

Mariposa Care Group Limited

The Grove and The Courtyard

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

The Grove and The Courtyard provides care, support and accommodation for up to 55 people with mental health needs. At the time of the inspection there were 52 people living at the service.

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

Safe recruitment procedures were not always followed. Information received from the disclosure and barring service about a person's suitability to work with vulnerable people was not always reviewed or acted upon. On one occasion this had resulted in an unsuitable person being employed. A full employment history was not always obtained from staff during the recruitment process.

A range of audits and checks were carried out to monitor the quality and safety of the service. However, there had not been sufficient oversight of systems and procedures to ensure people's safety. The registered manager had not always submitted notifications of specific events in line with legal requirements.

People told us they felt safe. There were enough staff on duty to meet people's needs. Staff understood the needs of the people they supported well.

People were supported to have maximum choice and 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.

People had a choice and access to sufficient food and drink. The main kitchen prepared meals that met any special dietary needs people had. There were also a number of smaller kitchen areas where people could prepare their own food if they wished to. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

Staff treated people with dignity and respect. There was a relaxed, homely atmosphere. We saw people coming and going throughout the day and engaging in relaxed conversations with staff.

People's care was developed around their wishes, preferences and goals. Staff encouraged independence and supported people to increase their skills with a view to moving to more independent living wherever this was appropriate.

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

Rating at last inspection and update

The last rating for this service was good (published 13 September 2018). Since this rating was awarded, the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions

about the rating at this inspection.

Why we inspected

As there had been a change to the registered provider we inspected within 12 months of this change.

Enforcement

We have identified two breaches at this inspection. These are in relation to the safe recruitment of suitable staff and good governance.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 ●

The Grove and The Courtyard

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 one inspector, a specialist advisor, in this case a mental health nurse, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Grove and The Courtyard 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted 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 the information the provider sent us in the provider information return. This is information providers are required to send us 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 of this information to plan our inspection.

During the inspection

We spoke with 10 people who lived at the home about their experience of the care provided. We spoke with a visiting independent advocate. We also spoke with nine members of staff including the registered manager, regional manager, unit manager, cook and support workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment, supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received information relating to the failure to follow safe recruitment procedures at the service. We were also made aware of incidents that had not been notified to CQC in line with the terms of the provider's registration.

We received additional information from the registered manager about the actions they had taken following our initial feedback. We also received feedback from external professionals who had experience of working with the service.

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 service following the change in registered provider. This key question has been rated 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.

Staffing and recruitment

- Safe recruitment procedures were not always followed. Information received during pre-employment checks was not correctly reviewed and as a result a person who was unsuitable to work with vulnerable adults had been employed.
- Full employment history was not requested as part of the recruitment process. Gaps in employment were not always investigated.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

- There were enough staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had put systems in place to help protect people from the risk of abuse.
- People told us they felt safe. One person told us, "I do feel safe. Staff are there if I need them."
- Staff were knowledgeable about what action they would take if abuse was suspected.

Assessing risk, safety monitoring and management

- Staff supported people in a way that kept them safe but also allowed them as much freedom and independence as possible. Records confirmed that risks were being appropriately assessed and monitored.
- The registered manager ensured all necessary checks and tests were carried out to make sure the building was safe. Regular fire drills were carried out. A list of staff involved in each drill was kept, however, there were no checks in place to ensure all staff had attended a drill in the last 12 months. Following feedback, a system was put in place to monitor this more effectively.

Using medicines safely

- Trained staff ensured people's medicines were administered correctly. Staff supported and encouraged people to manage their own medicines where appropriate.
- Medicines fridge temperatures had not always been within the recommended temperature range. Although this had been identified it had not been addressed. Following feedback the registered manager confirmed this process would be improved.
- Competency checks on staff who administered medicine were not all up to date. However, there had been no medicines errors and following our inspection we were sent evidence that all checks had been brought

up to date.

Preventing and controlling infection

- People were protected from the risk of infection. The environment was clean and staff followed safe infection control procedures.
- Staff had completed infection control and food hygiene training. The kitchen had been awarded five stars following a recent environmental health inspection.

Learning lessons when things go wrong

- Staff recorded accidents and incidents and the registered manager reviewed these to identify any themes or trends. They were also monitored by the provider, so action could be taken to reduce the risk of any reoccurrence.

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 service following the change in registered provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed training to meet the specific needs of people who used the service. Not all training was up to date but the registered manager had taken action to address this.
- There was a supervision and appraisal system in place and staff told us they felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People we spoke with told us the food was good.
- People were offered a variety of food and drinks. Meals were prepared in the main kitchen but there were also communal kitchens for people to use independently.
- Kitchen staff were aware of people's special dietary needs and food was prepared in line with these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have access to a range of healthcare professionals to help ensure they remained healthy.
- The registered manager had established good links with the local professionals and feedback we received was positive. One social worker told us, "Staff were all very professional and got to know my client well. They were always willing to help and communication was very good."

Adapting service, design, decoration to meet people's needs

- The premises were designed to provide a homely environment. People's rooms were personalised and decorated with personal effects, and were furnished and adapted to meet their individual needs and preferences.
- There were a number of communal areas for people to use including comfortable lounge areas and a smaller dining space for people who preferred quieter mealtimes. Kitchen spaces were available to promote independence with cooking and laundry.

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.

- Consent to care was sought in line with legal requirements.
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements.
- Staff had considered the least restrictive ways of working. This positively impacted on people's wellbeing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Management and staff assessed people's needs and support plans were formulated to document how best to meet people's needs.

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 service following the change in registered provider. 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

- Staff treated people with kindness and respect. The atmosphere in the service was calm and relaxed.
- People felt staff gave them time and attention when they needed it. One person told us, "The staff are very good and understanding. If I ask to see someone they know it's important and they'll see me straight away."
- Feedback from professionals was positive. One social worker told us, "Staff go over and above their role, escorting [person using the service] to the bank and for appointments at the Job Centre. The home is well kept, the staff are always welcoming and nothing is too much trouble for them."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in and agree decisions about their care. However, this involvement was not always reflected in records. Following our feedback, the registered manager made changes to documentation to make this clearer.
- Some people had an independent advocate. An advocate helps people to access information and be involved in decisions about their lives. We spoke with one advocate who told us staff were excellent and had a very good knowledge of people who lived at the service.
- One person told us, "This is the best place I have been in for my mental health, I would recommend it to anyone."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People were able to lock their rooms if they wished.
- Staff supported people in a way that maximised their independence, choice and control. Support plans recorded what aspects of care people needed support with and what they could do for themselves.
- People made drinks and snacks throughout the day and many went out independently. One person told us how they managed their own medicines and another told us they cleaned their own room with help from staff only if they needed it.

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 service following the change in registered provider. 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

- People's care was developed around their wishes, preferences and goals. Detailed support plans were in place which instructed staff how to deliver care which was responsive and met people's needs. Records were reviewed and updated if needs changed.

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 registered manager and staff team had a good knowledge of people's communication skills. They told us easy read documentation using pictures to help people understand the written words, would be made available to anyone who needed it.
- People had detailed communication plans in place to help staff understand their needs in this area. For example, if a person was hard of hearing or had problems with their vision this was clearly documented.

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 told us they did not always have enough to do. There had been a member of staff employed to ensure people had a wide range of activities to engage in. However, they had very recently left the service and people told us they missed them. The registered manager was working hard to recruit a suitable replacement.
- Although the activity lead had left, staff were still delivering activities such as bingo and quizzes. Some people had just returned from a holiday in Blackpool. There was a pool table and dart board in one of the lounge areas and table tennis equipment was also available.
- Staff supported people to attend local community groups. One person had been volunteering at a local café and with the support of staff had now secured a paid job. They told us, "Staff supported me all the way."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. People were supported to raise any concerns and action was taken in response to these.

End of life care and support

- Staff spoke with people about their end of life wishes and if they had agreed to discuss this, they were then

recorded in people's support plans.

- Staff had received end of life training. Although nobody was receiving end of life care at the time of our inspection we saw evidence of how this had been successfully managed in the past, with staff working alongside the local mental health team and district nurses.

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 service following the change in registered provider. 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.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had not ensured safe recruitment practice was observed to ensure suitable people were employed.
- A range of audits and checks were carried out to monitor the quality and safety of the service. However, there had not been sufficient oversight of systems and procedures to ensure people's safety.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

- The registered manager had not always submitted notifications of specific events in line with legal requirements. We are looking at this outside of the inspection process.

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

- There was a relaxed and friendly atmosphere in the service. Staff told us they felt valued and enjoyed their work. One staff member told us, "I love it, it's the people that make it such a great place to work. I'm leaving soon to start a university course but I will stay on the bank staff as I know I'd miss it too much."
- People were encouraged and supported to increase their skills with the aim of moving on to more independent living. The registered manager told us, "Our skilled and experienced staff have enabled people to become mentally well again and develop the confidence to move back into the community, into their own home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were actively involved in all aspects of the service.
- The provider sought feedback from people using the service via meetings and surveys. This feedback was acted upon to make improvements to the service and a 'you said, we did' board reflected this.
- Staff meetings were held regularly. Staff told us they felt supported by the registered manager. One staff member said, "The management team are good. [unit manager] is a good and [registered manager] is great, I can go to them with anything."

Working in partnership with others

- Staff liaised with health and social care professionals to make sure people received joined up care which met their needs.
- Very positive feedback had been received from the most recent professionals survey. Comments included, "Staff are always proactive and when possible, go above the expectations. Always friendly and approachable, a great core team to work with."

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 Systems had not been effectively operated to ensure compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks had not always been successfully identified or adequately assessed. Regulation 17(1)(2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been operated effectively to ensure only people of good character were employed. Regulation 19(1)(a)(2)