

Swanton Care & Community Limited

The Grove

Inspection report

97b
The Grove, Marton-in-cleveland
Middlesbrough
TS7 8AN

Tel: 01642931480

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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

The Grove is a residential care home providing personal care for up to five people aged 18 years and over who are living with learning disabilities and/or autism. At the time of the inspection three people were living at the home with another person planning to move in.

The Grove is a large, adapted house situated in a residential area, close to transport links, shops and open spaces. It has its own private enclosed gardens which all people can use if they require quiet time or a safe space.

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

People were observed to be happy and supported by a knowledgeable staff team who knew them well and who were recruited safely. The service provided flexible care and support in line with people's needs, wishes and choices.

Some accidents and incidents were analysed to learn lessons and improve outcomes for people. We found some behavioural incident records lacked detail. There was an inconsistent approach to the management of debrief sessions with staff to support their reflection and learning from incidents. We have made a recommendation about this.

The provider and registered manager monitored quality, acted quickly when change was needed, sought people's views, and planned ongoing improvements to the services. Audits of incident records had not found the inconsistent approach to how staff recorded and reflected on their practices when managing behaviours that were challenging. We have made a recommendation about this.

Medicines were managed safely. Enough staff were working at the home to ensure people received safe and effective levels of care. Risks to people's health were identified and managed safely by a staff team who understood their responsibilities to protect people from discrimination, abuse, and avoidable harm. Staff felt well supported by the management team and received effective training, competency assessments, supervision and appraisal.

People were treated with dignity and respect. Staff knew people's interests and preferences. People were supported to have a voice, be independent and take positive risks. People were supported to access a wide range of community activities of their choice, which enriched the quality of their lives. People were supported to have regular health check-ups and maintain relationships with people close to them.

Staff, in line with current national guidance for COVID-19 and the provider's infection control policy, maintained high standards of cleanliness and hygiene in the home.

People were supported to have maximum choice and control of their lives and staff them in the least

restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service used some restrictive intervention practices as a last resort, these were used in line with people's individual positive behaviour support plans and staff training.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The model of care and support provided to people living at the home maximised their choice, control and independence. People were involved in all aspects of their care and future planning. Care provided at the home was centred around the person and promoted people's dignity, privacy and human rights. People moving into the home had their own individually tailored, person centred transition plan. The ethos, values, attitudes and behaviours of the management team and support staff ensured people lead confident, inclusive and empowered lives.

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

Rating at last inspection

This service was registered with us on 23 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated.

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.

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.

The 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.

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

One inspector carried out the inspection.

Service and service type

The Grove 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

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 met the three people currently living at the home and, spoke on the telephone with one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and four support workers.

We reviewed a range of records. This included the three people's care and medication records currently living at the home and, the transition records for another person moving in soon. We looked at two 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 and quality assurance records. We spoke with relatives and professionals who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- Safeguarding systems and training were in place to ensure people were protected against discrimination, harm and abuse. Staff were able to clearly explain their responsibilities and understood how to identify and report any areas of concern or abuse.
- The service worked closely with other relevant authorities to protect people from abuse and avoidable harm. One professional told us, "The staff team are very quick to keep me updated and seek support for people when there are any concerns, they are really keen to get things right for people."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks.
- Individualised positive behaviour support plans guided staff on actions they could take to prevent situations arising where a person could become distressed, therefore removing the need for any unnecessary restrictive interventions.
- Regular health and safety checks and maintenance were carried out in the home to ensure people were kept safe.

Learning lessons when things go wrong

- Overall, incidents and accidents were reported and investigated by the management team. However, there was some inconsistencies in the level of information documented following incidents where people had displayed behaviours that were challenging to others. This included staff debrief sessions to support staff in reflecting on their practices with the management team.

We recommend the provider undertakes a review of the information recorded following incidents and supports staff with further training in this area.

- Where learning was required or changes had been made to people's care and support plans following accidents or incidents, these were discussed at staff meetings and handovers to reduce the risk of further episodes.
- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant professionals.

Staffing and recruitment

- There were suitable levels of staff working in the home to meet the needs of the people.

- The management team regularly reviewed staffing levels to ensure they were flexible to meet people's changing needs and access to activities of their choice.
- An effective and safe recruitment process was in place.

Using medicines safely

- Medicines were managed safely. Records showed people received their medicines at the correct times and with the correct level of support from trained staff who had their competency checked by the management team.
- The service followed a national initiative for stopping the over medication of people with a learning disability, autism or both (STOMP), with certain medicines which affect the mind, emotions and behaviour. The registered manager told us how they continuously looked for positive behaviour supporting strategies for people to avoid the need for 'as required' medicines.

Preventing and controlling infection

- The house was homely, clean and tidy. Records showed cleaning schedules had been increased during COVID-19.
- 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 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 health and social care needs were assessed to ensure the support they received reflected best practice, national guidance and achieved the best possible outcomes.
- Care and support plans considered all areas of each person's life, clearly setting out people's needs and how they wished to be supported.
- Before people moved into the house their needs were assessed and an individually tailored transition plan put in place. This included introductory visits to support the person and ensure compatibility with all other people living in the home.
- During COVID-19, staff had supported people planning to move into the home with virtual tours to allow them to get to know staff, the house and other people living there. One member of staff told us, "We have really got to know people well during their transition period despite COVID-19. People have been able to have virtual visits with us and, once we could, we have supported people to have visits with us. This has helped everyone get to know each other."

Staff support: induction, training, skills and experience

- Staff received training enabling them to meet the needs of people living at the home. This included specialist training in autism.
- The staff team had received training in positive behaviour support and least restrictive practices which was compliant with the Restraint Reduction Network (RRN) Standards to ensure only safe and best practice guidance was followed and used as a last resort.
- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- The registered manager operated effective processes to monitor staff training, supervisions and appraisals.

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

- People were encouraged and supported to be actively involved in planning, shopping, preparing and making meals and drinks to develop their essential life skills.
- Support plans outlined people's preferences, health needs and the support they required with their food and drinks. Staff promoted a healthy and balanced diet.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals and monitoring systems put in place.
- People had a choice of where they ate their meals. Some people chose to eat together in the dining room, others choose to eat in their own rooms or other areas of the house.

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

- Records showed people had regular health and wellbeing check-ups.
- Staff supported people, when required, to attend healthcare appointments. People had attended a dentist and had oral hygiene support plans in place.
- When required, investigations or advice from health professionals was sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.

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

- The home was a large adapted house which people had started to move into in 2020.
- The home had been designed to support people in the least restrictive way. There was a variety of communal rooms and extensive safe, outside space where people could go if they wanted some quiet time.
- All people were supported to decorate their rooms with their choice of personal items specific to their individual taste and interests.
- Adaptions made during COVID-19 were undertaken in a way to have the least impact on each person whilst ensuring they remained safe from the risk of catching or spreading infections.

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.

- The service worked within the principles of the MCA. Appropriate assessments of people's capacity to make decisions were in place. When required, best interests decisions were undertaken involving the person, their representatives and professionals.
- The registered manager monitored DoLS applications to ensure they were submitted appropriately and on time.
- Staff understood their responsibilities regarding MCA and best interests decisions. We observed staff continually seeking people's permission whilst supporting them.
- Staff had a good understanding of people's communication needs and were observed supporting people to make day to day decisions and choices.
- During the COVID-19 pandemic, staff had promoted people's rights in the least restrictive way; supporting people to go outdoors for exercise and continue to see their relatives.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Although some people were unable to tell us about their experience of living at the home, they were observed to be happy and treated kindly and respectfully by the staff team. One person told us, "It's great here, I'm working on my skills so I can move into my own house." One relative told us, "You wouldn't recognise the positive difference in [person] since they moved into The Grove. [Person] is so much happier and independent."
- Staff were trained in equality and diversity and knew how to support people's emotional and spiritual wellbeing, cultural and diverse needs, in line with their preferences, choices and wishes.
- The provider had an equality and diversity policy in place to protect and ensure people did not experience discrimination against any protected characteristics. This policy was in accordance with the Equality Act 2010.
- The management team monitored staff practices to ensure all care and support was delivered in a respectful, kind and compassionate manner.

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

- Care and support plans emphasised people's rights, choices, preferences, and the support they required to make decisions about their support.
- Records showed people and their relatives were involved in their care and support. One relative said, "The staff team are excellent, I have been involved and kept up to date from day one which has massively helped us all after a very difficult year for [person]."
- Staff were observed communicating effectively with people, in accordance with their communication plans.
- When required, people had access to and received support from an independent advocacy service to support them with any decision making.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. Staff respectfully encouraged people to try new things and do things for themselves to enhance their independence. One relative said, "[Person] has started to talk about living independently, this is fantastic as [person] has never really talked or engaged in this before. The staff team are really supporting [person] to be independent and work towards their goals."
- Staff were observed throughout the inspection empowering people to make choices about their everyday lives. Staff were skilled to recognise when people were unhappy and took quick action to make the necessary changes.
- Respect for privacy and dignity was embedded into the culture and values of the service. People were

respected, listened to, and involved in all aspects of their care.

- Confidential information was stored securely and in line with the UK General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received personalised, high-quality care which enabled them to live as full and independent a life as possible.
- Care and support plans reflected people's voice, choices, life aspirations and what was important to them. These showed people were fully involved in all aspects of planning their care and support.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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.

- The provider was meeting the AIS. Care and support plans were individual to each person and reflected their voice and preferred ways of communication. Staff were also aware of people's non-verbal signs of communication and how to positively support people.
- The home had a range of information in an accessible format to support people to be involved, raise any concerns and share their feedback. This included pictorial and easy read complaints records.

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 take part in activities according to their wishes and preferences, which promoted their independence. For example, two people had started to attend a local gym.
- Staff respected people's right to have their own family life. Relatives and friends had been supported to stay connected throughout the pandemic and were being welcomed back to visiting the house in line with current national guidance for visiting.
- Staff worked closely with people, their relatives and external health and social care professionals to promote people's life goals and ambitions which included looking for volunteering roles and moving into their own home with support.

End of life care and support

- The service was not providing any end of life support at the time of our inspection. The registered manager informed us that when required they would work closely with people, their relatives and other professionals to develop end of life care plans to ensure people received joined up, dignified care at this important time of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 staff team demonstrated a commitment to provide meaningful, good quality, person-centred care that met people's individual needs.
- One professional told us, "The staff team are working really well with [person]. Since moving in, their progress has been incredible. [Person] is really happy living there and already working on their future goals of eventually living independently."
- Staff were happy in their work. They described working at the home as enjoyable and rewarding. Staff commented that the management team were caring, approachable and supportive.
- Relatives and health professionals told us they trusted the management and staff team. One relative said, "The service is very well led. I have been involved and kept up to date in every aspect of [person's] care and support. I cannot fault the service at all."

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

- Feedback on the quality of the service was actively sought from people, relatives, staff and professionals. These surveys were positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to look at outcomes for people and set new goals for the year ahead.
- Regular meetings took place where all people were involved to give feedback on the service they received. This was undertaken using various accessible communication methods.
- Staff meetings were held regularly and were used to share any good practice or lessons learnt from incidents to continually improve standards.

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

- Quality monitoring of the service was in place. However, this had not identified the inconsistency in some records and debrief sessions with staff following an incident where a person had presented with behaviours that had been challenging.

We recommend the provider reviews its quality monitoring systems of the service to ensure a consistent approach is adopted when managing incidents that can be challenging.

- The registered manager and staff team had a clear understanding of their individual roles and responsibilities. All spoke positively of how they worked together to achieve the best outcomes for people.
- Timely statutory notifications to CQC had been received following any significant events at the service

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, procedures and best practice guidance were in place to support staff to continually raise standards.
- 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 appropriately communicated to relatives and professionals.
- Monitoring and review systems were in place for each person living at the home, this helped identify where improvements were required to people's care and support plans with quick actions taken quickly to implement change.

Working in partnership with others

- The service worked closely with a range of external health and social care professionals who had and continued to visit the home throughout the COVID-19 pandemic.
- One professional told us, "The management team are really good at working with all professionals and will keep us updated or ring when they need any advice. We have regular meetings about people living there. I'm really impressed with the team."