

Flexible Support Options Limited

The 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 

Overall summary

We carried out an inspection of The Grove on 21 October & 10 November 2015. The first day of the inspection was unannounced. This was the first time The Grove had been inspected.

The Grove is a two bed care home that provides care and support to people with learning disabilities. Nursing care is not provided. At the time of the inspection there was one person accommodated there.

The service had a registered manager in post, who became formally registered in January 2015. 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.

Summary of findings

The person living at The Grove told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults and knew how to deal with appropriately with accidents and incidents, which helped to keep people safe.

We observed staff provided care safely. At the time of our inspection, the levels of staff on duty were sufficient to ensure safe, responsive and effective care. New staff were subject to thorough recruitment checks.

Medicines were managed safely with records completed correctly.

As The Grove is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Staff obtained consent before providing care. Arrangements were in place to assess mental capacity and to identify if decisions needed to be taken on behalf of the person in their best interests.

Staff had completed safety and care related training relevant for their role. They were well supported by the registered manager.

Staff kept clear nutritional records and helped support the person's health needs, working with external professionals where necessary. This ensured the person's medical needs were met promptly.

Activities were arranged in house and community based activities were also accessed. We observed staff interacting positively with the person living at The Grove. We saw staff were respectful and ensured privacy and dignity were maintained. Staff understood the person's needs and we saw care plans were person centred.

The person using the service and staff spoke well of the registered manager. We found there were effective systems to assess and monitor the quality of the service, which included feedback from the person receiving care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The person living at The Grove said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to provide safe and responsive care.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely.

Good



Is the service effective?

The service was effective.

The person living at The Grove was cared for by staff who were suitably trained and well supported.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve the person's health and well-being.

Good



Is the service caring?

The service was caring.

The person living at The Grove made positive comments about the caring attitude of staff. During our inspection we observed sensitive and friendly interactions.

Dignity and privacy was respected and support promoted the person's independence. Staff were aware of the person's individual needs, background and personality. This helped staff provide personalised care.

Good



Is the service responsive?

The service was responsive.

The person living at The Grove was satisfied with the care provided. Activities were provided in house, with regular trips out.

Care plans were person centred and the person's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. The person living at The Grove was aware of how to make a complaint should they need to.

Good



Is the service well-led?

The service was well led.

The service had a registered manager in post. The person living at The Grove made positive comments about the registered manager.

Good



Summary of findings

There were systems in place to monitor the quality of the service. These included regular audits. A feedback mechanism was in place to seek feedback from the person using the service.

The Grove

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.

This inspection took place on 21 October & 10 November 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke with the person who used the service. We spoke with the registered manager, and four other members of staff.

We looked at a sample of records including care plans and other associated documentation, medication records, three staff files, staff training and supervision records, policies and procedures and audit documents. We also examined audit and safety records.

Is the service safe?

Our findings

The person who used the service confirmed they were comfortable with the staff team and felt safe at The Grove. They said “Yes I feel safe here.”

The staff we spoke with were clear about the procedures they would follow should they suspect abuse. They were confident the registered manager would respond to and address any concerns appropriately. One staff member said, “I’d report to the manager or the ‘on-call.’” All of the staff we spoke with stated they had been trained in safeguarding and this was confirmed by the records we looked at. The registered manager was aware of when they needed to report concerns to the local safeguarding adults’ team. We reviewed the records we held about the service and saw there were no alerts received in the last year. The registered manager was clear about the requirement to report safeguarding incidents and allegations to the local adult safeguarding team and to notify the Care Quality Commission (CQC).

Arrangements for identifying and managing risks were in place to keep people safe and protect people from harm. When reviewing the person’s care plans we saw risks to their safety and wellbeing in areas such as accessing the community, finances and domestic tasks, were assessed. Where a risk was identified, there was clear guidance included in the care plan to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking, so the person could maintain their independence and develop their skills. For example, we saw the risk assessment process was used to help encourage regular activities. These risk assessments were reviewed at regular intervals to ensure they remained accurate and up to date. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

The home was in a good state of repair and decorative order. Routine electricity, gas and water system checks were carried out by external contractors with certificates available.

Before staff were confirmed in post the registered manager ensured an application form (with a detailed employment

history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee’s criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for six staff members, some of whom had transferred from other services operated by the care provider. We found appropriate documentation and checks were in place.

We spent time during the inspection observing staff care practice. Staff had time to chat and build positive relationships with the person living at The Grove, in addition to carrying out other care tasks and duties. Staff and the registered manager expressed the view that staffing levels were sufficient to provide safe and effective care.

The person we spoke with told us they received their medicines when they needed them. Staff told us they had completed medicines training which was confirmed by the records we looked at.

A monitored dosage system (MDS) was used to store and manage the majority of medicines. This had replaced the previous system whereby medicines were supplied bottled or in the manufacturer’s packaging. MDS is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Hand written entries were clearly written and countersigned by a second member of staff to verify their accuracy. Our check of stocks corresponded accurately to the medicines records. The person living at the Grove had a medicines care plan, which detailed the level of support needed and the person’s awareness of what medicines were taken and why. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Is the service effective?

Our findings

The person who used the service made positive comments about the staff team. They told us, “I’m very happy here and happy with the staff.”

Staff received training relevant to their role and were supported by the registered manager. One staff member told us, “We’ve always got support.” Another told us, “I’ve done loads of training. I get regular appraisals. The manager’s very good. She’s helpful and supportive; you can ring up if anything’s wrong.” Staff confirmed they had attended first aid training. The registered manager told us forthcoming training priorities included specific health condition awareness training. They told us they were aiming for a balance between taught and on-line training to enhance staff’s knowledge and learning.

A new member of staff had undergone an induction programme when they started work in the home and all staff were working through the provider’s mandatory training programme. Topics covered included health and safety and care related topics, such as those linked to specific health needs.

Staff spoken with told us they were provided with regular supervision and they were supported by the registered manager. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a detailed summary of the discussion and the topics covered were relevant to staff’s role and their general welfare.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect

people who are unable to make decisions for themselves and to ensure decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Staff had assessed the person’s capacity to make decisions for themselves. This was considered as part of a formal assessment. This was recorded on documentation supplied by the authorising authority (Newcastle City Council). One DoLS authorisation had been applied for, the outcome of which was awaited. There was documented evidence that written consent to care had been sought from the person living at the Grove. Staff told us they had received training on the DoLS and supporting information was available to them. This meant they were able to identify where a DoLS authorisation may need to be sought and were aware of wider issues around mental capacity and decision making.

The person living at The Grove told us they liked the food provided and were involved in menu planning, shopping and food preparation. They said, “The food’s good. I go to the shops on a Sunday.” They confirmed they got enough to eat. The person’s nutritional preferences were recorded and staff monitored the person’s dietary welfare. This was reflected in a care plan. There was regular monitoring of the person’s weight to identify any unexpected changes.

The person using the service told us they had registered with a GP and other professionals, such as the dentist and optician. They said, “I’ve sorted the doctor, dentist and optician.” Their healthcare needs were considered within the care planning process. We saw assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

The person using the service told us they were treated in a caring manner. We observed a relaxed and comfortable atmosphere at The Grove. The person told us, “I’ve got freedom.” They continued, “I’m very happy here.”

Staff we spoke with understood their role in providing effective, caring and compassionate care and support. They were able to describe practical examples of how they would preserve confidences and uphold privacy and dignity. The person using the service told us they were involved in planning their own care. Staff were knowledgeable about their individual needs, background and personality. They explained how they involved the person in making decisions. We observed staff ask the person for their opinions on various matters, such as activity and menu choices.

On a tour of the premises, we noted the home was furnished with personalised items. The person had brought their own possessions and had been involved in decorating parts of the home. This personalised their space and contributed to a homely atmosphere. Practical steps had been taken to preserve privacy, such as door locks fitted to toilets and bathrooms.

The person who lived at the home was encouraged to express their views as part of daily conversations, during

review meetings and when professionals visited the service. Staff arranged monthly ‘service user consultation meetings’ where items such as individual issues, the staff team, house repairs and activities were discussed. The person confirmed they could discuss any issues of their choice and their views were actively sought. For example, one comment was, “The manager asks how things are going.” Their involvement in the care plans was also recorded and they were individually tailored and person centred. We saw individual preferences had been clearly recorded. An advocacy was involved to help speak up for the person and make sure their views and rights were central to the way the service was run.

We observed staff encouraged the maintenance and building of independent living skills. Staff were able to provide clear examples of how they supported community access and the use of local facilities, including shops and leisure facilities. We saw staff interacted in a kind, pleasant and friendly manner. This meant staff adopted a caring and courteous approach.

Privacy and dignity was promoted. Staff were seen to be polite and were able to explain the practical steps they would take to preserve people’s privacy, for example by always knocking on doors and awaiting a response before entering. A staff member explained to us the provider’s policy on using social media and were aware of the need to protect confidential information.

Is the service responsive?

Our findings

The service was responsive to the needs of the person using the service. Staff identified and planned for the person's specific needs through the care planning and review process. We saw staff developed individual care plans to ensure the team had the correct information to help maintain the person's health, well-being and individual identity. Before the person had come to live at the home an assessment of their needs had been undertaken. From this assessment a number of areas of support had been identified by staff and care plans developed to outline the support needed from staff.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and complaints. Care plans were reviewed regularly and were sufficiently detailed to guide staff care practice. The input of other care professionals had also been reflected in individual care plans.

When staff reviewed the person's health and social care plans a note was made of any changes needed. Review comments were meaningful and useful in documenting the person's changing needs and progress towards specific goals.

Risk assessments had also been developed, linked to the care plans. These were aimed at both keeping the person safe and in promoting community involvement and independence. Examples included accessing the community, cooking and money management.

Progress notes were maintained. These were written factually and linked to a range of monitoring records, such as food and fluid charts, medicines records and weights.

Staff had a good knowledge of the person living at the home and could clearly explain how they provided care that was important to them. Staff were readily able to explain personal preferences, such as those relating to leisure pastimes. A broad range of activities and pastimes were encouraged. Staff asked and formally recorded what activities had been enjoyed and what the person would wish to do at the monthly consultation meetings.

A specific care plan was in place regarding complaints. The person confirmed to us that they knew who to raise concerns or complaints with and expressed confidence that issues would be resolved. There were no complaints made during the year.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Commission in February 2015 for this location. The registered manager was present and assisted us with the inspection. They were able to answer our questions clearly, provided the records we needed and appeared to know the person using the service and the staff well. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a cooperative and transparent way. They were aware of the requirements as a registered person to send CQC notifications for certain events.

The registered manager told us her values and vision for the home was to promote community input and to ensure the person using the service was involved in the service as much as possible. They told us about the challenges the service had faced and the ways they would promote good practice. This included ensuring staff attended relevant training and worked to attain the Care Certificate. There was a stated commitment to working in an open and transparent way. The person using the service knew the registered manager and expressed confidence in them.

We saw the registered manager carried out a range of checks and audits at the home, including unannounced 'spot-checks'. Accident reports were reviewed by the registered manager and systems were in place to monitor and audit staff training, complaints and medicines. The

registered manager gave examples of how they would learn from incidents at this or other services and modify practice as a result. For example, they explained what would happen after an accident, such as a fall, occurred. They explained how they would discuss this with the person concerned and the staff team and if necessary introduce new care protocols. This meant there was a focus on learning from events and improving care practices.

We reviewed our records as well as records of incidents held at the home. The registered manager was aware of the relevant matters they needed to notify the Care Quality Commission of, in line with the current regulations. There was a system to ensure accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement. We saw no adverse incidents had occurred.

The registered manager told us there were staff meetings and monthly consultation meetings for the person living in the home. Records confirmed this was the case and also that the staff meetings were well attended. There were a broad range of topics discussed, which were reflective of the registered manager's stated vision and values. Topics included health and safety, safeguarding, dignity and respect, as well as staffing and record keeping issues. There was evidence in the meeting minutes of action points being noted and of these being acted upon and resolved. This meant both staff and the person living at The Grove were involved in the running of the home and consulted on subjects important to them.