

Accomplish Group 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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected the service on 4 January 2019. The inspection was unannounced. The Grove 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. The service accommodates twelve people and on the day of our inspection twelve people were using the service.

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. People with acquired brain injuries using the service can live as ordinary a life as any citizen.

At our last inspection on 20 June 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good'. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, the rating for Well-led has deteriorated to 'Requires Improvement'.

There was 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.

The registered manager had not ensured that statutory notifications were submitted to the Commission in a timely manner.

People could be assured that they would receive care in a way that maintained their safety and promoted their independence. Lessons were learnt and action taken as a result of accidents and incidents. People were supported by sufficient numbers of staff who received the support and training that they needed to work effectively in their role. People's prescribed medicines were managed safely.

People's needs were assessed and detailed plans of care in place, reflective of people's preferences, to guide staff in providing care. People were supported to maintain the best possible health and were enabled to access the healthcare services they needed in a timely manner.

People could be assured that they would be treated with dignity and respect. Staff focussed on enabling people to be as independent as possible and gave people the maximum possible choice and control over their care.

There was an effective system of quality assurance in place. There was a well understood and clear person centred culture that was demonstrated by staff and the registered manager. This culture and focus on supporting people to be independent had resulted in positive outcomes for people receiving care.

Further information is in the detailed findings below.

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?

Requires Improvement ●

The rating has changed to Requires Improvement.

The registered manager had not submitted statutory notifications as required to the Commission in a timely manner.

There was an effective system of quality assurance in place that focussed on improving the quality of care people received that was overseen by the provider.

The registered manager was motivated to provide high quality person centred care. They were visible and approachable to both staff and people.

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.

This comprehensive inspection took place on 4 January 2019 and was unannounced.

The inspection team consisted of one inspector.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service to gather their views about the care they received. We also spoke with the registered manager and two care staff.

We looked at the care records of two people who used the service. The management of medicines, staff training records, as well as a range of records relating to the running of the service. These included audits and checks and the systems adopted by the provider to monitor the quality and safety of people's care.

Is the service safe?

Our findings

People could be assured that action would be taken as a result of accidents and incidents to keep them safe. The registered manager had a system in place to review and learn from accidents and incidents. For example, they had identified a trend of one person become unsettled in the home resulting in incidents and had sought advice from the provider's behavioural support advisor. The registered manager worked with the person to develop a positive behavioural support plan and to agree strategies to reduce the causes of this person becoming unsettled. This had successfully reduced the number of incidents within the home.

People could be assured that their medicines would be managed safely. One person told us, "They [Staff] give me my tablets twice a day at the right time. They tell me what I am taking and give me a glass of water." People were enabled to be as independent as possible in the administration of medicines and some people were receiving support to work towards managing their medicines independently. There was a system of audits in place overseen by the registered manager to ensure the safe management of people's prescribed medicines.

There were sufficient numbers of skilled and competent staff working in the home to provide personalised care to people. Staff knew what action they should take to keep people safe. One member of staff told us, "We have detailed handovers that tell us about any changes in people's needs and their care plans tell us what we need to do to keep them safe." We observed that staff knew people well and were providing care in line with these assessments. Staff had been subject to pre-employment checks to ensure that they were of a suitable character to support people who used the service.

People were protected from the risk of harm from abuse as staff knew what action to take if they suspected people were at risk. Staff had received safeguarding training and were able to describe how they applied this learning in practice. One member of staff told us "I know how to contact the safeguarding team or to 'whistleblow' if I ever had concerns about someone's safety. I would tell the registered manager though and they would take action."

People were protected from the risk of infection. The home was clean, tidy and free from hazards. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff each day and checks were carried out.

Is the service effective?

Our findings

The home was adapted to meet the needs of people who used the service. However, a number of areas of the home were in need of redecoration and updating. The provider had a plan in place to achieve this and had commissioned architects to design a reconfigured ground floor to provide a better environment enabling people to have maximum independence.

People's needs were assessed and regularly reviewed to ensure that they were suited to the service and could be met. One person told us, "I have a keyworker who spends time with me discussing what help I need and what my goals are to help me get ready to move to my own home". Staff had received the training that they needed to provide people's care and to work in line with best practice; promoting people's independence and enabling people to be active members of the local community. One member of staff told us, "I had never worked in care before but I had a very good induction and have had lots of training. I feel far more confident in my role now. There is also the opportunity for me to complete formal qualifications in care if I want to." Staff were also supported through regular supervision and appraisal and these systems helped to ensure that they felt confident in providing care to people.

People were supported to maintain a good sense of wellbeing and had access to a balanced diet, healthcare professionals and were enabled to live as independently as possible. One person told us, "The food is very nice; the staff usually prepare it for us but we always have a choice and help with the food shopping if we want to." Staff worked well with the other professionals involved in people's care and were motivated to support people to achieve the best outcomes possible. For example, staff had liaised with one person's social worker to support them in their aim to live independently in the future. They had taken the person to view flats and to agree what support they would need in the future if they were to leave the home. Staff were vigilant of people's changing needs and sought support from healthcare professionals in a timely manner when required.

Consent was sought before care and support was provided. 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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Is the service caring?

Our findings

People were treated with kindness and respect by staff who knew them well. One person told us, "I get on well with the staff; they are very nice." People and staff were relaxed in the home and engaged in positive interaction throughout our inspection. Staff knew people well, could anticipate their needs and were able to describe their interests, life histories and aspirations and how they supported people to achieve these. For example, one person had been supported to gain a volunteering opportunity in the community. This had enhanced their sense of well-being, increased their confidence and was contributing towards their aspiration to live more independently in the community.

People were supported to express their views and have as much choice and control as was possible over their day to day routines and care. One member of staff told us "I am a key-worker for one person. It means that I work with them and support them to achieve their aims and make sure that they receive care in the way that they want it while they live here." People were supported to access advocacy services when they needed to and the service ensured that information was provided to people in a way that was accessible to them.

People were enabled to maintain relationships with the people that were important to them. One person told us "We can have visitors come to see us whenever we want." Staff had supported one person to reconnect with their family who they had not had contact with for many years. This focus supported people to experience an enhanced sense of personal well-being.

Is the service responsive?

Our findings

People's care was planned and provided in a way that encouraged and maintained their independence. Staff focussed upon people's strengths and enabling them to do as much as possible independently. People were encouraged to be as involved as possible in planning their care to ensure that the way that the way they were supported matched their preferences. The provider's keyworker system supported this way of working and ensured that people could lead and direct their care as much as possible. People's feedback was sought on a day to day basis by staff as well as more formally during regular reviews.

People were supported to follow their interests and hobbies. For example, one person told us, "I love football and I go and watch the local team a lot. I prefer not to go when it's cold but if it's a nice day and I want to go the staff will take me."

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. For example, the complaints procedure was available in an 'easy read format'.

The provider had a complaints procedure which they followed. Complaints were recorded along with the outcome of the investigation and action taken. People living in the home had been supported to provide feedback and this had been dealt with sensitively by the registered manager. One person told us, "If I am not happy about something I just tell them [Staff] and it gets sorted."

People's preferences and choices for their end of life care were recorded in their care plan. Staff had liaised with people and their relatives to ensure that plans were developed and people's wishes were supported. People had been supported to receive personalised care at the end of their life since our last inspection and staff worked closely with professionals involved in their care to ensure their end of life care wishes were met.

Is the service well-led?

Our findings

The registered manager had not submitted statutory notifications to the Commission as required. We identified examples of incidents that had been reported to the local safeguarding adults team that we had not been notified about. Three people were also subject to DoLS authorisations however, we had not been notified about these as required by law. The registered manager told us that this had been an oversight and following our inspection retrospectively submitted the notifications. They also supplied us with an action plan outlining how they would ensure notifications were submitted in a timely manner. However, the failure to understand their responsibility to submit statutory notifications meant that the Commission was not fully able to monitor the quality and safety of care provided to people.

There was an effective system of quality assurance with a range of audits completed by the registered manager and the providers quality team. These had been effective at driving improvements and ensuring the care people received was provided in line with best practice guidelines and focussed on people's needs. However, the plans to improve the general environment to redecorate areas of the home had been in development for some time. It is important that the provider and registered manager focus on implementing them now in a timely manner.

There was 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The registered manager was visible throughout the home and accessible to staff and people. The registered manager was motivated to provide high quality care to people and was a visible role model. There was a well understood and clearly communicated vision for the service which was to enable people to be as independent as possible. Staff took pride when sharing how people had developed new skills, their well-being had increased or when talking about people they had supported that had been able to move out of The Grove into their own home.