The Spring Children's and Transitional Care Ltd

9 Grenville Drive

Inspection report

9 Grenville Drive
Erdington
Birmingham
West Midlands
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Tel: 07427791265

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
9 Grenville Road is a residential care home providing personal care for two younger people living with a learning disability and/or autism at the time of the inspection. The service is registered to support two people.

People using the service lived in a semi-detached house, with shared kitchen and bathroom facilities.

Services for people with learning disabilities and/or autism
The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
The provider's systems to monitor the quality and safety of the service had not always been effective at identifying where the registered provider needed to make some improvements. For example, ensuring annual environmental safety checks were completed.

People were supported by staff who knew their needs well. Staff supported people with their medicines but there was some improvement required to the medicine management administration processes. We have made a recommendation the provider ensures medicines are recorded appropriately, regularly reviewed and monitored when transferring between locations in line with current national guidance.
People were safe living at the home. Staff knew how to protect people from harm and reduce the risk of accidents and incidents. At the time of our site visit, we found there were enough numbers of suitably recruited staff on duty to meet people's needs to keep people safe. Staff understood how to prevent and control the spread of infection.

People who had recently moved into the home had been assessed before being accepted to the service to ensure the provider could meet their needs. Assessments addressed the person's physical and health needs and what was important to them. Staff had received training which helped them to deliver personalised care. Our observations showed people looked happy.
People were offered a choice of foods and where appropriate, received additional support with their dietary needs. Staff worked with external health and social care professionals and ensured people were supported to access these services when they needed them to maintain their health and wellbeing.

People were supported to have maximum choice, control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this

practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff spoken with were knowledgeable about people's care and support needs. Staff enjoyed their work and had developed a good rapport with the people they supported. Staff encouraged people's independence and protected their privacy.

Whilst on site, people looked comfortable with the way they were being supported and we saw positive interactions between people and staff. Staff provided care to people in line with their individual preferences and choices.

Complaints made had been investigated however, there was no system in place to monitor for trends. The culture of the staff team was to provide person-centred care and empowered people to maintain their independence as much as possible.

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

Rating at last inspection
This was the first inspection for this service since their registration (21 January 2019).

Why we inspected
This was a planned inspection.

Enforcement
We have identified breaches in relation to the governance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our care findings below	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

9 Grenville Drive

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.

Inspection team
The inspection was conducted by one inspector.

Service and service type
9 Grenville Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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, we wanted to be sure there would be people and staff 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. The provider had completed 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.
We reviewed information available through Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with

two members of staff, the acting home manager, the deputy manager and the nominated individual.

We reviewed a range of records. This included two people's care records and medication records. 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 requested additional information from the provider regarding training and policies. We also requested feedback from five healthcare professionals about their overall views of the care and support being delivered at the home.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- We saw medicines had been stored securely.
- When people were leaving the service for short breaks away, we found their medicines were being removed from their original dispensed containers and put into separate compliance aids. This is called secondary dispensing. Medicines should be administered from containers dispensed and labelled by the pharmacy or dispensing GP. This is not considered good practice as this process has removed a vital safety-net to check the medicine, strength and dose with the medication chart and label on the medicine packaging.
- When people had medicines prescribed to be taken 'as needed' there were not personalised protocols in place to guide staff on their administration.

We recommend the provider refer to NICE national guidance to ensure people's medicines are recorded appropriately; there are complete records when transferring medicines between locations and people's medicines are accurately reconciled and recorded on medicine administration records.

Learning lessons when things go wrong

- There was no system in place to learn from behavioural incidents. Staff had not consistently recorded behaviour incidents, which meant the data about incidents was not available so that it could be reviewed to identify themes, triggers and trends to help reduce the incidents of people's distressed behaviour.
- There had not been any accidents or incidents since the home was open. However, there were no systems in place to analyse and monitor events when they occurred, to reduce the risk of re-occurrence to maintain people's safety.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were happy living at the home and it was 'good'. We could see people were happy and relaxed in the company of staff.
- Staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "I would write it down (daily notes) and report it to management."
- There were effective systems in place to monitor and manage allegations of abuse or harm.

Assessing risk, safety monitoring and management.

- Risks to people's safety had been assessed. There were risk assessments in place that detailed how staff should support people to remain safe and staff knowledge reflected this information. For example, one risk assessment had been updated to reflect one person's risk of leaving the staff member when out in the community.

● Discussions with staff showed they had a good understanding of the risks to people and they explained what action they took to keep people safe. One staff member told us, "[Person] can get very upset with their reflection so I make sure all the blinds are closed at night so they do not see their reflection in the windows."
● Changes in people's needs were referred to the appropriate healthcare professionals to ensure people's support needs continued to be met.

Staffing and recruitment
● Staff we spoke with said there was enough numbers to support people safely. One staff member said, "People are one to one so there is always somebody with them, day and night."
● Records we looked at showed safe recruitment processes had been followed. The recruitment process included checks to reduce the risk of employing unsuitable staff. This comprised of pre-employment checks and checks with the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Preventing and controlling infection
● There were systems in place to prevent and control infection. We saw the home environment was clean, tidy and odourless.

Requires Improvement

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 requires improvement. This meant the effectiveness of people's care, treatment and support was not always inconsistent.

Staff support: induction, training, skills and experience

- Staff we spoke with told us they were satisfied with the training they had received.
- New staff had received an induction to the home. The provider's training records documented training around safeguarding, health and safety, mental capacity and medication had been recently completed or was due for refresher. Staff told us they were given opportunities in supervisions and team meetings to discuss their training requirements.
- We discussed with the home manager how people were supported with their oral healthcare. We saw people did have access to and had been seen by a dentist. We were told staff completed checks on people's toiletries such as toothpaste and toothbrushes to make sure people had enough supplies.
- Staff spoken with confirmed they received support from the management team that included supervision and team meetings.

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.

- Although the training information we had seen showed staff had not received up to date training on the MCA, the staff spoken with demonstrated to us in their answers, they were fully aware how important it was to make sure people were given choices and support to help them with their choices. We saw evidence to support best interest's meetings had taken place with the appropriate people and professionals.
- Staff knew how to seek consent from people and understood the importance of giving people choices.
- At the time of the inspection, there were two people living at the home. The management team had not identified there was the potential for unlawful restriction. We discussed at length the criteria for DoLS and the application procedures. After reviewing people's records, we found evidence applications should have been made and were not. The home manager took immediate action at the time and submitted emergency applications to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed. The assessments considered people's needs including the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
● People had been involved in their care planning, which was reviewed monthly or when their needs changed.
● Staff we spoke with were knowledgeable about people's day-to-day support needs.

Supporting people to eat and drink enough to maintain a balanced diet
● One person was identified as a potential risk of choking had received appropriate support from healthcare professionals. Staff knew how to support the person safely following the guidelines in the person's care plan.
● Where people required support to eat, this was provided in an encouraging way by staff.
● People's dietary needs were being met.
● People were encouraged to consider more healthy options and were supported by staff with their food shopping.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
● People accessed specialist healthcare professionals. For example, speech and language therapist, social workers and psychiatrist.
● There was a handover system in place, which contained details of any updates in people's health and care needs. This ensured staff provided consistent support that met people's needs.
● Records we look at showed health and social care professionals were promptly contacted when there were any changes in a person's health and wellbeing.
● Staff knew what to do if they had concerns about a person's health.
● There were hospital plans available to inform hospital staff of people's support needs in the event of the person being admitted to hospital.

Adapting service, design, decoration to meet people's needs
● The location of the service enabled people easy access to the local community for their health care and social inclusion needs.
● The home's external exterior was like that of 'ordinary' homes in the area and did not present as a 'care home', in line with Registering the Right Support.
● The home's internal environment was bright and clean. However, it lacked stimulation for people living with a learning disability and/or Autism. The deputy manager explained they had only started accepting people in August 2019 and agreed there was improvements to be made to the living environment. A healthcare professional shared with us their views there could be more done to make the home 'more homely' for people.
● There was an outdoor space available to the rear of the property, if people wished to use this.

Good

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
- Most staff had received recent training in equality and diversity. People's lifestyle and equality needs had been identified in their care plans. One staff member told us, "We treat everyone as they wish to be treated."
- Staff had a caring approach to their work and they demonstrated kindness and respect when supporting and speaking with people.
- Staff knew each person's preferences.
- Staff we spoke with told us they enjoyed working with people and how they wanted to make sure people were empowered to maintain their independence.

Respecting and promoting people's privacy, dignity and independence
- People told us staff treated them well.
- People were supported to maintain and develop relationships with those close to them.
- People were encouraged to be independent. For example, people encouraged to do their own laundry, washing up, tidying their room, shopping.
- People's right to privacy and dignity was respected. We observed staff asking people if they required some 'quiet time'.
- Staff we spoke with gave examples about how they respected people's privacy.

Supporting people to express their views and be involved in making decisions about their care
- People's views and decisions about care and support had been included in their initial assessments and in their care plans. This helped staff to support people in a way that allowed people to have some control over their day to day lives. Staff we spoke with told us, "We always ask people before doing anything to gain their consent" and "We make sure they [people] are given choices about what they want to do and where they want to go, it's being respectful."
- People were supported by staff to make day to day decisions. For example, we saw staff asking questions and giving people choices in taking part in day to day activities and tasks.
- For people without family support to help them make decisions about their care and support, the provider ensured advocates were available. An advocate is independent and appointed to make sure the person's voice is heard on issues that are important to them and have the person's views and wishes genuinely considered, when decisions are being made about their lives.

Good

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

- Each person had a personalised care plan which reflected their individual preferences, likes and dislikes. The care plans gave a clear picture of the person as an individual and the things that were important to them.
- People could decide how to spend the day in the home, when to get up and when to eat. Staff respected people's choices.
- Care and support was provided by staff who knew people well.

Meeting people's communication needs

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 home manager was aware of the requirement to ensure a person's specific communication needs were detailed in their care records. At the time of the inspection, the deputy manager was in the process of developing easy read pictorial cards for one person.
- There were some easy read formats of policies available for people, for example, the complaints policy.
- The care plans were not always written in an easy read format using symbols and/or large print text which would be easier for people to access and understand. However, we could see people had been involved in their assessments and reviews and supported by health and social professionals and family members. The manager told us they would introduce more easy read documentation into the care plans.

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 participated in activities that met their individual choices and preferences. For example, attending college. We saw people were supported to go to the cinema, local pubs and restaurants and trips out.
- People's hobbies and interests were known and encouraged by staff with support provided where needed.
- We saw from care plans people were involved in regular social activities outside the home each week.

Improving care quality in response to complaints or concerns

- The provider's complaints policy was available in an accessible, easy read format.
- There had been a small number of complaints since the service was registered that had been investigated and responded to. The provider did have a process in place, however this did not include monitoring complaints for any trends.

End of life care and support

● The service does not currently support people at the end of their life at the time of the inspection. However, records looked at included preferences relating to people's protected characteristics, culture and spiritual needs.

Requires Improvement

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We reviewed a range of records and found improvement was required with record keeping. For example, the service had developed their own style of medicine administration record (MAR). We found the MARs did not follow national guidelines and were not robust enough to accurately document administration of medicines.
- Audits had failed to identify that protocols for 'as required' medicines were not always written in a personalised way to support people.
- Audits had failed to identify that medication was been secondary dispensed and presented a risk to accurately record and monitor people's medicines when they were taken out from the service and later returned.
- The provider's health and safety checks were not effective. They had failed to identify a CO2 fire extinguisher had not been serviced since July 2013 and the pin had been removed. The wrong type of fire extinguisher was in place. The fire risk assessment had stated the use of a foam fire extinguisher. The annual environmental checks on equipment such as gas and electrical appliances and the service fire risk assessment, were all overdue and should have been reviewed in October 2019.
- The provider and management team had not recognised one serious incident should have been notified to CQC. However, it is recognised all appropriate action had been taken to protect and safeguard the person and the notification was submitted retrospectively.
- Audits of care plans had failed to identify incidents involving behaviour issues were not being consistently recorded in 'ABC' charts. There had not been analysis of incidents, behaviours or complaints to monitor for trends to mitigate future risk of reoccurrence.
- Audits of care plans had not identified the language being used by staff to describe the action they had taken when there had been behavioural issues was not always respectful.
- Audits of care plans had not identified people living at the home were potentially being unlawfully restricted.

The provider's systems or processes were not always effective. They failed to enable the registered person to monitor and mitigate the risks relating to health and safety of people, to ensure checks were up to date and completed and contemporaneous records were being maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered home manager in post, however the deputy manager was in the process of

applying to become the registered manager. At the time of the inspection, a manager from another of the provider's services was helping to manage the home with the deputy manager.
The management responded during the inspection and submitted an action plan following the inspection site visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff we spoke with told us they were supported by the management team. One staff member said, "I feel very comfortable to voice my opinion, I am very happy here, we all work well together as a team."
- The management team understood their responsibility to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- At the time of the inspection, the provider had just started a process to seek feedback from people, relatives and professionals about the quality of the care and support.

Continuous learning and improving care. Working in partnership with others

- The staff and management team worked in partnership with health and social care professionals who were involved in people's care.
- Throughout our inspection the management team were open and honest and welcomed our inspection feedback.
- The management team and staff displayed a commitment to providing quality care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems or processes were not always effective. They failed to enable the registered person to monitor and mitigate the risks relating to health and safety of people, to ensure checks were up to date and completed and contemporaneous records were being maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.