

Mariposa Care Group Limited

The Grove and The Courtyard

Inspection report

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Date of inspection visit:
28 April 2021
29 April 2021

Date of publication:
20 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Grove and Courtyard is a residential care home providing personal care for up to 57 adults who are living with a range of mental health conditions. At the time of the inspection there were 52 people living at the service.

The Grove and Courtyard accommodates people across two floors and four separate wings, each of which has separate adapted facilities and communal areas.

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

People and their relatives were very positive about the service and the care provided. One person said, "The best thing about being here is feeling safe."

Incidents and accidents were investigated, and actions were taken to prevent reoccurrence. Further evidence was required to show these were looked at for any patterns and trends. We have made a recommendation about this.

Staff understood their responsibilities for keeping people safe. There was a proactive approach to assessing and managing risk which supported people to be as independent as possible. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

Medicines were managed safely. Reviews were regularly undertaken which involved the person, health and social care professionals to ensure people's physical and mental health needs were met and changes responded to quickly.

The home was clean and tidy. Staff wore appropriate PPE.

People were treated in a respectful manner by all staff. People felt listened to and were actively involved in the running of the home and were being supported to safely access the local community.

People, their relatives and staff, praised the management team for their supportive approach. Systems were in place to monitor the quality of care provided and continuously improve the service. The management team and staff worked closely with a wide range of health professionals to achieve positive outcomes for people's health and well-being.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 November 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 September 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe recruitment of suitable staff and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grove and Courtyard on our website at 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Grove and The Courtyard

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Grove and Courtyard 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.

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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, regional manager, senior support workers, support workers and one of the maintenance team.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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, quality assurance records and spoke by telephone with professionals working with the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to carry out suitable checks when recruiting staff to work in the home. This was a breach of regulation 19 (Fit and Proper Persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment procedures were in place to ensure only staff suitable to work at the home were employed.
- Enough staff were on duty to meet people's needs. One person said, "There is enough staff to look after everybody, they [staff] look after us well."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated. Further analysis was required to look at these for any patterns and trends so the necessary action could be taken.

We recommend the provider reviews their accident analysis system to ensure any patterns and trends are identified and actioned

- Any lessons to be learned from incidents and accidents were discussed at staff meetings. Where appropriate these were referred to the CQC, together with other authorities, and advice was sought from relevant health and social care professionals.
- Care records were reflective of people's individual needs. Staff were aware of the risks to people's physical and mental health conditions and were able to explain the differing levels of support people required.
- Health and safety checks were in place to ensure people and the premises were safe.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. We were told, "It's a good place to live, I feel safe" and "I've been here a long time, the staff really look after you."
- Systems were in place to safeguard people. Staff understood their responsibilities to protect people from harm and said they would not hesitate to raise any concerns they had.
- Individualised support plans were in place to guide staff on actions to take to prevent a person becoming distressed or when their mental health deteriorated.
- The management team worked closely with other health and social care professionals to make sure people were protected from abuse and avoidable harm. One professional told us, 'All of the staff manage

any risks well, my client's safety was paramount to them.'

Using medicines safely

- Medicines were managed safely, stored securely and in line with legal requirements. Records of administration were maintained and completed accurately. One person told us, "The staff are very good with medication, I know what I am taking, and I always get it on time."
- People were involved in regular reviews of their medicines to ensure they were only taking the medicines they needed. Some people were supported to manage their own medicines.
- People were supported with their medicines by staff who received regular training and competency checks in line with good practice.

Preventing and controlling infection

- The service was homely, clean and tidy. One person told us, "Staff gave me a leaflet about how not to catch it [COVID-19], showed us how to do handwashing, and I have had my first COVID-19 vaccine."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's governance audits and quality monitoring checks had failed to identify the lack of suitable and safe recruitment of staff. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality monitoring of the service was in place. Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- Timely statutory notifications to CQC had been received following any significant events at the service.

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

- The management team and staff demonstrated a commitment to provide meaningful, person-centred care and support that met people's individual needs. People told us they trusted the management team and staff. One said, "The best thing here is the friendliness of everyone and that I can trust the staff."
- Staff were happy in their work. They described the management team as approachable and supportive. One told us, "I love working here, everyone pulls together to make sure the residents needs are put first."

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; Continuous learning and improving care

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.

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

- Feedback on the quality of the service was actively sought from people, relatives, staff and professionals. People told us, "There are residents' meetings once a month and we talk about all sorts of things like activities we want to do" and "We have residents' meetings, things do get done. They [staff] give us updates on the notice board."
- People were involved in all aspects of reviews about their care and support. This gave an opportunity for people to look and set new goals and aspirations for the year ahead.
- Regular meetings took place where all people and their relatives were involved to give feedback on the service they received. This was undertaken using various accessible communication methods.
- Staff meetings were held regularly and used to share any good practice or lessons learnt from incidents to continually raise standards.
- Staff worked closely with a wide range of external professionals. One told us, 'Staff are excellent in supporting people and keeping their rights and wishes at the heart of everything they do. Communication is great, they keep all professionals up to date with any changes. The manager goes out of their way to be helpful and accommodating.'