment and discrimination. The risks to individual people had been assessed and were managed in a way to help keep them safe. The service had effective arrangements for the management of medicines.

Good

Is the service effective?
The service was effective.

The staff had a limited understanding about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. However the manager had arranged for them to receive training and information in this.

People's capacity to consent to their care and treatment been assessed, and in some cases, a multidisciplinary team had made decisions in their best interest. The staff had skills and knowledge in supporting people effectively. People were given sufficient food and drink to maintain a varied, balanced and healthy diet.

Good

Is the service caring?
The service was caring.

Staff had positive relationships with people living at the home and treated them with kindness and respect. People's privacy was respected and they were supported to express their choices and make decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received personalised care which met their needs. The provider gathered feedback from other stakeholders. There was an appropriate complaints procedure.

Good

Is the service well-led?
The service was well-led.

There was a positive and open culture where people were empowered and treated as individuals.

The service demonstrated a good leadership and the quality of care was monitored. This helped to ensure that any concerns about the quality of the service were acted upon swiftly.

Good

Grosvenor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 24 March 2015 and was unannounced. The inspection team consisted of one inspector.

We carried out a comprehensive inspection of the service on 21 October 2014. We found that there was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. The provider had not adequately protected people who used the service and others from the risks of acquiring infections because the staff did not always follow infection control procedures. The provider told us they had made the necessary improvements to the service. We carried out this inspection to check whether they had made the necessary improvements.

Before the visit we looked at the information the provider had sent us regarding the action they had taken to address the breach of Regulation. During the inspection visit we looked around the environment. We spoke with the registered manager, a support worker, the provider and one of the people who lived at the home. We looked at records of staff training and information for staff about infection control. We looked at cleaning audits.

Good

Is the service safe?

Our findings

At the last inspection we found that the provider had not taken adequate steps to protect people from the risks of acquiring infections because the staff did not always follow correct procedures. The provider sent us an action plan and information about how they had addressed this breach.

At this inspection we found the environment was clean and well maintained. The staff carried out daily cleaning tasks and recorded when these were complete. The manager and staff conducted regular infection control audits to look at cleanliness of the environment and equipment. The audits also made sure staff were following procedures, such as hand hygiene procedures. We saw posters relating to infection control and hand hygiene were on display.

All the staff had received training in this area. The manager had also run a workshop for the staff to discuss various scenarios and how to protect against infections. One staff member was able to tell us about these and about what action they would take in different situations.

The provider had purchased special cleaning equipment and protective clothing to deal with spillages. The staff member was able to tell us how and when these should be used.

One person told us they felt safe at the home. They said the staff treated them respectfully. The relatives and other professionals also told us people were kept safe at the home. They did not feel there was any discrimination and they felt the staff knew how to protect people from harm.

We saw staff supporting people to move safely around the home. The service had a safeguarding adult's policy and procedure in place which also included information on whistleblowing. The staff said they were aware of these procedures and had undertaken training in safeguarding people. The training records confirmed this. They were able to describe the actions they would take to protect people, if they felt someone was being abused or was at risk of harm. Therefore the provider had taken steps to protect people from the risk of discrimination and abuse.

There were procedures to make sure risks were managed appropriately. Identified risks had been assessed for individuals and management plans developed to minimise these and protect people from harm. We viewed a number of risk assessments, which included, how people were supported to leave the house, so they could eat safely and move around the home in a safe way. Care records confirmed that relatives and healthcare professionals had been consulted about how risks were managed.

There were records of accidents and incidents. These included an analysis of what had happened and how the person felt after the event. Staff told us there had been a reduction in the number of incidents where people had physically challenged others. Records we saw confirmed this. The staff were able to describe various approaches they had implemented to support people that had led to improvements. For example, they observed how people communicated their needs if they were becoming anxious and then used distraction techniques and offered them additional support such as aromatherapy. These changes in staff approach had been positive for people living at the home.

People's safety was promoted because there were regular health and safety checks of the environment and equipment. For example, records confirmed that people's wheelchairs had been regularly assessed, regular checks on fire safety equipment had been carried out and shortfalls identified in a visit by the fire safety department had been addressed by the provider.

Relatives, other professionals and staff told us they felt enough staff were working at the home.

A minimum of two members of staff were working each day. The staff told us they had support from the manager and owner and when they needed additional help this was provided. For example, one of the incident reports recorded that a staff member had requested additional support during a night shift and this had been provided. The provider did not employ agency staff, therefore sickness and other absences were covered by the permanent staff team. The staff told us they thought this was important as they knew the individual needs of people living at the home so they received continuity in their care.

There was a procedure for lone workers and we spoke with one member of staff who said they worked on their own at night. They were aware of the emergency procedures and we saw that information about what to do in different emergency situations was up to date. The procedures included summoning an on-call manager.

Good

Is the service safe?

One person told us they were happy with the support they received with their medicines.

Procedures to manage people's medicines were in place. The staff had undertaken training in medicines management and their competency had been assessed. They demonstrated a good understanding of the procedures they followed to ensure people received their medicines safely.

We observed a member of staff supporting people to take their medicines. They followed the procedure and made sure people were aware of why medicines were being offered.

Medicine administration records had been completed accurately. Regular audits on medicine storage, record keeping and staff competency were undertaken. Therefore people received the medicines they needed.

Good

Is the service effective?

Our findings

When we inspected the service on 3 June 2014 we found that one person's needs were not being met because they did not always have access to the health services they needed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We issued a compliance action. The provider told us they would make the necessary improvements by 4 August 2014. At this inspection we found the provider had made improvements and everyone living at the home had access to the healthcare services they needed.

The staff told us about the training they had undertaken in a range of different areas and training records confirmed this. They had completed an induction into the home. We saw that the manager had assessed staff's skills and knowledge such as their competency at administering medicines and their knowledge regarding safeguarding procedures.

The staff told us they had regular meetings with their manager as a team and individually. They also had annual appraisals of their work. They felt supported and said they could approach the manager at any time. They told us they were able to contribute their ideas and they had a good understanding of their roles and responsibilities. Team meeting minutes confirmed the staff discussed the support needs of people, any changes within the service and discussions around safeguarding people. The meeting minutes recorded any actions staff needed to take and these were reviewed regularly.

We observed the staff communicating effectively with the people they were caring for. They told us how they knew the needs of the people who could not verbally communicate and gave us examples of how people expressed different needs and how they would respond to these. For example we saw the staff offering two people different activities in response to non-verbal signals they had given about what they wanted to do.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). One person had the capacity to consent to their care and treatment. Their consent with regards to different aspects of their care had been recorded. For example, they had consented to the staff administering their medicines. Family members had been asked for their views how to meet the best interests of people who could not give their consent and this had been recorded. We spoke with the care manager for one person and they told us they had met with the manager, family and other professionals to discuss the capacity of this person to make a decision under the Mental Capacity Act 2005. They showed us evidence of the discussion and the decisions that had been made in the person's best interests.

People's care records indicated that they sometimes challenged others. The staff were able to tell us how they responded when this happened. They did not use restraint and their interventions were largely preventative when they thought that a person was becoming unhappy or agitated. Care plans included information about how to support people in a way they were happy with and in order to reduce the risk of challenges and how the staff should respond to any challenges. The staff had a good understanding of how to support people, and the record of incidents at the home indicated that such incidents had reduced over the previous few months.

One person told us they had enough to eat and drink and they liked the variety and choice of food at the home. We saw people being offered refreshments throughout the day and enjoying their lunch time meal during our visit. People were able to take their time to eat lunch and the staff responded to the choices they expressed. Records of menus and of the food people had eaten showed that there was a variety of different meals and these reflected people's cultural needs and recorded preferences. The kitchen was well stocked with fresh food, including fruit and vegetables. One professional we spoke with told us that they had seen meals being freshly prepared on a number of occasions and felt people's nutritional needs were well met. The temperature of prepared food and the amount people ate and drank were recorded. People's weight was monitored and care plans regarding their nutritional needs were in place.

The community nurse told us people's healthcare needs were being met. The relatives we spoke with also confirmed this. Healthcare needs were recorded and we saw evidence that people had been supported by a range of different professionals, such as doctors, dentists and community nurses. The staff completed daily records to

Good

Is the service effective?

show how people's healthcare was monitored and any concerns regarding people's health were followed up. For example, when people became unwell they were seen by a doctor.

Good

Is the service caring?

Our findings

Throughout our visit we saw people were treated with kindness and compassion. One person told us the staff were ‘‘very caring’’ towards them, they said that they listened and respected their choices. Relatives and professionals also told us this. They said the staff seemed ‘‘calm’’ and treated people respectfully. We saw examples of the staff reassuring people when they needed comfort. In particular one person was unwell during our visit; the staff showed kindness and cared for the person in a positive way. Another person became distressed and the staff offered them a massage which helped to comfort and reassure them.

The staff were able to describe people's different cultural and religious needs and how people were supported. One person was supported to visit a place of worship each week and another person had a diet which reflected their cultural beliefs. The staff told us they understood people who could not speak needed to express themselves in different ways. They had a good understanding of people's individual preferences, likes and dislikes. This information had been obtained through speaking with people's families and other people that were involved in their care as well as observing how people made decisions.

The person we spoke with told us they were able to make choices and these were respected. We saw that other people were offered choices throughout our visit. The staff used objects of reference, such as a cup representing a drink, to ask people if they wanted something. People were supported to join staff in the kitchen and to sit close by when the staff were preparing food so that they felt involved and knew what was happening. The staff gave people individual attention and people were supported to use the garden as well as the indoor communal areas. One person was supported by an advocate and their relative confirmed they attended regular meetings and were involved in planning their care.

The staff supported people sensitively and discreetly, offering them support in private when needed to protect their privacy and dignity, for example when they needed assistance with personal care. One person told us they were able to independently prepare snacks and drinks. They said they were given the support they needed to be able to do this. We saw the staff offering others the opportunity to participate in their own care, for example helping the staff to make their drinks.

Good

Is the service responsive?

Our findings

One person we spoke with told us they had been asked about their needs and preferences when the service was planning their care. They had signed a copy of their care plan showing their agreement with this. The relatives of other people said that they had been involved in care planning and regular reviews. We saw evidence that advocates and professional representatives for each person had been consulted and involved in reviews of people's needs. People's preferences and views, where known, had been recorded and their care plans reflected these. For example how they liked to spend their time and what they liked to eat.

There were detailed needs assessments for each of the three people who lived at the home. Care plans had been developed to say how these assessed needs would be met. These had been regularly reviewed and were up to date. The staff told us they were aware of these care plans and had the information they needed to support people.

Care plans had been regularly reviewed and daily records showed that people's personal, health, social and emotional needs were monitored. One healthcare professional told us the staff were very responsive when someone's healthcare needs changed, contacting the relevant professionals and making sure people received any treatment they needed. They said people were supported to stay healthy and the staff worked with other professionals when needed.

People were supported to undertake a range of different activities. One person told us, ''I am happy doing the things I do here, the staff support me to do different things.'' We saw people being supported with craft and relaxation activities. One person was supported to attend a place of worship each week and a variety of other activities outside the home. The others were supported to use local parks when they wanted.

There was a complaints procedure and a record to show how individual complaints had been investigated and responded to. The professionals we spoke with told us the service responded to their concerns. Relatives told us they were asked for their opinions but one relative said they were not always listened to. One external professional we spoke with told us they had met with this relative, the manager and an advocate and these concerns had been discussed, there was a plan to resolve the differences of opinion in the best interest of the person living at the home. One person who lived at the home told us they felt able to raise concerns and these were acted upon. There was information about how to make a complaint on display in communal areas. Therefore people could be confident their complaints would be listened to.

Good

Is the service well-led?

Our findings

When we inspected the home on 3 June 2014 we found that the provider did not always take account of the views of other stakeholders when monitoring the quality of the service. They had also failed to effectively monitor and manage the risks for people using the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider told us they would make the necessary improvements by 4 August 2014. At this visit we found that they had made the improvements needed.

The staff told us they were able to contribute their views and opinions regarding the running of the home. Relatives and other professionals told us they were asked for their opinions. One person living at the home told us they felt listened to and was happy. Examples of good and poor practices were discussed at regular staff meetings, for example the manager asked the team to discuss articles in local newspapers about care homes. Records of meetings confirmed this. The staff felt the provider and manager were open to suggestions about changes to the service. For example, one member of staff told us the provider had made changes to one person's care plan following suggestions they had made.

There were regular checks and audits on different aspects of the service including how people were being cared for, health and safety, staff skills and training. The manager had asked staff, visitors and people living at the home to complete surveys about their experiences and they had created a report on the responses received. Whilst one relative we spoke with during this inspection had concerns that their opinions were not always acted on, other people told us they were consulted. We saw that relatives and professionals had been asked for feedback on the care of individuals and the service in general. One professional told us they felt the service was run in the best interests of people living there and improvements had been made.

The staff told us the registered manager was always available when they needed them and provided good support. They said the provider was also supportive and we saw evidence that they had responded to requests for extra support from staff. The manager kept the Care Quality Commission informed of the actions he had taken to improve the service since the last inspection and when these were completed. There was evidence that improvements had been made as a result of regular checks and assessments of the service. For example, an assessment of fire safety had identified some improvements needed to be made and this had happened.