

Mrs Jennifer Khan

Grosvenor Park Community Project

Inspection report

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Date of inspection visit:
25 August 2016

Date of publication:
28 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 inspection took place on the 25 August 2016 and was announced. The service was last inspected in November 2013 and was found to be compliant with all the standards we looked at during that inspection.

The service is registered to provide accommodation and support with personal care to a maximum of five adults with mental health needs. Four people were using the service at the time of our inspection.

The service had a registered manager in place. 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.

The service did not have sufficiently robust systems in place for protecting people from the risk of financial abuse. Medicines were not always recorded correctly. The service carried out surveys of people and professionals. However, this was not done in a systematic way and there was no learning or development of the service from these surveys.

We found two breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. We have also made two good practice recommendations.

Risk assessments were in place which included information about how to support people in a safe manner. There were enough staff working at the service and robust staff recruitment procedures were in place.

Staff were well supported and received regular training and supervision. The service was operating within the Mental Capacity Act 2005 and people were able to make choices about their daily lives. People had routine access to health care professionals.

People told us they were treated with respect and in a caring manner by staff. The service promoted people's independence and privacy.

Care plans were in place which set out how to meet people's individual needs. People were supported to engage in a variety of activities. The service had a complaints procedure in place and people knew how to make a complaint.

People and staff spoke positively of the registered manager. The service had quality assurance and monitoring systems in place, some of which involved seeking the views of people that used the service.

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 not always safe. It did not have sufficiently robust systems in place to prevent financial abuse. However, staff were aware of their responsibility for reporting any safeguarding allegations.

Medicines were not always correctly recorded. Medicines were stored in a safe and secure setting.

Risk assessments were in place which set out how to support people safely and there were guidelines about supporting people who exhibited behaviours that challenged the service.

There were enough staff working at the service to meet people's assessed needs. Robust staff recruitment procedures were in place.

Requires Improvement ●

Is the service effective?

The service was effective. Staff undertook regular training and received one to one supervision from a senior member of staff.

The service operated within the Mental capacity Act 2005. One person living at the service was subject to a DoLS authorisation and this had been obtained in line with current guidance. People were able to make choices about their daily lives.

People were provided with sufficient amounts to eat and drink.

People had regular access to health care professionals.

Good ●

Is the service caring?

The service was caring. People told us staff treated them well and we saw staff interacting with people in a friendly and respectful way.

The service promoted people's dignity, privacy and independence and supported people with equality and diversity needs.

Good ●

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

People were supported to access a variety of activities in the community.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was not always well-led. Although surveys were carried out of people and professionals, there was no analysis of the results or learning and development from these surveys.

The service had a registered manager in place. People that used the service and staff spoke positively about the support provided by the registered manager.

Systems were in place to monitor the quality of service provided.

Grosvenor Park Community Project

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 25 August 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications they had sent us. 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four people that used the service. We spoke with three staff. This included two support workers and the registered manager. We observed the care and support that was provided. We examined two sets of records relating to people that used the service including care plans and risk assessments. We looked at the training records for six staff and recruitment records for three staff. We looked at medicines records and financial records for people. We checked minutes of staff and service user meetings and looked at quality assurance and monitoring systems that were in place. We read various policies and procedures including those about safeguarding adults and complaints.

Is the service safe?

Our findings

The service supported people with managing their money. One person obtained their money from their own account with the use of a cash card. The card was held in the office and all staff had access to it. The registered manager told us that staff always accompanied the person to withdraw money but that only the person knew the Personal Identification Number (PIN) for the card. Once money was withdrawn for this person it was kept by staff in the office. We saw it was checked daily by staff and records of monies held were kept. We checked these and found they tallied with the amounts held by the home.

The risk assessment for the person stated they were vulnerable to financial exploitation and that they were likely to agree to what people said to them. This meant there was a chance the person would tell staff their PIN if asked. However, the service did not have any statements from the person's account to show what monies had been withdrawn, so it was not possible to check that all monies withdrawn were accounted for. This meant there were not sufficiently robust systems in place to protect people from financial abuse.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding adults procedure in place. This made clear their responsibility for reporting any allegations of abuse to the relevant local authority and the Care Quality Commission. The registered manager said there had not been any safeguarding allegations since our last inspection. Staff told us and records confirmed that they had undertaken training about safeguarding adults. One staff member said, "If we suspect someone is being abused we have to report it to the right person, to the manager." They added that if they suspected the manager had abused a person, "We have to report it to you [CQC] or the police." Another staff member said, "If I think somebody is being abused I will pass on the message to the manager."

The service supported people to take their medicine. Medicine administration record (MAR) charts were in place. These contained details of the name, strength and dosage of medicines to be administered for each person. We checked these for a six week period leading up to the date of inspection for each person using the service. We found these contained two errors. One person was prescribed Promethazine Hydrochloride 25 mg tablets. Both the MAR chart and the medicines label for this stated take one tablet three times a day. However, the service was administering three tablets once a day. We discussed this with the registered manager who informed us that when the person first moved in to the service they were already prescribed this medicine and to take three tablets once a day. The MAR charts from that time confirmed this. They told us the prescribing GP had subsequently made an error with the prescription and the service had failed to identify this issue. The service carried out medicines audits and the registered manager told us the audit had failed to identify this error. We saw that the registered manager took immediate steps to rectify this by phoning the GP service. Another person had been prescribed Clozapine 100mg tablets to take one tablet in the morning. We saw on the MAR chart that this had been signed by staff as been administered on the 26 August 2016, the day after we carried out our inspection.

Errors with the recording of medicines increased the likelihood of people being given their medicines

erroneously. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff undertook training about the administration of medicines that was provided by the pharmacist that supplied the service with its medicines. This training included an assessment of the staff's competence to administer medicines. Medicines were stored securely in a designated and locked medicines cabinet located inside the office. At the time of our inspection no controlled drugs were in use. Where people had been prescribed 'as required' (PRN) medicines protocols were in place about when these should be administered.

People told us they felt safe living at the service. One person said, "I feel safe here." Another person said, "It's safe for me to be here." Another person said, "Yeah, I feel OK here, it's safe enough."

Risk assessments were in place which included information about the risks people faced and how to support them to mitigate those risks. Risk assessments included information about supporting people that exhibited behaviours that challenged the service. These included information about indicators that the person may be becoming anxious or agitated and plans to de-escalate challenging behaviour in a personalised manner. For example, one risk assessment stated that if the person was exhibiting behaviours that challenged the service, "Offer to wash her clothes to distract her" and "Offer to take her shopping and ask if she wants to buy a magazine." Staff told us the service did not use any form of physical restraint when supporting people who exhibited challenging behaviour. They said they sought to distract people with things they were interested in or gave them time and space to calm down.

Staff told us there were enough staff working at the service to meet people's needs and that they had the time to carry out all their duties. One member of staff said, "We have enough time to do everything." We observed during our inspection that staff were not rushed or hurried and that they were able to respond to people in a timely manner. People told us there were enough staff to support them.

The service had robust staff recruitment processes in place. Staff told us and records confirmed that pre-employment checks were carried out on them. One staff said, "References [were taken], I went for an interview, police checks and all that." Records showed that various checks had been carried out on staff before they commenced working at the service. These checks included employment references, proof of identification and criminal records checks. This meant the service had taken steps to employ staff that were suitable.

Is the service effective?

Our findings

Staff told us they believed people received a good level of support from the service. One staff member said, "I should say the people are really well looked after. I have worked in this game for 45 years and I was surprised how well the people are looked after [compared with their previous experiences of working in care settings]."

Staff told us they undertook induction training on commencing work at the service. One staff member said, "We did the induction, we started on health and safety and the residents. We did the fire regulation thing, medication, the daily routine." Records confirmed this.

Staff told us and records confirmed they had access to on-going training. One staff member said, "We had medicines [training], mental health, safeguarding, health and safety, fire. I did DoLS." The same staff member said, "We get our annual planned training but we can tell him [registered manager] if we want to do anything." Another staff member said, "We have training every month, safeguarding, hand hygiene, DoLS, mental health." Training records showed that staff undertook an on-line training course each month. In the past year this included training about mental health and stress, consent, food hygiene and assessing needs

Staff told us and records confirmed that they had regular one to one supervision with the registered manager. One staff member said of supervision, "Sometimes we talk about what are my weaknesses, do I need to do any training, if there are any issues with the residents." Another staff member said of their supervision, "[We] talk about my positive points and if there are any minus points and about how I can work so I improve." Supervision records showed discussions about key working, training and development, service user issues and policies and procedures.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that one person was subject to a DoLS authorisation at the time of our inspection. We saw the service had followed appropriate procedure in applying for the authorisation and that they had notified the Care Quality Commission. Staff were knowledgeable about what the DoLS authorisation meant for the person and what restrictions it placed on them.

The registered manager told us that for the people who were not subject to a DoLS authorisation there were no restrictions on their freedom. People told us they were able to come and go from the service as they chose and we observed people leaving the service without staff support during the course of our inspection.

One person said, "I go out on my own here. I go shopping and I might have a walk to clear the air. You can come and go."

People told us they were able to make choices about their daily lives. One person said, "They let you do what you want here, but they tell me to be careful what I drink." The same person told us, "I get my own clothes, there is a shopping centre down the road."

The service held money on behalf of some people with their consent. We saw one person had signed an agreement to consent to staff looking after their money and restricting how much they had access to. This was in line with their care plan and on the advice of the health and social care professionals the person worked with. The person told us, "I prefer giving them [staff] the money so they can look after it for me."

People told us they had sufficient amounts of food and drink and that they enjoyed the food. One person said, "Eat when you like, drink when you like." The same person said, "Oh, I love the dinners here." Another person said, "Its good food." Some foodstuffs were stored in a locked cupboard. The registered manager said this was necessary to prevent one person from hoarding food. However, there was nothing about that in the person's care plan. The registered manager told us they would revise the care plan accordingly.

Care plans included information about supporting people to eat a healthy balanced diet. For example, one care plan stated, "[Person that used the service] doesn't know how to cook healthy meals so he needs staff support and guidance on nutrition and cooking." Information was on display in the home about healthy eating.

The registered manager told us they did the food shopping for the service on-line on a weekly basis. They told us they sought to engage people with menu planning and drawing up the food shopping list but people chose not to engage in this. There was no record of people been offered the opportunity to participate in menu planning. One person told us, "There is a menu written for the week. It is written by staff." One person we spoke with told us they would like more traditional Caribbean food served. We examined the food menu which showed very few traditional Caribbean meals were served. We discussed this with the registered manager who said, "We can look in to cooking more Caribbean food."

People told us they had access to health care professionals and that staff supported them with this. One person said, "I went there [dentist] on the 22nd [August]." Records showed that people were supported to access health care professionals including GP's, psychiatrists and dentists. People were on the Care Programme Approach which helped to meet their needs around mental health needs. The Care Programme Approach is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

Is the service caring?

Our findings

People told us staff treated them in a respectful and caring manner. One person said, "The staff are friendly. I am happy I am here now. I enjoy it here." Another person said, "Compared to where I used to live this place is like a palace, everybody is friendly here." The same person said, "This is a nice place, I'm telling you." Another person said of the staff, "They're caring." Another person said, "They are good staff. Yes, I must say that staff are kind."

Staff understood how to promote people's privacy, choice and independence. One staff member said, "If they are in their bedrooms we have to knock, without answer or permission we can't go in." We observed staff knocking on bedroom doors and waiting for a reply before they entered. This meant staff were respecting people's privacy. The same staff member told us, "Choice is paramount, person centred care is paramount."

Two people had life history books in place which included information about them and their past, including information about their childhood, education, employment and hobbies and interests. The registered manager told us two people chose not to participate in creating life history books for themselves. We heard the registered manager discussing this issue with one person and advising them that producing such a document might have therapeutic benefits for the person by discussing their past lives with staff. The life history books also enabled staff to get an understanding of the person, their background and what was important to them. This helped staff to provide support in a personalised manner.

Two people showed us their bedrooms and told us they were the way they liked them. We saw people had their own possessions such as televisions in bedrooms. One person said, "It's a lovely place this, the bedrooms are lovely." Bedrooms we saw included ensuite toilets, hand basins and showers. This promoted people's privacy.

The service supported one person with their personal care when they had a shower. Staff told us the other people were able to manage their own personal care but sometimes they needed prompting and encouragement to do so. People we spoke with confirmed this. One person said, "They tell me to have a shower sometimes, I get a bit lazy."

Care plans were in place about supporting people to develop their independent living skills, for example with shopping, cleaning and cooking. One person said, "They [staff] teach us to cook and that is helpful." Staff told us they supported people to develop their independence and we observed one person being supported by staff to do their laundry.

Care plans included information about supporting people with communication in a personalised way. For example, the care plan for one person stated, "[Person that used the service] can communicate in English well and makes his needs known. He is very submissive and will often not express his true feelings and just agree to everything, making him vulnerable. We aim for him to develop his confidence so that his vulnerability is reduced and for him not to fear saying no to people."

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "They [staff] say anytime you got problems, speak to them." We observed this person discussing issues with staff and that staff took the time to listen to the person and give them reassurance. Another person said of the service, "It's OK." Another person told us, "It's all right, it's a home, it's homely."

The registered manager told us that after receiving an initial referral they and another manager met with the person to carry out an assessment of their needs. This involved speaking with the person, professionals involved in their care and reading relevant documentation about them. They said they also spoke with family members where appropriate. The registered manager told us the purpose of the assessment was to determine if the service was a suitable placement for the person and whether or not it was able to meet their needs. They said on occasions they had declined to take a person after assessment because their support needs were too high for the service to meet. Records confirmed that assessments were carried out.

People underwent a transitional period if it was agreed the service was potentially a suitable placement. This involved visits to the service beginning with a visit to look around and gradually building up to stays of several days duration. The registered manager told us this gave the person a chance to see if they liked the service and wanted to move in, telling us, "It's their choice if they want to stay here or not."

Care plans were in place for people. The registered manager said these were drawn up in consultation with people. They said, "We engage people in the process of making their care plan." We saw that people had signed their care plans which showed they were involved in them. Care plans were also based on on-going observation of the person. Care plans provided personalised information about how to meet the needs of individual people. For example, in relation to mental health, physical health, communication, diet, finances and social and leisure pursuits.

The registered manager told us care plans were reviewed every six months or more frequently if there was a change in a person's needs. Records showed that care plans were subject to review. This meant they were able to reflect people's needs as they changed over time. Monthly reviews were carried out for each person which involved a summary of any significant events during the month such as medical appointments or any accidents and incidents. This helped to monitor the person's care and identify if there were any major issues or changes.

People were supported to engage in various community based activities. One person told us they enjoyed art and said they were considering attending art classes at college. They said, "[Registered manager] got me an art kit the other day." Records showed two people had enrolled at a local college to study courses of their choice. One person told us, "We went to Brighton a couple of weeks ago, I loved it." One person attended music therapy. Other activities people took part in including swimming, Zumba and football. The service recently supported a person with arranging a visit to family members for a month who lived abroad.

People told us they knew how to make a complaint if required. One person said, "I would talk to the

manager or the staff [if they had a complaint]." Another person said they would talk to, "The staff on duty [if they had a complaint]."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the service. The registered manager told us the service had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People told us they felt supported by the registered manager. One person said of the registered manager, "He is a lovely bloke. He does help you out, he cares for you." Another person said of the registered manager, "He is a nice guy, he is taking me to enrol in college." Another person said of the registered manager, "He is caring."

Staff spoke positively about the registered manager. One staff member told us, "To be honest with you, he is very supportive. He listens and gives you good feedback." Another member of staff said of the registered manager, "He is very helpful. He is a very nice gentleman. If you have any doubts about the clients or anything he will always help us."

The registered manager told us they were on-call 24 hours a day and if they were away from home then another manager working for the same provider provided on-call support. A member of staff told us, "You can call him [registered manager] anytime and he will be here, midnight, anytime of the night."

People told us and records confirmed that the service held meetings for people to give them the opportunity to discuss any issues of importance to them and to express their views about the service. One person said of these meetings, "You talk about how you are feeling and that. See if you are OK in yourself." Another person said in service user meetings they talked about, "Keeping a good environment and you can't smoke in the house." Records of service user meetings showed discussions about encouraging people to be involved in care planning and the importance of exercise. People had requested that the main meal of the day be changed to the evening time and this subsequently happened which meant suggestions made by people in service user meetings were acted upon.

Staff told us and records confirmed that staff meetings took place. One staff member said of staff meetings, "We talk about the welfare of the residents, things that need doing in the house, food – what [foodstuffs] do they want more of."

The registered manager told us, "I occasionally do a spot check at night" and records showed one was undertaken in March 2016. They said this gave them the opportunity to check and monitor the support provided to people during the night time. The registered manager told us and records confirmed that they carried out a monthly audit of records. This included checking care plans, risk assessments, staff training and health and safety records to make sure they were up to date.

The service had been awarded 'Investor in People' status. This involved an assessment of their staffing and employment practices and tested issues including how supportive management staff were and how much opportunity there was for staff training and development. The registered manager told us they attended a provider forum run by the local authority. This was for managers and owners of mental health services across the borough to meet and discuss good practice issues.

The registered manager told us they carried out surveys of people that used the service and professionals

involved with people's care and support. However, this was not done in a systematic manner. Surveys we saw had not been dated so it was not possible to tell when they were completed. The registered manager said that they asked professionals to complete surveys when they visited the service, saying, "It's very much random when they come in." They added that often professionals declined to complete surveys under these circumstances as they said they did not have time to do so. Furthermore, there was no analysis undertaken of survey results and no action plan produced in response to the surveys. This meant there was little opportunity for the service to learn from and develop as a result of surveys. We recommend that surveys are carried out in a systematic manner which enables the service to learn and develop from the results of the surveys.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for service users because medicines were not managed in a safe manner. Regulation 12 (1) (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected from abuse. Systems and processes were not established and operated effectively to prevent abuse of service users in relation to the theft, misuse or misappropriation of money. Regulation 13 (1) (2) (6) (c)</p>