

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 4 April 2018 and was announced. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection.

We last inspected this service in 21 October and 10 November 2015, and found the service was complying with all the regulations and we rated the service as 'Good.'

During this inspection we found the service remained good and met all the fundamental standards we inspected against.

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 Grove can accommodate up to two people with a learning disability. At the time of our inspection one person used the service.

The service has been created by redesigning a part of a large nursing home, Balmoral Court and the provider who operates The Grove is a separate organisation. Flexible Support Options Limited worked in collaboration with the provider of Balmoral Court to ensure the service was well maintained and all checks such as gas and electrical were completed. The staff from The Grove can access Balmoral Court via an internal stairway and need to do this to collect the mail as they don't have a separate mailing address. We noted that when converting the unit the provider had left all of the en-suite facilities in place and this led to communal areas such as lounges being smaller and continuing to resemble bedrooms.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The goal is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The manager became the registered manager in February 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The person who used the service did not need staff to support them with their personal care but did require assistance to manage their medication, to deal with any deterioration in their physical health condition, and develop the independent living skills. We discussed with the registered manager whether they needed to maintain the registration of the service, as personal care was not being provided. The registered manager told us more people would move to the service and envisaged that in the future they would provide personal care.

Support plans were in place to meet people's assessed needs. These plans incorporated people's wishes and preferences about how their support was to be given.

The person told us they were happy and felt the staff were friendly and helpful. Staff told us they assisted the person to organise their day and to join in activities they enjoyed. The person always went out with staff and only stayed in the service by themselves for brief periods such as when staff popped to the local shops. Action was taken to ensure when people were deprived of their liberty appropriate safeguards were put in place. We discussed with the registered manager the current additional restrictions placed on the person and ensuring this was fully outlined in the care records.

Staff had been trained in safeguarding issues and knew how to recognise and report any abuse.

People's medicines were managed safely.

There were enough staff to meet the person's needs. Any new staff were appropriately vetted to make sure they were suitable and had the skills to work at the service. The staff were given support by means of regular training, supervision and appraisal.

Staff made the meals but if the person wanted they could make their own. Their dietary needs were fully understood and people told us staff encouraged them to eat a healthy diet.

The person was supported, where appropriate, to manage their health needs. Staff responded promptly to any changes in the person's health or general demeanour.

The person told us they had no complaints about their care, but felt able to share any concerns they had with the registered manager and staff.

Systems were in place for auditing the quality of the service and for making improvements.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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 was planned to check 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.

An adult social care inspector completed this inspection on 4 April 2018. The provider was given notice because the service is for younger adults who are sometimes out during the day and we needed to be sure someone would be in.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales. We used the feedback we received to inform the planning of our inspection.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

We spoke with the person who used the service, the registered manager and a support worker. We looked at the person's care records and medicine administration records (MARs). We also looked at two staff files, which included recruitment records, as well as records relating to the management of the service.

We looked around the service and the person invited us to see their bedroom.

# Is the service safe?

## Our findings

The person told us they liked the staff and from our observations we found that they were relaxed, able to follow their own routines and were supported to remain safe. They said, "It is excellent, as the staff know me well and it is lot less strict than when I was in hospital."

The person did not require support with their personal care, however they did need support to develop the skills needed to live independently.

Risk assessments were tailored to the individual's needs and covered issues such as dealing with emotional distress, diabetes and managing money. These assessments had been regularly reviewed. Staff had a good understanding of the risk management strategies to be used.

Regular checks of the premises and equipment were carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents were monitored, but none had occurred since the person had moved to the service.

Staff told us that they regularly received safeguarding training. Staff told us they knew how to raise concerns and were confident that the registered manager would take the appropriate action. However, they had never found this to be an issue and we found from the review of the information that no concerns had been raised.

Staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies and the provider had ensured plans were in place to deal with any situation.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions.

The person and staff told us they felt there were always enough staff on duty. There was always one member of staff was on duty during the day and overnight a staff member slept at the service. The registered manager told us that they were happy to be contacted at any time. One staff member told us, "We find maintaining a consistent team works well so on the whole just the four of us cover and only if someone is on holiday or off sick will we use the two bank staff."

The person's medicines was managed by staff and we found this was handled in a safe naber. Staff received training to handle medicines safely, and medicine administration records (MARs) were correctly completed. Medicines were safely and securely stored, and stocks were monitored to ensure these were available when they needed.

# Is the service effective?

## Our findings

The person told us that the staff were motivated and made sure the service met their needs. Information from visiting professionals described how staff worked well with the people who used the service. They said, "The staff are really good and I can't fault them. [Staff member's names] are perfect and the meals they make are beautiful."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

Staff understood when the requirements of MCA applied and when DoLS authorisations would need to be sought. We found that in line with the MCA code of practice a capacity assessment was only completed when evidence suggested a person might lack capacity.

The service accepts individuals who are subject to conditional discharges from a section 37/41 of the Mental Health Act 1983 (2007). However, staff needed to ensure they always obtained all of the information about any conditions that were imposed because if the person did not adhere to these they could be recalled to hospital. Also, staff needed to clarify why restrictions were imposed around towns that could be accessed and ensure the records reflected when individuals agreed to have staff with them or if this was in place because of the conditions or because the person lacked capacity and needed someone with them to ensure they remained safe. We discussed this with the registered manager who undertook to take immediate action to gather this information and reflect this in the care records.

Overall a detailed assessment was in place and effective support plans had been created. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is courses and updates the provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as working with people who had learning disabilities and had presented risks to others. We found the person was supported by staff who had sufficient knowledge and skills to perform their roles.

Staff we spoke with during the inspection told us the registered manager completed supervision sessions and conducted an annual appraisal with them. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an annual appraisal and supervision sessions on a regular basis.

We saw evidence in care plans that staff contacted external healthcare professionals such as GPs, nurses and specialist doctors, when needed.

Staff cooked whatever meal the person wanted and had worked with them to adopt healthy eating. We saw that the staff monitored whether the person's weight was within healthy ranges and took action when appropriate. The support staff offered had enabled the person to lose weight and reduce the impact this had on their health. Staff told us that the provider made sure there were ample ingredients and they never had any issues around providing nutritious meals for people. The person told us that there was a wide variety of food options and the meals were good.



## Is the service caring?

### Our findings

The person was very complimentary about the staff and described them as kind and caring. They said, "The staff are marvellous and really made living here good. We all get on really well and I know they have my best interest at heart."

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from our discussions that the staff knew the person very well and encouraged them to develop their independent living skills. We heard how since moving to the service people had become more confident and this had led to them feeling able to socialise and create a very active life.

Staff worked with the person to assist them to identify their triggers for any deterioration in their mental health or impact of changes in their emotional regulation.

The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach. We saw staff sought the individual's views and engaged them in conversations about their day. Staff spent time chatting, encouraging, laughing, and joking with them. The person told us they had developed a very good relationship with the staff team.

Staff knew how to access advocacy services but at the time of the inspection this was not needed. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views. However, we discussed with the registered manager that the person was entitled to a solicitor who would be paid via legal aid if they chose to appeal their conditional discharge or this was referred automatically to the Mental Health Tribunal.

The physical environment met people's needs. The person's bedroom was personalised and decorated to their taste. We did note that when the service was converted from being a part of a large nursing home to a small unit the en-suite facilities had not been removed from bedrooms that were now being used as lounges. We discussed with the registered manager how this reduced available space in lounges and they undertook to discuss this with the provider.

The service does not have a separate postal address and this had led to all the mail going to Balmoral Court. The registered manager told us that staff went up via the internal stairs to get the mail but sometimes items were lost. They told us that action was being taken to improve this and ensure mail was delivered to the service more effectively.

## Is the service responsive?

### Our findings

The person who used the service did not need staff to support them with their personal care but did require assistance to manage their medication, to deal with any deterioration in their physical health condition, and develop the independent living skills. We found that the staff made sure the service worked to meet their needs and goals.

We found the care records clearly detailed the person's needs. We saw as their needs changed the assessments were updated as were the support plans and risk assessments. The person who used the service discussed their current goals, how things were going with that goal and what support they would need. For example, they would like more staff employed who could drive as they like going out in the car. The registered manager told us this was being actively pursued and more staff were being employed who could drive.

We found that person regularly went out and about, visited their family and friends, and enjoyed a range of social activities within the service and local community. They told us they liked going out to local venues such as the Metrocentre and enjoyed sightseeing.

We saw that the person and relatives were provided with a copy of the complaints procedure. The person told us that the staff and registered manager were always open to suggestions, would actively listen to them and took action, when needed, to resolve concerns.

We looked at the complaints procedure and saw it clearly informed people how and who to make a complaint to and gave timescales for action. We saw that no complaints had been made in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the procedure.

At the time of our inspection no one was receiving end of life care, however staff understood what action to take if this changed.

## Is the service well-led?

### Our findings

At the time of the inspection no one using the service needed support with their personal care. In light of this we discussed with the registered manager whether they needed to maintain the registration of the service. The registered manager told us more people would move to the service and envisaged that in the future they would provide personal care.

The person and staff spoke positively about the service and thought it was well run. They said, "The manager is really good and is interested in what I have to say." A member of staff told us, "I find it is a well-managed home and we all work together to keep it that way."

The manager had registered with the Care Quality Commission in 2017.

We found that the provider had systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as health and safety, medicine management, and staff development. They used these audits to inform their review of the service. We found the audits identified areas they could improve upon and the registered manager took the necessary action to make the improvements.

Staff told us they had regular meetings and felt able to discuss the operation of the service and make suggestions about how this could be improved. A member of staff said, "We are always able to share our views." The person told us they were also involved in making decisions about how their home was run. We heard that they were asked how they felt the service was running and if any improvements could be made. The registered manager gathered the views of the person, staff and visiting professionals. They used the information from these to draw up action plans and look at areas that could be improved.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager knew they needed to inform CQC of significant events in a timely way by submitting the required notifications but had never needed to do so. They had displayed their previous CQC performance ratings, both at the service and on their website, in line with legal requirements. This meant people who are interested in the service can see how well they have performed against the regulations.