

# Community Integrated Care

# Festing Grove

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Festing Grove is a residential care home providing personal care to four people living with a learning disability, autistic spectrum disorder or physical disability. The service can support up to four people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People continued to receive safe care at Festing Grove. Risks associated with people's needs were assessed, and guidance was in place for staff to follow to reduce and mitigate risks. Staff understood how to safeguard people from abuse and the registered manager acted on any concerns raised. Staff were safely recruited and there were enough staff available to meet people's needs. People's medicines were managed safely, and staff followed safe practice to prevent the spread of infections. The service used learning from incidents to make improvements

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent.

People's needs were assessed, and staff completed training to support them to meet people's needs effectively. Staff used a positive behavioural approach to support people to manage behaviours that may challenge others or cause them harm. People's healthcare and dietary needs were assessed and met.

Staff demonstrated a kind and caring approach to people. This included helping people to make decisions about their care and treatment and treating people with dignity and respect.

Care plans were person centred and focused on meeting people's aspirations, so they achieved positive

outcomes. People's communication needs were known, recorded and met. People enjoyed activities that met their interests and preferences and were able to maintain their relationships with friends and family. A complaints procedure was available to people in an accessible format and any concerns raised were promptly responded to.

The registered manager promoted a positive culture in the home. They were aware of their regulatory responsibilities and acted to ensure people received safe and appropriate care. We found some notifications had not been made to CQC as required and prompt action was taken to address this oversight. A quality assurance system was effectively used to monitor the quality and safety of the service people received to continually improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 16 March 2017).

#### Why we inspected

This was a planned inspection based on the previous 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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers. We observed the care of a person

who could not talk with us to help us understand their experience.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including accident and incident reports, staff training documents and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Festing grove.
- Safeguarding policy and procedures were in place to guide staff on the procedures to follow should they suspect or know about an incident or allegation of abuse.
- Staff completed training in safeguarding and those we spoke with understood their responsibilities to report allegations. Staff told us the signs that would alert them to concerns if people were unable to express themselves verbally.
- The registered manager reported safeguarding concerns to the local authority and engaged with them to investigate and follow up on any concerns raised. In addition, a link worker from the local authority complex health team visited the service regularly. The registered manager said, "We talk through loads of issues and they offer support, it's a really useful forum for us."
- Where the service was responsible for supporting people with their finances, procedures were in place to ensure this was managed safely. Risk assessments and mental capacity assessments were completed to evidence these arrangements were lawful and appropriate.

Assessing risk, safety monitoring and management

- People told us they felt safe at the service and staff were aware of risks to people's safety and wellbeing. Risk assessments were carried out to provide guidance for staff in providing safe care.
- Risks to people from behaviours that may challenge others or put them at risk of harm were assessed and strategies to support people were in place. This included person-centred positive behavioural support guidance. Staff we spoke with told us how they intervened to support people in the least restrictive way possible during these incidents.
- A local authority link professional told us how a person had reduced the number of incidents of behaviours that challenged due to the positive behavioural support they had received at the service and records confirmed this.
- Personal Emergency Evacuation Plans (PEEP's) were completed for each person. These show what support people need in the event of an emergency such as a fire. Regular checks were made on fire safety equipment and fire drills were completed to ensure staff and people were familiar with the actions to take should an evacuation be required.

Staffing and recruitment

- There were enough staff available with the competencies and skills to care for people safely.
- Staffing hours were calculated to meet the individual needs of the people supported. A staff member said, "There is enough staff to take people out and to do what they want to do."
- Due to the recent departure of some staff recruitment was underway for these vacancies. Agency staff were

used, and records showed checks were completed on these staff prior to working at the service. Familiar and consistent agency workers were used as far as possible.

- Staff were safely recruited, and most of the required checks were completed to protect people from the employment of unsuitable staff. The identity check of new staff did not always include a recent photograph. The registered manager raised this with the provider's human resource department during the inspection and assured us this would be addressed.

#### Using medicines safely

- Procedures were in place and followed for the safe administration and disposal of medicines.
- When people were prescribed medicines to be taken as and when required such as those prescribed for pain relief, protocols were in place to guide staff as to their safe and appropriate use.
- Risk assessments and mental capacity assessments were carried out to assess people's ability and capacity to administer their own medicines. Person centred medication care plans described people's needs and preferences in relation to their medicines.
- People were involved in regular reviews of any anti-psychotic medicines prescribed to control behaviours. The registered manager told us how a person had been supported by a change of timing in their medicines to significantly reduce incidences of behaviours that challenge others.
- The storage of medicines was not always safe. Some medicines people took were required to be kept in storage below specified temperatures. However, the service was not recording the temperature of storage at the time of our inspection. This had been identified on a service audit dated 11 September 2019. Following our visit, the registered manager took action to address this.

#### Preventing and controlling infection

- Procedures were in place to protect people from the risks associated with the spread of infection. Staff used Protective Personal Equipment (PPE) such as gloves and aprons when supporting people with their personal care. Infection control audits were completed to monitor controls were effective.

#### Learning lessons when things go wrong

- A system was in place to record and monitor accidents and incidents at the service. The registered manager and provider had oversight of this information which enabled them to monitor the actions taken, address any shortfalls promptly and make improvements as required. We saw improvements had been made following an incident in the care of a person with a serious health condition.
- We found one example of an incident which had not been reported using the provider's system. Whilst we were assured staff had acted appropriately to support the person, the lack of reporting meant there was no oversight of the management of the incident, further investigation or risk analysis. We spoke to the registered manager about this who told us they would reiterate to all staff the requirement to report incidents using this system.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were assessed prior to using the service. A care plan was developed from this to guide staff on how the person preferred to receive care and meet their assessed needs.
- People's religious needs were assessed; however, people's needs in relation to all the protected characteristics under the Equality Act (2010) were not assessed. This is important to ensure care and support is delivered in line with legislation, people's choices and preferences and helps prevent discriminatory practice. The provider had developed an assessment to include the protected characteristics and this was in draft at the time of our inspection.
- Staff had access to policies and procedures based on current standards and the law.

Staff support: induction, training, skills and experience

- Staff completed an induction which included spending time working alongside more experienced staff to learn about people's needs and how to meet them.
- Induction included training which was periodically updated to ensure staff refreshed their knowledge and skills.
- Training included the Management of Actual or Potential Aggression (MAPPA) to guide staff on safe techniques to use with people when they experienced behaviours that challenge others or cause them harm. Staff were able to demonstrate these techniques and explain when they might be used.
- Staff had completed specific training in the care of a person with diabetes. The local authority link worker told us as a result the person's diabetes management had improved.
- Staff were supported through supervision, appraisal and competency assessments to identify their development needs and reflect on their practice.

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

- People's dietary and nutrition requirements were met. People's care plans included information about their dietary needs and this was followed in practice.
- For example, when a person required a specific texture of diet to prevent choking this was provided, and staff knew how to support the person safely with this risk. A Speech and Language Therapist (SALT) assessment was in place to guide staff on the actions to take to prevent and manage choking incidents. "I like what staff cook." Pictures of food were used to help people make choices.
- People's weight was monitored, and staff supported people to make healthy choices to promote their wellbeing.

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

- People were supported to access other services as required for assessment and to meet their healthcare needs.
- This included referrals to specialist services as well as the GP, dentist, optician, learning disability nurses and consultant psychiatrist.
- The service was supporting a person with a complex health condition. Staff followed guidance from healthcare professionals and knew how to support the person safely.

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

- People's rooms were personalised, and a person told us how they "liked" their room which we saw included pictures and objects consistent with their interests and hobbies.
- The home was arranged so people of the same sex were housed on separate floors. This supported people's privacy and dignity needs.
- The registered manager told us the environment met the needs of the people living there and risk assessments were carried out to check the environment remained safe and appropriate for people's needs.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- A mental capacity assessment was completed to determine the need for a DoLS application. Applications made had been authorised by the local authority and no conditions were made.
- People's mental capacity was assessed for specific decisions such as the management of their finances, medication and use of restrictive practices such as a wheelchair lap belt. Decisions had been made in people's best interests and were clearly documented.
- Care plans included information about how to support people with their decision making such as the best and worst times for people to make decisions.
- Staff we spoke with told us how they supported people to make day to day decisions about their care and support and we saw this in practice.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at Festing Grove. A person said, "I like them [staff] they look after me." Another person said "They [staff] are nice to me and kind I like them taking me out."
- We saw staff were kind and caring in their interactions with people and the staff we spoke with knew about the people they supported, their likes dislikes and what was important to them.
- The registered manager told us they monitored the attitudes of staff to ensure people were treated with kindness, respect and compassion by observation. They said, "I spend as much time as I can with staff downstairs and a lot of time observing and most of the time what I see is great."

Supporting people to express their views and be involved in making decisions about their care

- People's care plans included the support they needed to make decisions about their care.
- Staff told us how they involved people in decisions and a staff member told us, "I spend time with each person individually and build up a rapport with them and some understanding of what they want out of life – with all the best intentions you may think you know....but what I found worked was showing you do care and getting close to the person and trying to listen to them and repeat back to them showing that you understand and trying to make a plan with them".

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood how to promote dignity and privacy in care.
- People were supported to be as independent as possible. This included encouraging people to do what they could in respect of their personal care, staying mobile and encouraging a person to feed themselves as much as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred care plans were in place to describe people's preferred routines, their likes, dislikes and needs.
- People's care was reviewed monthly using information from the daily records and people's feedback. Some reviews were being updated at the time of our inspection due to changes in the staff team.
- Care plans included people's aspirations and we saw people had been supported to achieve these. For example, going on holidays, achieving some weight loss and meeting up with family members.
- Positive Behavioural support plans were available to guide staff on how to support people safely and effectively when they experienced behaviours that challenged others.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs. Guidance included what people may be communicating through their behaviour or sounds.
- Staff were aware of people's communication needs and how to assist them to understand information. For example, people had been supported to understand health screening using pictures, so they could decide whether to go to the appointment.
- Information about people's communication needs was available to be shared with other agencies if this was agreed by the person or in their best interests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with the people that mattered to them such as relatives and friends. We spoke with one person about the regular contact they had with their girlfriend. A staff member told us about the importance of family relationships for another person and how they had spent a holiday with them this year.
- People attended a day centre where they participated in activities and met with others.
- People's care plans included their interests and hobbies and people were supported to enjoy these. For example, swimming, using the library, attending a football match, going shopping. Activities in the house included arts and crafts and an art project was planned. The organisation supported initiatives to meet

people's aspirations with start-up costs.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service. The registered manager told us when a concern was raised this was dealt with promptly.
- A complaints procedure was in place which detailed the responsibilities of staff in responding to complaints and how these would be monitored and investigated. An easy read version was available for people.

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection.
- People's needs and choices in relation to end of life care had been explored with them and their families and recorded in a care plan. The current plan did not include reference to the protected characteristics. The provider was developing their approach to end of life care and had a draft policy which outlined a holistic and person-centred approach to end of life care planning and practice.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture and staff we spoke with confirmed this. A staff member said, "The team culture is OK, we are like a family."
- The provider had a set of values and a vision for how the organisation would continue to develop their services for the people they supported and their employees. Key messages from the providers strategy were cascaded through the organisation via events and team meetings.
- Due to recent staff departures including a staff member in a leadership role the registered manager told us they were promoting a more inclusive culture within the team. This included delegating some responsibilities to team members and supporting staff ideas and initiatives to promote good outcomes for people. For example, a staff member had liaised with the learning disability nurses at the hospital to support people to attend health screening they had never had before. One staff member told us they had assumed the responsibility for shopping and another told us about an art project they were developing with people.
- Staff told us the registered manager was approachable and available when needed. Their comments included, "The manager is really good. He tries to fit in our needs he has been helpful to me if I need anything I just send him an email and he replies straight away." Another staff member said, "Management support has been alright I felt they made me welcome and I feel I can go to [registered manager]."

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

- The registered manager was aware of their responsibilities under the duty of candour. They told us they acted in an open and transparent way following incidents by speaking to people and their families including an apology. The registered manager explained even if the incident was not due to a failure of the service they apologised and had a conversation with the person because, "It happened on our watch."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Services that provide health and social care to people are required to inform CQC of important events that happen at their location in the form of a notification. We use this information to monitor the service and to check how events have been handled. We found three recent incidents had not been notified to CQC. These incidents occurred during the registered managers absence and had not been identified by staff as notifiable to CQC. The incidents had been managed appropriately. However, improvements were required to ensure notifications were submitted as required and in a timely way. Following the inspection, the

registered manager has acted to address this with staff to prevent a reoccurrence.

- A system was in place to monitor the safety and quality of the service. Regular audits were carried out by the registered manager and the provider. Actions from audits were not always signed as checked or completed. Following the inspection, the registered manager has submitted a new service development plan which will incorporate the actions from all audits to ensure actions are not missed and can be monitored more effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback about the service through monthly reviews. People's relatives completed questionnaires and their feedback was acted on. For example, in the last survey relatives stated they were not sure how to raise a complaint, so the complaints procedure was reissued to address this.
- Staff told us their feedback, suggestions and ideas were listened to and supported. The registered manager told us they were introducing a staff suggestion box, so staff could raise suggestions and concerns anonymously if preferred for discussion at the team meetings.
- Policies were in place to support the human rights of people supported and staff. All staff completed training in equality and diversity to support their understanding of providing fair, respectful and inclusive care.

Continuous learning and improving care

- Minutes of team meetings showed time was spent discussing people's needs and identifying strategies to improve their well-being. For example, discussing what interventions worked to support people when they became anxious, and the triggers to disagreements between people with suggestions for how to prevent these.
- An annual improvement plan was in place and objectives were set for improvements to the service. When objectives had not been achieved the registered manager and provider analysed the outcome and identified further actions to meet objectives. For example; the target for staff retention was not achieved. A plan had been put in place to increase staff retention through improved engagement, opportunities, benefits and rewards.
- The registered manager was completing advanced training in positive behavioural support they told us "This will be great for me and the team I will use the knowledge and experience with the team, we are also looking at team members doing further training in diabetes, active support and infection control so they can be a regional resource."

Working in partnership with others

- The service worked with a range of health and social care professional to meet people's needs and promote positive outcomes.
- Regular meetings were held with the local authority safeguarding team to share information and learning.
- People used community resources such as the library, local shops and amenities. A local authority link worker told us how they had seen an improvement in people's engagement with the local community over the past year.