

# Flexible Support Options Limited

# The Grove

## Inspection report

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08 November 2023  
14 November 2023  
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27 November 2023

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Grove is a residential care home providing personal care for up to 2 people with a learning disability. At the time of the inspection 1 person was living at the service. The service is located on the lower ground floor of a care home operated by a different care provider.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Over the last couple of years there have been several instances when water from the building above had entered nearly all of the rooms in the service and the conservatory was leaking. The provider was in the process of addressing these issues to make sure it did not reoccur, for example they had checked the pipework above the service. They were currently reviewing what material was used as the basis for the floors above to ensure it would not let water through to the rooms below. A full refurbishment of the service was being undertaken.

The person was supported to have maximum possible choice, control and independence. Staff supported people to make decisions whilst following best practice in decision-making. Staff communicated with the person in ways that met their needs. Staff focused on the person's strengths and promoted what they could do, so they had a fulfilling and meaningful everyday life. Staff supported the person to achieve their aspirations and goals. The person was supported safely with medicines. Infection prevention and control practices reflected current guidance.

### Right Care

The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. They understood and responded to their needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet the person's needs and keep them safe. The service worked well with other agencies to do so. The person's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

### Right culture

The person was supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed the

person's wishes, needs and rights at the heart of everything they did. Staff were aware of and were working to best practice guidance for supporting people with a learning disability and/or autistic people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 2 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grove on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was not always safe</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# The Grove

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and regulatory coordinator.

#### Service and service type

The Grove is a 'care home'. People in care homes receive accommodation and personal care as single package dependent on their registration with us. The Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection and took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We met with the person who used the service and contacted 2 relatives. We spoke with the managing director, the registered manager and a support worker. We also emailed the full staff complement and 3 external healthcare professionals to ask their views about the service and the majority responded.

We reviewed a range of records. This included a person's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including audits.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The person told us of ongoing problems with the building from water leaking in from the other care home above and showed us rooms, which had water damage. The ensuite in the spare bedroom was markedly damaged but this was repaired the following day. The managing director discussed how they were looking at the structural integrity of the service, but we noted until all the causes were identified and rectified this had the potential to remain a persistent problem.
- Staff understood when the person required support to reduce the risk of avoidable harm, and risk assessments were in place. The risk assessments were detailed, and on the whole staff ensured they effectively planned for potential risks. We discussed enhancements which could be made, which the registered manager immediately implemented.
- The person and relatives confirmed they felt safe using the service. The person said, "The staff are fantastic. I had thought about leaving because of the problems with leaks but really get the best support here and know they'll sort the problem out."
- The registered manager critically reviewed the operation of the service and actively made changes to the improve the service, as and when these were needed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- The staff had a good understanding of the Mental Health Act 1983 (amended 2007) and how this applied to their practices when working with people.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Preventing and controlling infection

- The provider operated safe recruitment systems to ensure suitable staff were employed. There were enough staff to safely care for the person and the person told us the team had been the same since they

moved to the service.

- The provider had safeguarding systems in place. Staff had training and demonstrated a good understanding of what to do to make sure people were protected from harm or abuse.
- The person's medicines were managed in a safe manner. Staff were trained in medicines management and were assessed as competent to administer people's medicines.
- Effective systems were in place to mitigate the risk of people and staff catching or spreading infections.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider and registered manager regularly reviewed the systems and processes in the service to determine if improvements were needed and where enhancements could be made. This had led to a consistent approach to the care provided and how the person was supported.
- We discussed with the managing director the issues with the building and conservatory. They confirmed they were aware of the repeated leaks and had worked with the provider from the other care home to find ways to rectify the problem. Action was being taken to determine what was the underlying reason for water seeping from above when sinks or baths were overfilled or pipes burst.
- Action plans were in place for areas identified where enhancements and improvements could be made. The action plan for the resolving issues with the building included replacing the conservatory and the full refurbishment of the service.
- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents and ensured all relevant parties were involved in this process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted a positive, person-centred culture. They and staff put the person's needs and wishes at the heart of everything they did. The person told us the registered manager was approachable, acted swiftly to address any issues and consistently asked for their views about the operation of the services.
- The service had good links with the local community and worked in partnership with other agencies to improve the person's opportunities and wellbeing. These links had led to staff being able to support people make lifestyle changes to improve their health, which in turn improved their quality of life. One external professional said, "I find the service and staff are committed to continuing to improve the person's quality of life. They have supported them to access a varied occupational balance of activities across the week and continue to do this. The staff support the person to all health appointments and work alongside the community learning disability team, to support to attend all appointments, improve their physical health and increase their self-esteem."
- Staff were passionate about providing good care outcomes and took ownership of their practice.

