

National Schizophrenia Fellowship Grove Court

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: Grove Court is a care home that was providing personal and nursing care to 12 people at the time of the inspection.

People's experience of using this service:

People were safe and protected from the risk of abuse and avoidable injuries. People were supported by staff that were trained and received support in their role.

People were treated with kindness and compassion by staff who knew them well and understood their preferences. People could make choices for themselves and were encouraged to be independent. People's privacy and dignity was respected.

People received person centred care from staff that understood their preferences and were supported to do things they enjoyed. People were involved in the planning and review of their care.

People's views were sought and listened to and were used to make improvements to the service.

Systems were in place to monitor the quality of the service and the registered manager identified areas for improvement.

The management team encouraged a positive learning culture and this was promoted with staff.

The service met the characteristics of Good;

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

Rating at last inspection: At the last inspection the service was rated Good (report published 1 September 2016).

Why we inspected: This was a scheduled inspection based on previous rating.

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.

Grove Court

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector, a specialist advisor who was a nurse with experience of providing nursing care to older people 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:

Grove Court 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 visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key

information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with seven people who used the service and one relative. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager by telephone as they were not on site on the day of the inspection. We also spoke with the team leader and two mental health support workers to help us to understand how the service was managed.

We looked at the care records of five people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service such as incident reports, medicines administration records and quality assurance records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:

- People told us they felt safe. One person said, "I feel very safe here. I give it ten out of ten for safe. All the staff are very caring and I would talk to the staff if I had any problems."
- Staff could describe how they would recognise the signs and symptoms of potential abuse. They told us about the procedures for reporting any concerns.
- The registered manager had systems and processes in place to protect people from abuse and we saw these worked effectively. Where required, incidents had been reported to the local safeguarding adults' authority. This meant people were safeguarded from harm and abuse.

Assessing risk, safety monitoring and management;

- People told us they were supported to manage risks to their safety. One person said, "I am at risk from falling but I have a special walking frame to help me walk."
- Staff understood people's risks and the plans in place to manage them. For example, one staff member told us about risks from one person's health condition and how these were managed.
- Individual risk assessments and management plans were in place to manage risks to people's safety. These were reviewed on a regular basis and if things changed. We saw staff following the risk assessments during the inspection.
- This meant people were kept safe from risks to their safety.

Using medicines safely:

- Medicines were administered safely. One person told us, "All my medication is given to me by the staff and it is always on time."
- Staff received training in safe handling of medicines and could describe confidently how they administered people's medicines safely. There was clear guidance in place for staff about how people received their medicines and they were observed following this.
- Medicines were stored safely and there were checks in place to ensure people had enough medicines in stock.

Staffing levels:

- There were enough safely recruited staff to meet people's needs.
- One person said, "There are staff around 24 hours a day, seven days a week."
- Staff we spoke with felt there were enough of them to meet people's needs safely. However, they felt the

reduced staff for cooking meals may impact on people as they had to carry out catering duties.

- The registered manager said the catering post had been made redundant and the focus would now be on increasing the daily living skills and independence of people through meal preparation supported by staff.

Preventing and controlling infection:

- All areas of the home and equipment looked clean and hygienic. One person told us, "Staff always wear protective clothing and gloves."
- Staff understood the importance of infection control and we observed them following safe practices such as using personal protective equipment (PPE) when required.

Learning lessons when things go wrong:

- The registered manager had a system in place to learn when things went wrong.
- When accidents or incidents took place, these were reviewed by the registered manager and entered into a provider system for analysis.
- This meant the registered manager and provider could look for patterns or trends and make changes if needed.

Is the service effective?

Our findings

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

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 had their diverse needs assessed and planned for including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Regular reviews were in place which ensured people received support that met their changing needs.
- People told us they were involved in developing their plans. One person said, "I had an assessment to come in here but it was a long time ago now and I do not remember much about it. I have inputted in to my care plan every year since I have been here. The care plan reflects my needs." This meant people's needs and preferences were understood and met by staff.

Staff skills, knowledge and experience:

- People were supported effectively by staff who had the required skills and knowledge.
- One person told us, "The staff are all fully trained to give me my care." Whilst a relative told us, "The staff appear to be very well trained to do this work and look after [person's name]."
- Staff told us they received training to support people which included support with individual needs. For example, some staff had been trained to support people with their individual communication needs.
- New staff received an induction which followed the care certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.
- Staff told us they were supported in their role and had regular updates to their training which included topics such as health and safety and infection control.

Supporting people to eat and drink enough with choice in a balanced diet:

- People had enough to eat and drink, could make choices and were supported to maintain a healthy diet.
- People enjoyed the food on offer. One person said, "All my meals are provided by the home. The food is very good. I enjoy meal times." A relative told us, "[Person's name] receives all their meals from the staff. They very much like the food here."
- We saw mealtimes were relaxed and people had a choice of what they had to eat. Where needed, people were supported to get their meals whilst others were more independent.
- People's needs had been assessed and where needed, there were clear risk assessments and plans in place to ensure people had support to maintain a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care:

- People were supported to receive effective care by staff that worked together and with others to ensure continuity. Staff told us there were good communication systems in place to ensure people were provided with consistent care.
- We saw staff worked well together to provide care that people needed. The staff ensured their support was not intrusive and that people felt in control of their support and how it was provided.
- Some people received support from other health professionals with their care and communication with staff was managed well to ensure people's needs were met.

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

- The environment was suitable to meet people's needs. One person told us, "All decorations etc. are agreed with us the residents." Another person told us, "All the residents are consulted about the environment. They hold community meetings to discuss things."
- People had the opportunity to personalise their bedrooms as they wished and they had access to communal areas.
- Some people were sharing a bedroom and had been doing so for many years. People were happy with the arrangements and had good relationships and sharing did not worry them.
- The registered manager confirmed the rooms would be made single at the point they became vacant and the provider was already looking at plans to provide single room alternatives for people should they wish to have access.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to maintain their health and wellbeing. One person told us, "All appointments are made by the home. Staff accompany me to all my appointments."
- We saw regular appointments with a range of health professionals took place and records of any changes were made to care plans to reflect any advice.
- Where people had specific health conditions, there were clear plans in place and monitoring was carried out to ensure people's health was maintained.

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

- The Mental Capacity Act (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 with appropriate legal authority. 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.
- Most people living at the service had capacity to make decisions for themselves. Where people did not have capacity to make decisions, they 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 understood their responsibilities under the MCA and followed the principles of the MCA.
- The registered manager understood when a person was being deprived of their liberty, the service would apply for the appropriate authority to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were treated with kindness and respect. One person told us, "All the staff are very supportive. We all have very good relationships with all the staff. The staff are great." Another person told us, "All the staff know me very well. They listen to me and make me feel very valued."
- A relative told us, "Yes staff are very caring. They know [person's name] very well."
- We saw kind and caring interactions between people and staff. Staff ensured people were comfortable with inspectors being in their home and were observed offering reassurance.

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

- People were listened to and supported to make their own decisions. One person said, "I do feel in control of things I get help from my family to make big decisions."
- Staff told us people could make day to day choices and decisions for themselves. Staff understood the importance of supporting people to make their own decisions and we saw people were in control of how they were supported.
- We saw people made their own choices throughout the day. One person told us about how they were spending their day and choosing to do their laundry and clean their room during the afternoon and evening as this suited them best.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected and their dignity protected by staff. One person told us, "Staff are very respectful. They know this is our home not theirs and they respect our privacy." A relative told us, "The staff are very respectful of [person's name]."
- We saw people could spend time alone in their rooms, some people went out in the community and others spent time together in the communal areas of the home. People were comfortable in the presence of staff and we saw staff were respectful in how they offered people support.
- People were supported to maintain their independence. One person told us, "I like to help out and clear away and clean the kitchen table and generally clean things up." We saw staff encouraged people to be independent.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

- People received personalised care and support which reflected their individual preferences. One person said, "Staff know me very well. They do exactly what I want them to do." Another person told us, "The staff know me very well. Better than I know myself."
- People received support with their communication. We saw individual communication plans were in place to guide staff in supporting people to communicate effectively.
- People were supported to meet their individual needs and preferences. People told us about the different levels of support they required from staff. Staff could confirm people required different types of support and we saw this was documented in their care plans.
- People could do things they enjoyed. One person told us, "I go out with staff who push me around in a wheel chair." Another person told us, "The staff know what I watch on TV for example. They know what I like to eat. I go out with my friend every week and we have a meal."
- We saw people could spend time as they preferred in the home and some people went out during the inspection. Staff confirmed they supported people to do the things they enjoyed.

Improving care quality in response to complaints or concerns:

- People could raise any concerns or complaints about the service. One person told us, "I know how to complain. I have never complained about anything though."
- Staff understood how to support people if they made a complaint.
- Complaints were taken seriously and recorded by the registered manager. We saw complaints were investigated and responded to in line with the procedure in place and lessons were learned following investigations.

End of life care and support:

- People's wishes were considered and professionals were involved in planning and delivering people's care when this was appropriate.
- Staff could tell us about plans which were in place which included how to support people to have their end of life wishes and preferences met and manage pain.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff told us people were supported using a recovery model. They told us this was individual to each person and explained how people set goals and celebrated small successes.
- In the PIR, the provider told us they had a 'Rights and Responsibilities' charter in place for people to understand their rights. We saw this had been used when planning people's individual care and the charters had been personalised.

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

- Audits were in place to monitor the safety and quality of the service. For example, there was a system in place to check on medicine administration and ensure this had been done correctly. We saw this was effective in identifying any areas of concern and driving improvement.
- Accidents and incidents were regularly analysed to ensure that action was taken, and lessons were learned when required.
- The registered manager understood their role and responsibilities. For example, the duty of candour and reporting incidents to CQC.

Engaging and involving people using the service, the public and staff:

- People were involved in all aspects of the service. One person told us, "We have community meetings at which we can give our feedback. They always listen to what we want." Another person told us, "Through community meetings they listen to all of what we have to say. They keep all of us up to date about any possible changes."
- There was a positive culture where staff felt supported to deliver the best outcomes for people. A relative said, "The staff are very good. There is nothing that can be improved as far as I can see."

Continuous learning and improving care:

- The provider had systems in place to support continuous learning and improvement.
- The provider told us in the PIR there were staff away days, both local and regional to share best practice. Staff told us information was shared across the provider to learn and continuously look for areas of

improvement.

Working in partnership with others:

- In the PIR the provider told us about the relationships they had developed with individual health practitioners to work in partnership to provide peoples care.
- Our checks on inspection confirmed there were partnerships in place with health professionals which meant people had up to date advice on managing their health needs which was incorporated into their care plans.