

Mrs Jennifer Khan

Grosvenor Park Community Project

Inspection report

33 Grosvenor Park Road
Walthamstow
London
E17 9PD

Tel: 02085092352

Date of inspection visit:
04 June 2018
11 June 2018

Date of publication:
03 August 2018

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

Grosvenor Park Community Project is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Grosvenor Park Community Project can accommodate five people across two floors. At the time of this inspection, four people were using the service.

This inspection took place on 4 and 11 June 2018 and was announced. At the last inspection in August 2016, the service was rated as overall Good but we found two breaches of the regulations. This was because the systems to protect people from the risk of financial abuse were not sufficiently robust and medicines were not always recorded correctly. We also recommended that surveys are carried out in a systematic manner to enable the service to learn and develop from the survey results. During this inspection, we found improvements had been made.

There was a registered manager at the service. 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.

Staff were knowledgeable about safeguarding and whistleblowing procedures. The provider had safe recruitment processes in place. There were enough staff on duty to meet people's needs. Risk assessments were carried out to mitigate the risks of harm people may face at home and in the community. People were protected from the risks associated with the spread of infection. The provider analysed incidents and used this information as a learning tool to improve the service.

People's care needs were assessed before they began to use the service to ensure the provider could meet their needs. Staff were supported with regular supervisions and annual appraisals to ensure they could deliver care effectively. People were provided with support by suitably trained staff. Staff supported people to eat a nutritionally balanced diet and to maintain their health.

The provider and staff understood their responsibilities under the Mental Capacity Act (2005) and the need to obtain consent before delivering care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff described how they developed caring relationships with people and demonstrated they knew what people's individual care needs and preferences were. People were included in the care planning process. Staff were knowledgeable about equality and diversity. People were supported to maintain their independence and their privacy and dignity was promoted.

Care records were personalised, contained people's preferences and were goal focussed. The provider reviewed people's care records regularly to ensure care was delivered appropriately. Staff understood how to deliver a personalised care service. The service had a complaints procedure and kept a record of compliments.

People and staff spoke positively about the registered manager. The provider had systems in place to obtain feedback from people and professionals about the quality of the service in order to make improvements where needed. People were involved through regular meetings in how the service was run. Staff had regular meetings to keep them updated on care practice. The provider carried out quality assurance checks to identify areas for improvement. The provider worked jointly with other agencies to share good practice.

We have made one recommendation about medicines management. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service improved to Good. The provider had taken appropriate action to ensure medicines were managed safely and people's finances were safeguarded.

Staff knew what actions to take if they suspected a person was at risk of harm. People had risk assessments in place to mitigate the risks they may face. Building and fire safety checks were carried out to ensure people's safety.

The provider had safe recruitment processes in place. There were enough staff on duty to meet people's needs. People were protected from the risks associated with the spread of infection. The provider kept records of accidents and incidents to enable lessons to be learnt.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 checked 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.

The inspection took place on 4 and 11 June 2018 and was announced. The provider was given 24 hours' notice because the location is 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, 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 looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority with responsibility for commissioning care from the service to seek their view about the service.

During the inspection we spoke with three staff which included the registered manager and two support workers. We spoke with three people who used the service. We observed the care and support that was provided in the communal area and saw two people's bedrooms with their permission. We reviewed two people's care records including risk assessments and care plans and reviewed three staff records including recruitment and supervision. We looked at records relating to how the service was managed including staff training, medicines, policies and procedures and quality assurance documentation.

Is the service safe?

Our findings

At the last inspection in August 2016, we found medicines were not always recorded correctly. During this inspection, we found improvements had been made. Medicine administration record (MAR) sheets were completed correctly. There were no gaps in signatures indicating people had received their medicines as prescribed. We checked the amount of tablets in stock and found they tallied with the amount recorded on the MAR sheet.

The provider had a comprehensive medicine policy which gave clear guidance to staff of their responsibilities regarding safe medicines management. Staff confirmed they had received training before being able to administer medicines.

Guidance about when and how to administer 'pro re nata' (PRN) medicines was contained in people's support plans and risk assessments but was not easily accessible. PRN medicines are those used as and when needed for specific situations. We recommend the provider seeks advice and guidance from a reputable source on effective medicines management.

At the previous inspection in August 2016, we found systems to protect people from the risk of financial abuse were not sufficiently robust. During this inspection, we found improvements had been made. The provider had a policy about managing people's money which gave clear guidance to staff about how to safeguard people's finances. The service had safeguards in place to ensure people's money was safe which included storing money in a locked safe and carrying out financial risk assessments for individuals.

Records were kept of money held and receipts were kept of money spent. People and staff were required to sign whenever they spent money. Records showed the money kept for each person was checked daily by staff. Staff accompanied one person to withdraw money from the bank with the use of a cash card. Records were kept of withdrawals and the bank card was signed out and back in on each occasion. The service received statements from this person's bank so that all monies withdrawn could be checked and accounted for. We checked the financial records and amount of money held on behalf of this person and found these were correct. This meant people were protected from the risks of financial abuse and exploitation.

People told us they felt safe using the service. Staff were knowledgeable about safeguarding and whistleblowing procedures. One staff member told us, "There is a policy. You have to talk to the senior. If the senior is not able to help, you have to report to the manager. If you find something that is not right, you can report it anonymously. You can inform CQC or the local authority of what is happening." Another staff member said, "We have to report it to [registered manager]. If it's not going to be resolved in here we have to involve the outside professionals; the GP, the police, you [CQC], or social services." The provider had safeguarding and whistleblowing policies which gave clear guidance to staff about the actions to take if they suspected people were at risk of harm. This showed the provider had systems in place to protect people from the risk of abuse or harm.

People had robust risk assessments carried out to mitigate the risks associated with receiving care at home

and in the community. Risk assessments included medicines, physical health, nutrition, substance misuse, damage to property, travelling independently and self-neglect. People signed their risk assessments to indicate agreement.

Risk assessments contained clear guidance for staff about the actions to take in order to mitigate the risk. One person had a risk assessment for absconding. The risk management plan stated, "Staff to try and encourage [person] to wear a visible name badge whenever they go out and to ensure that [person] is kept calm and appears in a stable mood before going out anywhere." Another person had a risk assessment for travelling independently which stated, "No issues. Can travel independently. Has a mobile phone to contact us and vice versa. Staff to ensure that [person] has mobile phone to call us if needed."

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, the five year electrical installation check was done on 11 November 2014, portable electrical appliances were tested on 27 February 2018 and a gas safety check was done on 5 October 2017.

The provider had taken reasonable steps to protect people from the risks of fire. A fire risk assessment was reviewed annually and was last reviewed in January 2018. Each person had an individual fire risk assessment which included the risk of the person setting fires and using cooker hobs independently. The fire detection and alarm system had been last checked on 3 February 2018 and weekly fire drills were up to date with no identified issues. All staff had received fire safety training.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, staff provided proof of identification, confirmation of their legal entitlement to work in the UK and had given written references. New staff had criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates. New staff were required to successfully complete a six week probation period before they were confirmed in post. This meant a safe and robust recruitment procedure was in place.

People and staff told us there were enough staff on duty to meet people's needs. One staff member told us, "Yes there is always enough staff. [Registered manager is always around if we need him or [the proprietor]]." Records confirmed staffing levels were in line with people's assessed needs. During the inspection we observed staff were not rushed or hurried and were able to respond to people in a timely manner.

The provider had an infection control policy which gave clear guidance to staff on preventing the spread of infection. There were adequate hand washing facilities throughout the building. Staff confirmed they were provided with sufficient personal protective equipment (PPE) such as disposable gloves and aprons. One staff member told us, "Yes all the time, we get whatever we need including PPE to support us in our work." This meant people were protected from the risks associated with the spread of infection.

The provider kept records of accidents and incidents. Records showed there had been no accidents since the last inspection. We reviewed the records of behavioural incidents. These were comprehensive including the date and time of the incident, details of the actual incident and the action staff took to deal with it. The registered manager told us these were then discussed with the individual staff member so that lessons could then be learnt with the whole staff team.

Is the service effective?

Our findings

People had an assessment of their care needs before they began to use the service. Information gathered during the assessment included family history, previous education and work, culture, religion and relationships. During the assessment process the support needed for personal care, mental and physical health, daily living activities, mobility, nutrition, finances and behaviour were documented.

Records documented the goal of the support that would be provided. For example, one person's assessment stated, "Our intent is to improve all aspects and quality of life for [person] by supporting him wherever necessary and putting in place whatever he needs to make a successful transition back into independent living with continual staff support." This meant the provider ensured they could meet people's needs before accepting them into the service.

Staff told us they undertook induction training when they began to work at the service. One staff member said, "I did the policies, the rules of the home and how to manage [people using the service] properly." Records showed new staff completed a one or two week induction training period depending on previous experience before they began to work with people unsupervised. The induction period included shadowing experienced staff. New staff completed the in-house medicines training provided by the supplying pharmacy. They were required to successfully complete a competency test before being allowed to administer medicines.

New staff were required to complete the Care Certificate which is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised.

Staff told us and records confirmed they had access to on-going training. One staff member said, "Yes, [provider] is very hot on training." Records showed staff training included mental health, activities and exercise, ageing, falls prevention, health and safety, first aid, pain management and cognitive behavioural therapy. This meant people were supported by suitably qualified staff.

The provider had a supervision policy which gave clear guidance to staff on the support they could expect to receive. Staff confirmed they had regular supervisions. One staff member told us, "[Supervisions] let you know if you need training and how you are progressing." Topics discussed in supervisions included time keeping, policies and procedures, training and progress on working towards key objectives. The provider also held annual appraisals with staff where performance over the past year was reviewed and key objectives for the following year were set. Staff confirmed they found the appraisal process useful. This showed staff were supported to perform their role effectively.

People told us they had sufficient amounts of food and drink and they enjoyed the food. One person told us, "Most things staff help me. They cook the dinner. The food is okay." The kitchen was well stocked with nutritious food items. Some food was stored in a locked cupboard. The registered manager told us this was necessary to prevent one person from hoarding food. The care plan for this person confirmed this.

Staff demonstrated they knew about people's nutritional requirements. One staff member told us, "We give [people] more fluids, and fruits. We don't give them junk food. We give them healthy food; they like their vegetables." One person had cooking guidelines as part of their care plan which stated, "[Person] is able to prepare very basic meals such as cereal, toast, uses microwave for light snack but for cooking sessions needs staff support." This meant people were supported with their nutritional needs.

Staff confirmed there was good communication within the team. One staff member told us, "We have team work and we do a handover where we talk about what we need to do."

People were supported to maintain their health. One person told us, "They give you encouragement. Tomorrow I am going for a blood test and [registered manager] will take me." Another person explained the registered manager had supported them to get physiotherapy sessions and an exercise machine to help them to maintain their health. A staff member told us, "The manager goes to the medical appointments with [people who used the service]." Records confirmed people had access to the psychiatrist, physiotherapist, dentist, optician, chiroprapist and the GP as needed.

The building was designed for people without mobility difficulties. However one person who was a wheelchair user was able to occupy a bedroom on the ground floor level. We observed this person had no difficulty moving around the home in their wheelchair.

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).

At the time of this inspection one person was waiting for the outcome of their DoLS renewal application because they required a level of supervision that may amount to their liberty being deprived.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found appropriate assessments had been undertaken. Staff demonstrated they understood the principles of the MCA. One staff member told us, "One [person] is not allowed outside on their own because of DoLS. [Person] needs supervision and guidance." Another staff member said, "One person has a DoLS because they cannot make decisions. If [person] goes somewhere on their own, [person] can get lost or get run over by the car."

Staff described when they obtained consent from people who used the service. One staff member told us, "That is the GDPR [General Data Protection Regulation]. To transfer their [information] to the GP you need their consent for data protection. Sometimes they are not in the mood to go somewhere and they do not want to go. We are here to support them and not to control them." Another staff member said, "When somebody would like to see [a person's] records, it falls under data protection. We have to ask [person's] consent for that." This meant the provider was working within the requirements of the MCA and DoLS.

Is the service caring?

Our findings

People gave positive feedback about the staff. One person told us, "[Staff] are caring. I think all the staff are good workers. I do like living here. They do listen. They are very professional here." Another person gave a 'thumbs up' sign and said, "[Staff] are beautiful." A third person confirmed that staff were caring and listened to what they had to say.

Staff described how they got to know people and their preferences for care. One staff member told us, "By reading the care plan first, how they came here, what happened to them and what's needed to support them. We talk to them about what they like." Another staff member said, "[People] come in here on a trial period and we work from their care plan and their risk assessment. They come for a visit for lunch and to have a chat with us. We talk to them and get feedback from their social worker." This meant staff were knowledgeable about how to meet people's needs.

People confirmed they participated in their care planning. The registered manager told us people were encouraged to visit the service before being admitted to help them decide if the home was where they wanted to live. One staff member told us, "[Registered manager] asks [the person] when we are doing the care plan what they want. This is their care plan. They all can talk so can say." Another staff member said, "[People who used the service] always attend the meetings. They are very able to express how they want their care to be done."

The provider had an equality, diversity and inclusion policy which gave clear guidance to staff about providing a fair and equitable service without discrimination. One person told us, "I'm very spiritual and [staff] respect that."

Staff demonstrated they knew about equality and diversity. One staff member told us, "You treat people in an equal way. If you discriminate against people it's very wrong so you have to treat them equally. All of them should be supported and should be treated equally, all of them. You are a carer and your duty is to look after them. You have to look after them."

Staff told us how they would support somebody who identified as lesbian, gay, bisexual or transgender (LGBT). The registered manager told us, "We would treat them as anybody else. We have staff working in the other homes from the LGBT community who can advise." A staff member said, "Try to support them in accordance with their wishes and we have to respect them." Another staff member explained how they would ensure a person identifying as LGBT was not discriminated against. This staff member told us, "We would talk to [people using the service] and say no discrimination here. We have to treat them the same and we are all equal. Day by day we have to observe the behaviour of the others and you have to explain to them they must not discriminate." This meant staff were aware of equality and diversity.

The provider had a dignity in care policy which gave clear guidance to staff about respecting and promoting people's dignity. Staff described how they promoted people's privacy and dignity. One staff member told us, "When [people] are changing clothes, we make sure the door is closed because of their dignity." Another

staff member said, "We have to knock on the door. Don't just go there; always respect their privacy and dignity and confidentiality." This meant people's privacy and dignity was promoted.

People's independence was promoted and encouraged. One person told us, "I help them mop the floors, do my bedroom. It helps to keep me motivated." Another person told us they were able to go out on their own when they wanted.

One staff member told us, "Whatever support they need, you need to support them. We are giving them independence. They are able to do [things] on their own as [they did] before they were mentally ill. If they want to cook, I am just supervising and supporting them." This staff member gave an example of one person who often offered to put out the bin or mop the floor. Another staff member said, "We base the support on their needs. We encourage them to get involved in their daily activities. We encourage them with their hobbies and interests."

Is the service responsive?

Our findings

People told us staff supported them in their preferred way. Staff were knowledgeable about providing personalised care. One staff member told us, "You have to understand them, whatever they want and whatever they need. Treat them in a nice way. This is their home and not our home. We are like a family. I know how to 'dance' with them." Another staff member said, "We always understand and respect their ideas. It's what they want and not what we want. Always respect their choice. If that's their choice we have to provide what they want."

Care plans were personalised, contained people's preferences and focussed on goals the person wished to achieve. One person had goals in place for money management, a laundry programme and cooking guidelines to help them to become more independent. The support plan for this person for money management stated, "[Person] is to be supported in this aspect and budget controlled. [Person] has been making small progress in terms of understanding the available balance and grasps the notion of budget control with the support of staff." Records showed care plans were reviewed six monthly or more frequently if there was a change in need. This meant people's care was provided in line with their preferences and any changes in need were managed.

People had a choice of activities they could participate in which included Zumba, board games, cards, movie night, football, cooking sessions, trips to the library and attending the in-house activity centre for sessions in computers, embroidery and arts and crafts. Records showed that people had the opportunity to go on holidays and day trips. For example, one person had been on a holiday to Cornwall and a day trip to the seaside during 2017.

People told us they knew who to talk to if they were not happy with the service. One person said, "I would tell [registered manager or proprietor]. They are very helpful." Another person told us they had made a complaint with the registered manager some time ago and it was handled satisfactorily. A third person said, "I have no complaints."

A staff member told us, "We encourage [people using the service] to complain." Another staff member explained, "I will talk to [person] first about what they want to do to sort it out. If I cannot sort out their problem I will talk to the manager so they can talk to the manager."

The service had a complaints procedure which gave clear guidance to staff about how to handle complaints and details of whom people could escalate their complaint to if they were not satisfied with the response from the provider. The registered manager told us there had been no complaints made since the previous inspection. This meant the provider had a system to deal with complaints.

The registered manager explained that Grosvenor Park Community Project is a rehabilitation service moving people on towards independent living so they did not accept referrals for people requiring end of life care. The registered manager told us if a person received a terminal diagnosis, after they began to use the service, they would liaise with the relevant authority to obtain appropriate support for the person.

The service had a policy about death and bereavement which gave clear guidance to staff about supporting people who required end of life care and supporting people through bereavement. The guidance included documenting the person's needs and wishes regarding end of life care and funeral arrangements.

Staff had started to support people to complete a life story book which included personal histories, cultural and spiritual beliefs and what was important to the person. The registered manager explained this piece of work was ongoing because due to their diagnoses people could only tolerate the task for short periods of time.

Is the service well-led?

Our findings

There was a registered manager at the service. The registered manager told us, "I have an open door policy."

People spoke positively about the management of the service. One person told us, "[Registered manager] is a brilliant bloke. He's always here for me when I need him. Everything's tip-top." Another person said, "[Registered manager] is great." A third person told us, "[Registered manager] is a good man."

Staff told us they felt supported to do their job. One staff member told us, "My manager is very good. He is very supportive. Nobody is complaining about him. He never neglects [people who used the service]. He even talks to [people] as if they are his family." Another staff member said, "[Registered manager] is very good and very supportive and [the proprietor]. They are very nice people. Supported 100%."

At the last inspection in August 2016 we made a recommendation that surveys are carried out in a systematic manner to enable the service to learn and develop from the survey results. During this inspection, we found the service had actioned our recommendation. The provider had carried out an analysis of their annual survey responses. We reviewed the analysis that was carried out in March 2018. The analysis showed that 100% of people using the service were very satisfied with the management and 100% were satisfied with the care and support with 90% being very satisfied. Records showed that two stakeholders had completed a satisfaction questionnaire and both had indicated they were satisfied with the care, staff and management. This meant the provider had systems of obtaining feedback to make improvements to the service.

Records showed that people using the service had regular meetings. We reviewed the records of the meetings held in February 2018, October 2017 and June 2017. Topics discussed included security and safety, care plan reviews, activity programmes, food and drink, bathrooms, holidays, day trips and respect. This meant that people were involved in how the service was run.

Staff confirmed they attended regular meetings and they found them useful. One staff member told us, "[Staff meetings] are teaching us how to look after the residents, about their dignity and privacy. We discuss how we can support [people] in a more appropriate way." Another staff member said, "It is part of the good communication." Topics discussed at the meetings held in June 2017 and February 2018 included hospital admissions, staff duties, health and safety, safeguarding and whistleblowing, medicines, teamwork and communication. This meant the provider had a system to keep staff updated on good practice.

The provider had systems in place to monitor and improve the quality of the service provided. The registered manager monthly checks included the premises, health and safety, control of infection, nutrition, care plans and staff records. We reviewed the audits conducted in February, March, April and May 2018 and saw where appropriate actions were identified and remedied. For example, during the May 2018 audit it was noted the downstairs bathroom light was not working. The action taken was the light bulb was replaced and the light worked again so this task was signed off to indicate it was completed.

The registered manager carried out monthly tick box medicines audits with actions identified written in more detail on a separate attached sheet and signed when completed. We reviewed the most recent four months medicines audits. The audit for May 2018 showed there were no major concerns but the packaging for one person's vitamin tablets was damaged. The action taken was this medicine was sent back to the pharmacy to be repackaged.

The provider had an arrangement with the supplying pharmacy to carry out an annual audit. Records for the pharmacy visits on 13 April 2017 and 13 April 2018 showed there were no issues or concerns identified and no recommendations.

The provider worked in partnership with other agencies. The registered manager told us they attended the local providers' forum where attendees shared examples of good practice. Records showed the service had been invited to give a talk at the providers' forum about good practice in mental health and this had taken place in March 2017. The mayor of the London borough of Waltham Forest had awarded the provider a trophy, certificate and mayoral photograph for excellence in staff training and development in 2016.