

Community Integrated Care

Festing Grove

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Festing Grove is a residential care home providing personal and accommodation to up to 4 people. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were 4 people using the service.

People's experience of the service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support

Risks to people's health, safety and well-being had not always been assessed or managed and this had placed people at risk of harm. Support plans and risk assessments did not always include information to guide staff on how to provide care and support. This had placed people at risk of not having their needs met.

Right Care

The home had a medicines policy and safeguarding policy in place, but these had not always been followed. People were not always supported to live full, active lives and encouraged to increase their independence. Staff did not have the right training or detail in support plans to meet people's needs, goals and wishes. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff were observed to know people well and be able to communicate with them.

Right Culture

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support. This had led to shortfalls found during the inspection. Staff did not always feel supported, and supervisions did not take place as planned. A staff member told us, "We are a good team, we try to sort things out ourselves...there isn't a person in charge today, the new manager tries but can't be here all the time, so we do our best."

The home manager stated, "I welcome this inspection and will use this as a starting point for where we need to improve."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 March 2022). At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the management of safeguarding incidents. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Festing Grove on our website at www.cqc.org.uk.

During the inspection we found there was a concern with consent so we widened the scope of the inspection to include the key question effective.

Enforcement and Recommendations

We have identified continued breaches in relation to safeguarding, safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report. We will continue to monitor the service and will take further action if needed.

We have made a recommendation about recruitment processes, adherence to the Mental Capacity Act and infection prevention at Festing Grove.

Follow Up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Festing Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 3 inspectors.

Service and service type

Festing Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Festing Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, there was a home manager post, who we will refer to as, 'the manager' throughout this report.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 1 relative about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from 11 members of staff including the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from 4 health and social care professionals.

We reviewed a range of records. This included 2 people's care and support records and 3 people's medicine administration records. We looked at 2 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records, and quality assurance reports.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were not always safeguarded from abuse and avoidable harm.
- We found incidents of abuse and potential abuse had not been identified, followed up, or raised with the local authority. The management team told us they were unaware of the incidents. Some of the incidents were subject to investigation by the local authority safeguarding team as they were reported by visiting health and social care professionals.
- Staff were not provided clear instructions to protect people from harm. For example, following an incident, a staff meeting was held and staff were instructed not to leave people without support in communal spaces. However, care plans and risk assessments were not updated to reflect the increased need for supervision support. During the inspection, people were being left alone in communal areas and this was brought to the attention of the manager.
- Staff made records of people's care and interactions. However, some of the language used by staff did not demonstrate dignity and respect. A visiting health and social care professional told us, "Poor communication between team members has resulted in an increase of behaviours that challenge. When reviewing reports there's always negative language used by staff." We raised this with the manager.

At our last inspection the provider had failed to ensure systems were in place to ensure protect people from abuse and improper treatment. This placed people at risk of harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

The provider responded immediately during and after the inspection. They sought to improve the recording process within the home, arranged staff training and updated care plans for people living at the home who experienced emotional distress.

- People told us they were happy and felt safe when asked about the care provided at Festing Grove. Comments included, "I like it here, most the time. Sometimes it's a bit too noisy" and, "We get to go to the sea front, and I like [staff member's name]. They help me."
- People who used non-verbal methods of communication gave a 'thumbs up' sign or held a staff member's hand when we asked if they felt safe. We observed one person lean in to hug a member of staff when asked if staff were kind.
- Staff had received safeguarding training. They were able to tell us how to recognise the signs and

symptoms of abuse and who they would report concerns to both internally and externally.

Assessing risk, safety monitoring and management; Lessons learnt when things go wrong

- Risks to people's health, safety and wellbeing were not always assessed to ensure they were safe from avoidable harm. For example, people had not been assessed to check if they were able to use the stairs safely, this placed them at risk of falls. We raised this immediately with the manager.
- Staff had not always been provided with treatment plans to reduce the risk of harm to people or where they had, had not always followed them. A visiting health and social care professional told us, "I made two safeguarding referrals as staff were not following the guidance, it affected the person's quality of life."
- Accident and incidents records were not always completed. This placed people at risk of harm. Lessons learnt had not always been identified or shared with staff to prevent reoccurrence.
- Staffing levels did not always meet the required fire safety procedures. During the inspection we identified the home was operating at below the required staffing number to ensure safe evacuation, as detailed in people's evacuation plans. We raised this immediately with the manager and they increase staffing to the required level.
- People were not always safe from risks within the environment. For example, the assisted bath was deemed unsafe by a competent professional. However, the bath was still being used for people and the necessary risk assessments had not been completed. We raised this immediately with the manager.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

The provider responded immediately during and after the inspection by reflecting on concerns, undertaking risk assessments, reviewing support plans and seeking advice on fire safety.

- The home had a business continuity plan which identified the actions that should be taken in the event of an adverse event. This included details for an on-call manager who would be able to offer support as needed.

Using medicines safely

- People had not always received their medicines in a safe way.
- The service had a medicines policy in place. However, the policy was not always followed. Staff had not been assessed as competent to administer medicines safely.
- Medicines incidents or errors were not reported and investigated, and monthly audits took place did not identify areas for improvement.
- Medicines were not always ordered, stored, and disposed of securely. Stock checks of drugs had not always taken place as planned. This meant there was a risk of error.
- When medicines were to be given 'when required' there were not always protocols to help guide staff to when these should be administered.
- Records were kept when 'as required' medicines were given, the effectiveness and risks were not documented.

At our last inspection, the provider could not be certain medicines were administered safely. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Following our inspection the provider arranged to conduct a full audit. The provider told us, "The concerns found during this inspection are not reflective of the organisation's values or efforts and we are committed to addressing all issues raised."
- The manager told us Festing Grove's pharmacy will be changed to help align medicines management with other homes within the organisation to improve oversight.

Staffing and recruitment

- The service had a recruitment process. Although staff had been recruited safely the necessary paperwork was not always available or processed in line with the policy., This meant that checks to ensure safe recruitment of staff were not robust.

We recommend the provider follows their procedure for the employment of all staff to ensure robust checks are made on the suitability of staff to work with people who require care and support.

Preventing and controlling infection

- Safe infection prevention and control procedures were not always carried out within the home. For example, cleaning had not always taken place as planned and food hygiene procedures were not always clear.
- Cleaning materials and equipment were not stored in line with the provider's infection control policy. We raised this with the manager, and this was immediately rectified.

We recommend the provider ensures all staff follow their policy for infection prevention and control, and where necessary seek guidance from a reputable source to keep people safe.

- The home had adequate stocks of personal protective equipment.
- Staff were supporting people to purchase new furniture and equipment, replacing items which had been damaged and could no longer be cleaned thoroughly.
- People were able to receive visitors without restrictions in line with best practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was not always working in line with the MCA.
- People did not always have the necessary MCA paperwork in place.
- Records of DoLS had not always been checked or verified as part of a person's support plan. This meant there was a risk staff were not working in the person's best interest.
- Staff knowledge around the requirements of the necessary MCA paperwork was not as robust as it needed to be to ensure people's rights were fully respected.

We recommend the provider seeks guidance from a reputable source to ensure the MCA is adhered to and appropriate records are maintained.

- We observed staff respectfully asking consent, offering choices, and explaining practical care tasks throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were not always supported to live healthier lives, access healthcare services and support. Communication needed to be improved.
- Instructions from medical professionals were not always recorded in people's care plans or communicated to staff. This meant people were not always receiving the most up to date support to meet their health needs. The manager responded immediately and made referrals to relevant health and social care professionals.

Staff support: induction, training, skills and experience

- The provider acknowledged competency checks, induction progress reviews and team meetings had not always taken place as planned.
- Staff told us they did not always feel supported in their role due to the absence of a registered manager, one staff member stated, "I didn't have much of an induction."
- Supervision had not taken place as outlined in the provider's supervision policy. Staff did not always have the opportunity of one-to-one time to discuss any concerns or support needs. A staff member informed us, "With the new manager we don't have supervisions. He has a lot to sort out. The important thing is colleagues work well; they support each other we help each other in every possible way." Another staff member told us, "Since the new manager started, we have team meetings which is an opportunity to find out what's going on."

Supporting people to eat and drink enough to maintain a balanced diet

- During the inspection we identified people's nutritional intake and weights were not being monitored. We raised this with the manager. The manager addressed this with staff and provided evidence regular weight monitoring was in place following the inspection.
- The manager had accepted support from the local authority to access specialist training which aimed to teach staff how to make mealtimes more person centred.

Adapting service, design, decoration to meet people's needs

- People's individual needs were not always met by the adaption, design and decoration of the premises.
- Identified improvement works had not always been completed. People using the service had not made a complaint about this, however those advocating for them stated, "I've asked for things to be replaced, the common theme is you don't really get answers." And, "I was quite taken aback by the condition of the property, I expected a higher level of accommodation."

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- Specialist health and social care professionals had been involved in assessments and planning of care. This included community nurses and social workers.
- One health and social professional fed back, "It's not been the easiest of journeys. Each time I felt there was some improvement, the manager changed. Staff do not use resources provided and require regular prompting and reminders to use the guidance."



Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not operate effectively. Monitoring had not identified the shortfalls found within the inspection.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

At our last inspection the provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to the concerns during and after the inspection. They created a comprehensive action plan, improvements will be overseen by the providers management team.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Staff did not always feel supported and empowered and this put people at risk of poor outcomes. For example, staff did not always feel they could raise concerns about people's needs changing, and this meant people were at risk of not having their needs met.
- Staff did not always feel appreciated, or able to speak up. Staff told us, "I do feel proud of the job we do but things don't get done here. I suppose the good thing is within the team we always sort it out."
- Staff spoke highly of the vision of the new manager and action taken to start making improvements. A staff member told us, "I always chose to work here." Another said, "The manager wants to get to know the people that live here. The attitude is clear; you must listen to people and make sure that you know what they want."
- We raised some of this feedback with the provider. The management team had a meeting with the staff team during the inspection and planned further meetings. Through these meetings, they aimed to improve working relationships within the team and communication with people living at Festing Grove.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Concerns reported to the provider had not always been investigated so the provider could not be certain the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm, had been completed or whether lessons learnt had been shared to prevent recurrence of the incident.
- Following the appointment of manager, there had been an increase in the reporting of incidents to the local authority safeguarding team and where required, statutory notifications reported to CQC. We were assured the manager knew how and when to make the necessary notifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were not always involved in the running of the service, feedback from people or their representatives had not been sought. However, a relative told us there were regular changes in the staff team. They stated this did not have a negative impact on the care people received and commented, "I am sure they would call me if they needed to."
- The provider had a range of policies and procedures which reflected good practice guidance and legislation. The manager and senior management team told us their plan to revisit the policies with staff to embed good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The systems to prevent the abuse of service users were not always effectively operated.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or were not robust enough to demonstrate risks to people were identified, assessed and effectively managed.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a failure to effectively assess, monitor, make improvements and mitigate risks to the quality and safety of the service.

The enforcement action we took:

Warning notice