

## Gainford Care Homes Limited

# The Grove

### Inspection report

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Date of inspection visit:  
17 July 2017

Date of publication:  
08 August 2017

### 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

This unannounced inspection took place on 17 July 2017. The last inspection took place on 30 June and 7 July 2015 and we rated the service as 'Good.'

The Grove is an eight bed care resource that provides a short break service to people with learning and physical disabilities. At the time of the inspection 62 people used the service and at least once per year their visits would range from a couple of days to a week long stay.

The registered manager had retired in April 2017. 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. We found that a new manager was in post who was completing the process to become the registered manager.

We observed staff practices and spoke with relatives as the majority of people who were using the service at the time of our inspection had limited ability to verbally communicate their views about the support they received. However, some people were able to share their broad ideas about how effective they thought the service was for them.

People and relatives told us they were happy using this short-break service and found that, despite people only using the service a couple of times a year, staff remembered what they liked and needed.

We found, as had the manager and provider, that work had been needed to ensure staff training, supervision, care records and quality assurance processes were completed and up to date. We saw that the manager had developed a comprehensive action plan, which detailed all that needed to be done and much of this work had already been completed.

People told us they felt safe and protected in the service. They said they were well looked after by the staff. Any risks they might encounter in their daily lives were assessed by the staff and actions taken to minimise any harm to them. Staff had been trained in safeguarding issues and knew how to recognise and report any abuse.

People received their medicines in a safe and timely way.

There were enough staff to meet people's needs and support them to enjoy their stay. New staff were carefully checked to make sure they were suitable to work with vulnerable people.

There was an established and experienced staff team who had a good knowledge of people's needs and preferences.



We heard that the cook provided a wide range of nutritious meals and saw people enjoying their evening meal. Staff provided support in a sensitive manner.

Staff had received training about the application of the Mental Capacity Act 2005 (MCA) and 'Best Interest' decisions. The manager was in the process of developing bespoke training around what the expectations were when applying the MCA in short-break services.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The provider told us they were developing new care records for the company and we discussed what type of records were needed in a short-break service.

Activities and outings were provided according to people's preferences.

People felt involved in their care and support. They said they were encouraged to make choices about their lives and to be as independent as possible. People told us they had no complaints about their care, but would feel able to share any concerns they had with the staff.

People had the opportunity to give their views about the service. People and their family members were regularly consulted and their views were used to improve the service.



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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good	<b>Good</b> ●



# The 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.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams.

This inspection took place on 17 July 2017 and was an unannounced inspection. It was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service for people with a learning disability.

At the time of inspection we met and spoke with five people who were using the service and three relatives. We also spoke with two regional managers, the manager, a senior support worker, three support workers, the cook and a domestic staff member.

We spent time with people in the communal areas of the home and looked around the building. We observed how staff interacted and supported individuals. We also observed the meal time experience. We looked at four people's care records, three staff member's records and the training records, as well as records relating to the management and operation of the service.



# Is the service safe?

## Our findings

People who used the service said they liked staying at the service and felt at ease. Relatives told us that people felt safe and were content to visit. Relatives told us, "If [Person's name] was not happy they would not stay here, as they have refused to go into some centres." Another relative said, "We have confidence in the staff here, they are a calming influence on [Person's name]." One person told us, "I like the Grove."

The service did not provide permanent care to people but short stay breaks for people who needed respite or a holiday. The manager ensured there were sufficient numbers of staff available to meet people's needs. There was a minimum of a senior support worker and three support workers on duty during the day and overnight there were two staff. The manager confirmed that staffing levels could be adjusted according to the needs of people using the service. At the time of inspection there were five people staying and they were supported by four staff during the day and two support workers overnight.

Risk assessments were tailored to the needs of each individual and covered eating and managing money and records of these assessments had been regularly reviewed. Staff had a good understanding of the risk management strategies to be used. Assessments were undertaken to assess any potential risks, which included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also in place to help maximise people's independence and to encourage positive risk taking such as travelling independently and going to college from the service. The care records reflected the level of information needed for people who were staying at the service for up to a week from one to three times a year.

Staff told us that they had received safeguarding training. We saw all the staff regularly completed safeguarding training. Staff told us that if concerns were not being addressed they would not hesitate to raise them with the provider and external parties. One staff member told us, "Any concerns I would report it to the person in charge."

People's medicines were managed safely. Staff received training to handle medicines, and medicine administration records (MARs) were correctly completed. Medicines were safely and securely stored, and staff ensured people had access to their medicines when they needed them. Staff who administered medicines completed regular competency checks. Care plans were in place that detailed the guidance required from staff to help people safely manage their medicines.

Regular checks of the premises and equipment were carried out to ensure they were safe to use. Accidents were monitored, but no one had been involved in an accident for a number of years. One safeguarding alert had been raised in the last three years and this was not related to actions of the staff at the service. Incidents were extremely rare but staff understood that they needed to record these when these occurred.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to



work with children and vulnerable adults. This helps employers make safer recruiting decisions.



# Is the service effective?

## Our findings

The people and relatives we spoke with told us they thought the staff were excellent and had the necessary skills to provide a service, which met their needs. The relatives we spoke with were confident that each person was effectively supported. They told us that the staff worked very closely with them so strategies they had developed with the person and care team were mirrored when the individual came for respite. Relatives told us that the staff had supported them to introduce new ideas and assist the person develop more skills.

Relatives told us, "The staff know [Person's name] very well and they have been coming here a few times a year since they turned 18 and they are 25 now. They have specific preferences and staff always know that [Person's name] expects to have sausages for their tea. This is always available when they come." We saw that the menu for that evening had been prepared and with this in mind, one of the choices was sausages.

Another relative said, "The staff adapt the service to [Person's name] needs and they know [Person's name] likes to walk to the shop in the evening after tea to buy a bottle of pop. We find staff are happy to accommodate this."

Staff told us they had worked at the service for several years but when they began work they had completed an induction and shadowed a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. Staff received mandatory training in a number of areas to support people effectively. Mandatory training is courses and updates the provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as working with people who had learning disabilities. The manager had found that refresher training for some of these courses needed to be completed and had put measures in place to ensure that where staff had gaps in their training history this was completed. Staff were positive about the opportunities they had to complete training and discussed the qualifications they had gained such as National Vocational Qualification (NVQ) level 3. We found that staff had also completed NVQs at levels 2 and 3, now known as the National Diploma in Health and Social Care.

Some staff told us that they had previously completed training in using various communications methods such as Makaton but not all of the staff had completed this type of training. Considering the diverse range of communication methods people used we discussed the benefits of ensuring all of the staff were able to communicate with people via sign language, signing boards and computer assisted communication. We also discussed the need for a section in the care record that would detail the signs and ways people communicated their needs. The regional managers and manager agreed this would assist staff and undertook to obtain the training and ensure people's specific communication methods were clearly documented in their care records.

Staff we spoke with during the inspection told us the previous manager had completed supervision sessions and conducted an annual appraisal with staff. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an



annual appraisal and supervision sessions on a regular basis last year. The manager had recently come into post and showed us the schedule they had devised for the completion of supervisions and appraisals this year.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

Staff that we spoke with understood the general principles of the MCA and 'best interest' decisions and ensured these were used if needed. We discussed the unique nature of short break services and how staff were working on behalf of people who had the legal authority to make decisions for the individuals. The manager was in the process of collating information around which relatives had been appointed as a deputy for the person's care and welfare and if any relatives had an enacted lasting power of attorney for care and welfare as well as finance. They were also reviewing the content of the MCA and DoLS authorisation course staff completed to ensure they covered the application of this regulation in a short break service.

The manager was working with the supervisory body to look at the use of DoLS authorisations as they were finding that people left prior to the supervisory body being able to complete a DoLS assessment. The manager had found that for 59 of the people who used the service a DoLS authorisations would be indicated. Over the last two years over 30 had been approved but these expired when people left.

Within this setting, completing 59 DoLS authorisations every time people came to visit would be unmanageable and this approach would not take into account the legal provision guardians would have in place to agree to a person having a holiday or short break at the service. The manager was in the process of arranging further discussions with the supervisory bodies around the way to manage applications and ensure DoLS authorisations were only applied for when appropriate.

We saw staff asked people for permission before delivering any support.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but met guidelines around how to manage their health condition. We heard that the staff were good at cooking and took pride in making healthy meals that people enjoyed. From our review of the care records we saw people were all within healthy ranges for their weight and no one was malnourished or overweight.

Records we looked at showed the health needs of people were recorded. Information was available in their records to show the contact details of any people who may also be involved in their care. There was evidence of speech and language therapists and other professionals being involved in the care planning process.



## Is the service caring?

### Our findings

People who used the service and relatives were very complimentary about the care and support provided. The people we spoke with said they were extremely happy to come for short breaks. Relatives and people all commented they loved going to The Grove. One person told us, "I love it here and always look forward to coming again." A relative told us, "The staff always try to respond to my requests for changes to respite dates, which is really good." Another relative said, "Staff are very kind and caring. It is clear [Person's name] thinks this as well because they never refuse to come and in fact always make sure we leave to they can have their special time at The Grove."

We found that people were supported by staff who were warm, kind, caring and respectful. They appeared comfortable with the staff who supported them. It was evident from discussion that all staff knew people very well, including their personal history, preferences and had used this knowledge to form therapeutic relationships. We saw that staff addressed people by their preferred names and spoke with them in a friendly but professional way at all times.

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations. There were very lively and multi-layer conversations going on with people using verbal and non-verbal communication. One person discussed with us their experiences of the service and how The Grove staff made them feel truly cared about. One staff member said, "I love working here."

Not all of the people were able to fully express their views verbally and staff used pictures and signs to help the person to make choices and express their views. We saw pictures were available to help the person make a choice with regard to activities, outings and food. One person led us to where they kept pictures they used to communicate and show us via these what they liked. Staff readily described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as two plates of food, two items of clothing. This encouraged the person to maintain some involvement and control in their life. Staff also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. Staff told us about the importance of encouraging the people to be independent and also the need to make sure people's privacy was maintained. For example, they had encouraged people to select the bedroom they wanted to stay in but reminded people about the fact that for those with physical disabilities tracking hoists were located in certain bedrooms.

The manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the manager and staff had ensured people were



enabled to voice their views and express their desires about how the care should be delivered.



## Is the service responsive?

### Our findings

People with a variety of needs used The Grove each week and at any one time different groups of people will be staying at the service. People may need support to manage their personal care needs as well as their emotional responses to everyday activities and stress. We saw that staff intervened and deescalated situations as people became anxious and before it caused a major issue for the person.

The manager told us about the booking system and how every year people self-selected the days they wanted to stay at the service and then the staff created a schedule. Previously there had been a local authority administrator undertaking this task but following recent austerity measures this resource had been removed. The manager told us that they were yet to plan next year's allocations but had organised a meeting. We observed how generally busy the service was and discussed with the regional managers the potential need for an administrator to be employed for the day to day operation of the home as well as for the allocation period. We also asked if there was any reason why allocations could not be spread across the year, as this would mean people could have more flexibility when choosing what to do over the year. The regional managers agreed to consider providing administrative support and the manager told us they would ask the local authority about the yearly allocation process and see if this could be altered.

We were told that many of the people we met on the day had been visiting the service for several years. They all said they were involved in discussions about their care and support needs.

People's needs were assessed before they started to use the service to ensure that staff could meet their needs and that equipment was available to ensure people were appropriately supported. We found that each person had a detailed assessment of their needs. We found that as people's needs changed their assessments were updated as were their support plans and risk assessments.

The manager showed us the new documentation that was being introduced. We found the new format was designed for people who stayed permanently in a residential service and discussed how the aims and goals of this particular service could become lost within this template. The regional managers accepted this feedback and agreed to ensure the documentation supported the staff to accurately outline the care and support they provided at The Grove.

Peoples care records were up to date and personal to the individual. We found that on occasion it would have been beneficial to provide a little more detail and the manager confirmed that this was an issue they had identified and were taking steps to rectify. Staff were knowledgeable about the people they supported.

We heard how staff asked people every day what they would like to do in terms of going to out for meals, socialising and engaging in activities in the community such as going to the cinema. Staff said there were always enough staff on duty for people to choose to go out or to remain at the service. People were supported to follow their regular routine such as going to day placements at college, school or work if they chose to attend whilst at the Grove or to treat their stay as their holiday. One person said, "I can do what I want."



All relatives spoken with said they knew about the complaints procedure and felt able to speak to the manager. We saw that no complaints had been made in the last 12 months. The manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the procedure.



## Is the service well-led?

### Our findings

People and staff spoke positively about the service and people said they enjoyed the visits. They thought the service was well run. A relative said, "I have never had cause for concern." A member of staff told us, "We try to make sure everything runs smoothly."

Recently the registered manager had retired and a new manager had taken up the post at the end of April 2017. They were completing the process to become the registered manager of the service. Since coming into post the manager and regional managers had completed a comprehensive review of the service. They found, as we did, that work had been needed to ensure staff training, supervision, care records and quality assurance processes were completed and up to date. We saw that the manager had developed a comprehensive action plan, which detailed all that needed to be done and much of this work had already been completed.

We found that the provider had systems in place for monitoring the service, which the new manager fully implemented. In recent months the audits were not always completed in line with the providers requirements. The manager had quickly identified these gaps and with the support of the regional managers devised a comprehensive action plan, which we saw addressed all of the issues. We found they had worked diligently to ensure all of the actions were completed.

The manager completed monthly audits of all aspects of the service, such as medicine management, infection control, medication, learning and development for staff. They used these audits to inform their review the service and determine next steps.

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how to improve the service. A member of staff said, "Initially we were a bit worried that a new manager coming in would change everything, however, this certainly has not been the case. The new manager has really listened to us and looked with us at what works and what might need to be altered. But no changes are ever made without us having an input."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

They had also displayed their previous CQC performance ratings, both at the service, and on their website in line with legal requirements. This meant people who are interested in the service can see how well they have performed against the regulations.