

Consensus Support Services Limited

Grovelands

Inspection report

38 Grovelands Road, Purley, Surrey, CR8 4LA
Tel: 020 8660 180600 000 000
Website: www.consensussupport.com

Date of inspection visit: 19 November 2014
Date of publication: 27/01/2015

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

Our inspection took place on 19 November 2014 and was unannounced.

Grovelands, which is commonly known as the Manor, is a residential care service that provides accommodation and personal support for up to 14 people with learning disabilities. At the time of our inspection there were 12 people using the service. We met with the newly appointed manager who had started their registration process with the Care Quality Commission (CQC) to become a registered manager.

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.

People felt safe living at Grovelands. Staff supported people to be as independent as they wanted to be and encouraged them to follow their own activities and interests. Staff helped make sure people were safe at the service and in the community by looking at the risks they may face and taking steps to reduce those risks. People received their prescribed medicine at the right time.

Summary of findings

There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

During our inspection we saw that staff were caring and attentive to people. They showed people dignity and respect and had a good understanding of individual needs.

Care records contained information about the healthcare and support people needed and people had access to healthcare professionals when they needed them.

Staff said the manager was supportive and listened to them. People who used the service were comfortable talking with staff and the manager and we saw how people were reassured and supported when they were upset or unhappy.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The manager and staff used information about quality of the service and incidents to improve the service.

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. There were arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Good



Is the service effective?

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Good



Is the service caring?

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

Relatives and friends told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints.

Good



Is the service well-led?

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the manager. Staff told us that the manager was approachable, supportive and listened to them.

Good



Summary of findings

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

The provider encouraged feedback of the service through regular house meetings and staff and relative surveys.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Grovelands

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.

Our inspection took place on 19 November 2014 and was unannounced.

The inspection team was made up of two inspectors. We spoke with four people who used the service, three healthcare professionals, six members of staff, the manager and the operations manager. We observed the care and

support being delivered and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at four people's care records, five staff records and other documents which related to the management of the service, such as training records and policies and procedures.

Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and their outcomes and information from the local authority.

After the inspection we spoke with four friends and relatives of people who used the service and one healthcare professional.

Is the service safe?

Our findings

People's friends and relatives told us they felt safe living at Grovelands. They told us, "[my relative] is very happy, we don't want anything to change", "If [my relative] was not happy they would say something", "I know [my friend] would tell me if [staff] were ill-treating them, they are safe at the service" and "[My relative] feels safe and happy." We observed people interacting with each other and staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Managers and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding adults' team. Records confirmed most staff and managers had received safeguarding training. Plans were in place to train the recently recruited staff. People's finances were protected and there were procedures in place to reconcile and audit people's money.

Staff followed effective risk management strategies to keep people safe. People's care records contained a set of risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. We saw risk assessments related to people's nutrition, moving and handling, accessing their local community, handling finances and self-administration of medicines. One member of staff told us about the risk one person faced who had difficulty in swallowing. They told us, "I need to ensure [the person's] drinks are thickened otherwise they may choke. I also need to watch they don't take other people's drinks as this could make them choke too."

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. The whistleblowing policy was discussed at staff meetings and details of a whistleblowing reporting line was displayed in the staff room. This allowed staff to report their concerns anonymously if they were uncomfortable speaking with their manager. Details of incidents were recorded together

with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, the service had made changes in how they audited people's money following a concern that had been raised. Staff told us they now checked people's money three times a day and countersigned any transactions. We saw people coming to the office for their money before going out for the day and we observed staff carrying out their checks.

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection five staff were on duty, including two team leaders. There were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Where people stayed at the service staff were always visible and on hand to meet their needs and requests. We looked at staff rotas during the inspection which confirmed staffing levels. Staff told us they undertook daily duties, such as cleaning and cooking, but felt there were enough staff on duty to give people the support they needed. Staff annual leave and sickness was covered by internal bank staff and the dependency on agency staff was low to make sure people experienced consistent care.

The service followed appropriate recruitment practices to keep people safe. Staff told us new staff had recently been appointed and the service did not have any vacancies. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. All prescribed medicines handled by staff on behalf of the people who lived in the home were stored appropriately in a locked secure cabinet. People's capacity to manage their own medicines had been individually assessed. We saw one person come to the office to receive their medicine and sign their records accordingly. We found no recording errors on any of the medicine administration record sheets we looked at. Around half of the staff had

Is the service safe?

received training in medicines management and staff confirmed only those who had received training were able to administer people's medicines. The operations manager told us that yearly checks were carried out to ensure staff

competency to handle medicines safely and we saw records of these checks in staff files. The manager confirmed there was always a trained staff member on every shift to administer people's medicine.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. Staff told us about the induction programme. One staff member said, “We had a three day induction where we learnt a lot about the company and about people’s support needs.” Another member of staff told us, “The induction process really helped me to get a good start here and understand how to support people. Putting theory into practice takes a little time but I have learnt a lot in the time I’ve been here.”

Records were kept of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training. This included fire safety, manual handling, infection control, food hygiene, first aid, safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Not all new staff had completed all of their mandatory training but we saw their training needs had been identified. Training due for renewal had also been noted with expiry dates clearly noted. We saw evidence that staff received specialist training to meet people’s needs. For example, one staff member had received a specific type of conflict management training known as MAYBO. They told us, “I have changed the way I interact with [one person] after having MAYBO training. It really helped me to see things from that person’s perspective. I have put myself in their shoes and I realise that in the past I may have misinterpreted what they wanted.” Staff confirmed they had received one to one supervision with their manager. We saw records of staff supervision and noted these were held regularly through the year.

The provider was aware of the changes in DoLS practice and was in liaison with the local authority to ensure the appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. Records indicated that just under half of the staff had received training in this area and we were told training would be provided for all staff over the coming months. It was apparent from our discussions with managers and staff that they had a good understanding of MCA, DoLS and issues relating to consent. One staff member told us, “You must assume that everyone has capacity and help support them to achieve what they want.” The manager told us

capacity assessments and best interests decisions were made when necessary and we saw an example where the court of protection had appointed a social worker to act in one person’s best interests.

People were supported to have a balanced diet and were involved in decisions about their food and drink. People were positive about the food choices available. One person told us “The food is OK.” Menus were planned every four weeks and were discussed at house meetings. The week’s menu was displayed in the kitchen in easy read and pictorial format. People’s preferences and special dietary needs were recorded in their care records but also in a file in the kitchen. Staff told us this really helped them especially when they first started working at the service. They told us, “The records helped me get to know what people like to eat and drink, [one person] really likes coffee and another will only eat small portions.” One person was intolerant to certain foods and staff kept a store of specific food for them. We observed lunchtime at the service, staff asked each person what they would like. One person wanted a specific flavour of yogurt, staff explained they didn’t have this, but showed the person the various options available so they could choose.

Staff told us some people took packed lunches with them when they worked at a nearby farm, they were encouraged to make their own lunch and given ideas for health options. Posters and information on display in the kitchen and staff told us these helped people make healthy choices.

People were supported to access the healthcare services they required. We saw from care records that there were good links with local health services and GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and people’s social workers. The service involved and informed people about their healthcare. For example, the service had created a ‘social story’ for one person to try to explain the importance of infection control following a surgical procedure. This was written in an easy read pictorial format and helped the person understand what they needed to do to stop them from feeling poorly.

Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

Is the service caring?

Our findings

People, their relatives and friends told us they were happy living at Grovelands and that staff were caring. One person said, “I am very happy here” and “I love my room and I like to help out.” Relatives and friends commented, “[Our relative] is happy there and we are happy for them to be there”, “The staff are good” and, “Things have got a lot better recently, they have new staff and [my friend] seems a lot happier with the new staff.”

We spoke with three healthcare professionals who regularly visited the service. They all agreed from their observations that staff were friendly and caring and people were well cared for.

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. During lunch staff took their time to sit and engage with people in a kind and friendly way. One staff member reassured a person that their lunch was coming by saying, “They are just making your lunch now, would you like a cup of tea while you wait?” Another staff member encouraged one person to independently eat their meal, “Are you going to have a go? I know you can do it.”

Staff knew people well and were able to tell us about people’s individual needs, preferences and personalities. One staff member told us, “I think I have built a bond with [person] I have been able to take time to really learn what is important to them and why they do certain things. I have noticed a difference in that they seem more calm now, which is nice.”

People were involved in making their own decisions and planning their care. Regular house meetings were held where people discussed issues such as menu choices,

activities, what to do if they were unhappy and any news or events. People’s individual views and responses had been recorded in the minutes in easy read and pictorial formats. We saw people making choices about their day to day life, for example one person decided not to get up until later in the day and another person told us about how they were involved in recycling household waste at the service.

Care records were centred on people as individuals and contained detailed information about people’s diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

Relatives and friends told us they came to visit when they wanted and people were supported to visit them. However, two relatives had concerns that, on occasions, communication between staff members and between relatives and staff had been poor. We were told, “Communication has been poor in the past, for example staff don’t always give you enough notice about birthday parties” and, “I phoned to tell the service I would be visiting on a certain day but when I arrived no one knew I was coming.” We discussed these concerns with the new manager of the service who explained he was in the process of contacting people’s friends and relatives for their feedback and would address these issues that had been raised.

Staff told us how they respected people’s privacy and dignity. They told us, “I don’t go into people’s rooms without knocking. I will always announce myself and ask if it’s ok to enter their room”, “I always make sure people are appropriately dressed before they come out of their rooms ...to protect their dignity” and “I keep all the information I know about a person confidential, amongst the staff, but never outside of the home to respect their privacy.”

Is the service responsive?

Our findings

People's friends and relatives told us they felt involved in reviewing the care their family member received. They told us, "We will always attend reviews for my relative", "We are invited in to discuss [my relatives] care "and "I'm due to attend a review for [my friend]."

Care records gave staff important information about people's care needs. We saw some good examples of how staff could support people who had communication needs. This included guidance for staff on how to recognise when a person was uncomfortable or in pain if they were unable to verbalise this themselves. People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do and how staff could best support them. For example, one person liked music and historical movies and another person liked to go to the pub.

People were supported to follow their interests and take part in social activities. They each had an activities planner which included outings to social clubs, church, sports, and trips to the cinema and household chores such as laundry, cleaning and meal preparation to help encourage their independence.

During our inspection we saw one person was going shopping with a friend. They told us how they were looking forward to having lunch out. Another person was in the lounge area with a guitar and some drums enjoying a music session. Four people were attending a local farm run by the provider. Staff told us people really enjoyed their time on the farm and enjoyed the work they did there. We saw people returning later that afternoon, people were happy and chatting about their day to staff and other people that used the service.

One person told us about their recent birthday party. They showed us photos of the day and spoke about the friends they had invited. Staff explained how one person had been helping them with staff interviews, we spoke with the person who explained how they had helped and showed us the certificate they had received for 'excellent interviewing skills'.

Staff explained how they had provided one to one support for one person in the afternoons to encourage them to be engaged in activities, they said, " [The person] is much better in the afternoons so we encourage activities during this time. They have started to do more each day, for example, they enjoy playing snooker."

Relatives told us they had never needed to make a formal complaint about the home and felt confident that any issues they might have would be taken seriously by the service's management. A relative said, "We've had no cause to complain, but I'm sure if did they would sort it out." Another told us, "I have no complaints, but they would listen if I did."

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people in the reception area and house meetings discussed how people could complain if they were unhappy or had any concerns. All complaints were logged at provider level and were regularly monitored. We saw a relative had made a complaint following one incident. The service had undertaken a full investigation and recorded outcomes. We noted the action taken by the manager to rectify the situation that included staff supervision, performance monitoring and changes in procedure.

Is the service well-led?

Our findings

At this time of our inspection the manager had just started to work at the service and was in the process of applying for CQC registration. Friends and relatives of people knew about the new manager and felt this was a good thing. One relative told us, “There has been such a high turnover of staff and managers it’s been a real issue...hopefully things will settle down again, like it was before.” A friend of one person told us, “I am going to meet the new manager soon...It seems things are definitely picking up.”

We observed people were comfortable approaching the manager and other staff and conversations were friendly and open. One staff member told us, “[The manager] is leading well; he is always on board taking part in everything. He comes in everyday and spends time greeting all the residents to find out how they are before doing anything else.”

People were encouraged to be involved in the service through regular meetings. We saw minutes from these meetings covered issues such as menus, up and coming birthdays and parties, activities, health and safety, complaints and safeguarding. Staff and relatives were sent surveys and the results were analysed. We saw the relative survey conducted during August 2014 and noted most comments were positive. Suggestions had been made for service improvements, for example, one relative had suggested communication could improve. Although it was

not clear from the analysis what action had been taken in response to this suggestion, we saw minutes from staff meetings where improving communication with relatives was a continuing agenda item.

Staff said things had improved at the service recently and felt they now had a good team. They told us, “There have been a lot of changes and things have greatly improved in the last few months”, “[the manager] leads by example. He turns up unannounced at night to do spot checks. He has good interpersonal skills and listens to our concerns and understands the challenges we face” and “The atmosphere is very positive. Staff just want to get things done and that has a positive impact on the people living here.”

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes included people’s views and guidance to staff for the day to day running of the service. For example, staff were given detailed information for one person who was particularly poorly. We also saw reminders for staff to report anything they were unhappy with or concerned about.

Regular quality assurance audits were carried out by the provider. These included quarterly reviews of care records, risk assessments, medicines, staff files, supervision and training, and safety and the suitability of the service. Reports of each audit contained detailed findings, action needed, who was responsible and the timescales for actions to be completed by.