Hales Group Limited

Grove House

Inspection report

Grove House
Beverley Road
Hull
North Humberside
HU5 1NA

Tel: 01482445040
Website: www.halesgroup.co.uk

Date of inspection visit:
31 August 2018
03 September 2018

Date of publication:
23 October 2018

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

Summary of findings

Overall summary

This inspection took place on 31 August and 3 September 2018 and was unannounced. This is the first inspection of the service carried out following a change of provider and therefore the new provider's fist rating for Grove House. At this inspection the service was rated 'good'.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements, with Hales Group and Anchor Housing respectively. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

All of the flats at the service were occupied, but only 15 people received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were extensive communal facilities for people to use, including a café-type dining room, a laundry, assisted bathrooms and a hairdressing salon.

The provider was required to have a registered manager in post. On the day of the inspection there was a manager that had been registered for two months. A registered manager is a person who has registered with the CQC to manage the service. Like 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 provider had systems in place to detect, monitor and report potential or actual safeguarding concerns, which protected people form the risk of harm. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities for managing safeguarding concerns. Risks were also managed so that people avoided injury or harm.

Staffing numbers were sufficient to meet people's need and rosters accurately cross referenced with the people that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were 'suitable' to care for and support people. The management of medication was safely carried out. Staff followed safe infection control and prevention practices.

People were cared for and supported by qualified and competent staff that were regularly supervised and had their personal performance monitored. Communication was effective, people's mental capacity was appropriately assessed and their rights protected. Staff had knowledge and understood their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005. The registered manager followed the principles of the MCA and worked with other health and social care professionals and family members to ensure decisions were made in people's best interests where they lacked capacity to make their own

decisions. People received support with nutrition and hydration to maintain their health and wellbeing.

People were supported by compassionate, caring staff that knew about their needs and preferences. People received information they needed at the right time and in the appropriate format. They were involved in managing their care and were asked for their consent before staff undertook care and support tasks. People's wellbeing, privacy, dignity and independence were respected and staff were mindful of these when they monitored the support people required.

Staff supported people according to person-centred care and support plans, which reflected their needs well and were regularly reviewed. People had the opportunity to engage in some pastimes and activities if they wished to that were facilitated in the communal areas. There was an effective complaint procedure in place and people had their complaints investigated without bias.

The culture and management style of the service were positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and other communication methods. People made their views known through direct discussion with the registered manager or staff and by using the formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and held securely on the premises.

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 was safe.

There were safe systems in place to protect people from harm in relation to risk or abuse, staffing numbers, staff recruitment, management of medicines, infection control and environmental hazards.

Is the service effective?

Good

The service was effective.

Qualified staff that were regularly supervised and received appraisal of their performance ensured people's communication, mental capacity, and nutrition and hydration needs were effectively met.

Is the service caring?

Good

The service was caring.

Staff were compassionate, kind and supportive. They ensured people were supplied with the information they needed and were involved in many aspects of their care.

Wellbeing, privacy, dignity and independence were monitored and respected and staff considered people's diversity when achieving this.

Is the service responsive?

Good

The service was responsive.

Person-centred care plans, which were regularly reviewed, ensured people's needs were known and met.

People's complaints were investigated without bias and they were encouraged to maintain relationships with family and friends.

Is the service well-led?

Good

The service was well led.

Both the culture and management style of the service were positive.

Quality monitoring and assurance systems were effectively used to identify shortfalls to improve service delivery and people had opportunities to make their views known.

Recording systems protected people's privacy and confidentiality, as records were well maintained and securely held on the premises.

Grove House

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.

The inspection of Grove House took place on 31 August and 3 September 2018 and was unannounced. One adult social care inspector carried out the inspection. We gathered and reviewed information before the inspection from notifications and information shared with us by local authorities that contracted a service. Notifications are when registered providers send us information about certain changes, events or incidents that occur. 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.

We spoke with three people that used the service, the registered manager and four staff that worked at Grove House. We looked at care files belonging to four people that used the service and at recruitment files and training records for three staff. We viewed records and documentation relating to the running of the service, including those for quality assurance and monitoring and management of medicines. We also looked at equipment maintenance records and records held in respect of complaints and compliments.

Good

Is the service safe?

Our findings

People told us they felt very safe living in Grove House, as they could lock their flats at night and had support from staff 24 hours a day. They said, "I feel very safe here and know I can always call on the staff to help out" and "I am sometimes afraid I might fall, but know the staff are here if and when I need them." When we asked people about arrangements for handling their medication they said, "I take care of them myself", "Staff remind me what I need to take and when" and "I get the support I need with medicines if I need it."

The provider had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of their responsibilities and knew how to refer incidents to the local authority safeguarding team. Records were held in respect of all safeguarding referrals. Formal notifications were sent to CQC regarding incidents, which meant the registered provider was meeting the requirements of the regulations. Risk assessments were in place to reduce people's risk of harm from, for example, falls, inadequate nutritional intake, accidents when bathing, allergies, financial abuse and inappropriate use of equipment.

The provider had accident and incident policies, procedures and records in place to prevent these from occurring where possible, and managing them if they did. Records showed these were monitored and action had been taken to seek treatment for people's injuries and prevent accidents re-occurring.

Staffing rosters showed there were sufficient staff on duty to meet people's needs: two carers and one senior throughout the day (reduced to two staff at 4 pm) and one senior at night. People and staff told us they thought the service needed more staff because sometimes senior staff needed to complete double shifts. However, with a newly recruited staff member soon to be working in the service this meant that seniors would no longer have to cover staffing shortages.

There were robust recruitment procedures to ensure staff were suitable for the job. Application forms were completed, references requested and Disclosure and Barring Service (DBS) checks carried out before staff started working. A DBS check is a legal requirement for anyone working with children or vulnerable adults. It checks if staff have a criminal record that would bar them from working with these people and helps employers make safer recruitment decisions. It prevents unsuitable people from working with vulnerable groups. Three files we reviewed evidenced that procedures were followed. They contained the information needed to verify staff members' identities, their past employment and their current suitability.

Medicines were safely managed within the service. Staff supported people to obtain stocks in a timely way so they did not run out of them. Medicines were stored safely in people's flats, and administered on time, recorded correctly and disposed of appropriately. Most people self-medicated, but some needed prompts or guidance. Medicine records were kept individual to people and formed part of the document known as the 'support and assessment plan'.

The prevention and control of infection was appropriately managed. People were supported with cleaning their flats if necessary, though some people had arranged their own cleaners privately. Staff completed

infection control training, followed guidelines for good practice and used personal protective equipment they needed to carry out their roles. Staff supporting people with preparing food completed training in basic food hygiene.

The provider had strategies for informing staff about lessons learnt whenever things went wrong. For example, staff discussed issues in meetings or supervision and were sent telephone messages to keep them updated. Staff also visited the office to discuss issues or pick up the latest information on changes to people's support needs or with the running of the service.

Good

Is the service effective?

Our findings

People told us staff understood them well and had the knowledge to care for them. They said, "The staff are clued in and know what I like and how I like it done", "I only have to ask and the staff know what to do to help me", "My particular needs are understood and met" and "Staff have the knowledge to look after me."

Staff assessed people's needs using information provided by local authorities when they request a contract with the service, and from people themselves in completing a 'support and assessment plan'. Information, along with details from relatives and social workers, was incorporated in the 'support and assessment plan'. Any diverse needs were assessed and met as required. For example, one person had 'special days' for celebrations, wore distinct clothing to attend religious events in the community and ate food from their country of birth. Staff supported the person with all of these needs.

Other people with physical disabilities or sensory loss were supported with personal mobility and sensory equipment, to keep it in working order, clean and effectively used. This included wheelchairs, walking frames, hearing aids and 'telecare' items. 'Telecare' is the term for offering remote care of older and disabled people, providing the care and reassurance needed to allow them to remain living in their own homes. It includes monitoring devices to alert their carers or staff in emergencies or reminder devices to prompt people to act in their own interests (to take medication perhaps).

The provider ensured staff received the training and experience they required to carry out their roles. They used a staff training record to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed.

Staff completed an induction programme, received regular one-to-one supervision and took part in a staff appraisal scheme, all of which we evidenced from documentation held in their files and via discussion with staff. Staff confirmed they had completed mandatory training (minimum training as required by the provider to ensure they could carry out their roles effectively) and they had the opportunity to study for qualifications in health care.

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 interest 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 interest and legally authorised under the MCA. The application procedures for people living in their own homes includes Court of Protection orders.

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 were being met. Staff demonstrated good understanding of the MCA. Where people were assessed as lacking capacity to make particular decisions, the registered manager arranged for best interests decisions to be reached, court order applications to be

made and reviews to be carried out. This was managed within the requirements of the MCA legislation. There were no court orders in place.

People verbally consented to care and support from staff, as most of them had capacity to decide for themselves. People's support plans also contained written consents for care and support and, for example, taking photographs or handling medication.

People's nutritional needs were met because staff consulted them about their dietary likes and dislikes, allergies and medical conditions if they required assistance. Most people were independent; some needed help with chopping foods or opening packets. Nutritional risk assessments were in place where people had difficulty swallowing, specific dietary needs or where they needed support to prepare meals.

Staff worked well together in the service and were sometimes asked to support in another of the Hales Group Limited services close by at times of shortage. This arrangement was reciprocated. The registered manager was manager for both sites. They liaised well with staff at Grove House; though they were not on site for the whole of their contracted working hours, they were accessible daily via telephone.

People's health care needs were met because staff consulted them about medical conditions and liaised with healthcare professionals when necessary. People could see their doctor at will and the services of the district nurse, chiropodist, dentist and optician were accessed when required. Health care records held in people's files confirmed when they had seen a professional and the reason why. They contained guidance on how to manage people's health care and recorded the outcome of consultations, where this information was known to the service. Diary notes recorded when people were assisted with the health care that was prescribed for them.

People's flats were their own homes and therefore not looked at as part of the inspection. They were equipped, furnished and decorated how people wanted them. Any repairs were the responsibility of the Anchor Housing site manager. Staff worked well with the Anchor housing manager on site, who was responsible for people's housing needs only.

Good

Is the service caring?

Our findings

People told us they got on very well with staff and if they wanted to mix with other people could do so. They said, "The staff are absolutely marvellous. They always have a smile and a laugh", "Staff provide all the support I need and are a joy to have around" and "You couldn't ask for more caring staff. They work hard and do so cheerfully." People told us their privacy, dignity and independence were respected. They said, "All the support I receive, and especially with personal care, is given discreetly" and "Staff respect my dignity at all times. They are careful to ensure my privacy is maintained and they help me to maintain my independence where I can."

Staff were pleasant, kind and thoughtful in their approach to people. They knew people's needs well and were considerate when they offered support. The management team led by example and were polite, attentive and informative in their approach to people that used the service.

At the time of our inspection, the service provided care and support to some people who may well have be discriminated against because of their age, disability, gender, marital status, race, religion or sexual orientation. People had particular needs in relation to their age and physical disability, but none were discriminated against by staff or the service because they were, for example, given the same opportunities as younger people and those without mobility needs to engage in community events. Staff assisted people to get to events and take part in celebrations held in the communal café-type dining room.

People with religious or cultural needs had staff and family support to attend the churches of their choosing and celebrate religious festivals all year round. Some people lived at Grove House, but kept in contact with spouses and family dependents that did not. Every effort was made to ensure people in these situations were supported to maintain family links and networks. Others with sight or hearing impairment or loss were supported to access information and with communication. One staff told us about their special banter with a person. They said together they had such fun, but always tried to ensure the person's experiences were varied and opportune. Staff explained they had completed equality and diversity training, knew about the policy on this and fully understood and followed the principles of the Equality Act 2010.

While we understood people that used the service had relatives or friends to represent them, we were told advocacy services were available if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information was provided in appropriate formats: written, pictorial or other language, when required.

Staff told us they understood the important of providing people with choice, enabling them to make decisions for themselves and stay in control of their lives. People chose when they got up or went to bed, what they wanted to eat and whether they went out or not. People's needs and choices were therefore respected.

Staff were mindful of respecting people's privacy and dignity. They told us they only provided personal care in people's bedrooms or bathrooms, knocked on flat doors and asked permission to go in before entering.

They described what it must be like to feel vulnerable when receiving personal care and so ensured people were never seen in an undignified situation.

Good

Is the service responsive?

Our findings

People told us their needs were being appropriately met. They said staff supported them when getting ready for the day or to go out and liaised with family members that came to collect them. People said, "I am confident that the staff will assist me with whatever I need them to" and "The 'green tops' do a grand job. I am very happy with what they do." People told us they knew how to complain and said, "I am in the process of making a complaint, but not about the service or its staff. They are helping me to get my information to the right place", "I made a complaint early on but it was soon sorted" and "I've never had to complain. It is unlikely that I would, but I do know how to complain if I want to."

Support and assessment plans in place for people that used the service reflected the needs they had been assessed on. They were person-centred, comprehensive and contained information under the areas of daily routines, consent, capacity, advanced decisions, health and wellbeing, security, access to the flat, communication, finances and nutrition. They instructed staff on how best to meet people's needs and contained personal risk assessment forms to show how risk to people was reduced. Staff reviewed people's care plans and risk assessments monthly or as people's needs changed.

Staff used equipment effectively to assist some people to move around their homes. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. The staff understood people had their own hoist slings to avoid cross infection and these were kept in people's flats. Where it was appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so they could maintain their independence. This was sourced for them if they did need it. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted it and had been risk assessed for it.

People's relationships were respected and staff supported people to keep in touch with family and friends. Staff who 'key worked' with people got to know family members and kept them informed about people's situations if people wanted them to. Staff encouraged people to receive visitors and spoke with people about their family members and friends.

The provider had a complaint policy and procedure in place for people to use should they have a concern. Records showed complaints and concerns were handled within timescales and that one received in May 2018 was the only one received since the service provider changed a year ago. The person was satisfied with the outcome they received from the provider regarding their complaint. Staff were aware of the complaint procedure and had a positive approach to receiving complaints as they understood these helped them to improve the care and support they provided. Compliments were also received and recorded in the form of letters and cards.

Staff told us they had not supported anyone with end of life care recently, but understood what they would have to do. They had received training in this area, knew that advice and support from healthcare professionals would be accessed and felt they would be sensitive to people's needs should the time arise.

Good

Is the service well-led?

Our findings

People told us the service was well run and while there had been some teething problems soon after the change of provider, these had been resolved. People said, "The manager seems to know what they are doing. Staff have adapted to the changes and we all seem to know what is happening now" and "Things have settled down. There is a marked distinction between the care and the housing side now, but the Anchor site manager sometimes still tries to organise my support, which is no longer their remit." Staff we spoke with said the culture of the service was, "Friendly", "Supportive and caring" and "Honest." They said they knew and followed the provider's 'visions and values' as these were posted in the office.

There was a registered manager in post who also managed another of the Hales Group Limited services. They spent their working week between the two locations and were aware of the need to maintain a 'duty of candour' (responsibility to be honest and to apologise for any mistakes made). They sent notifications to the CQC, fulfilling their responsibility to ensure notifications were submitted when required.

The management style of the registered manager was open, inclusive and approachable. Staff told us they expressed concerns or ideas freely and felt these were fairly considered. Staff expressed that Hales Group Limited were a good company to work for, as their terms and conditions of employment were good.

We looked at documents relating to systems for monitoring and quality assuring the delivery of the service. Quality audits were completed on a regular basis and satisfaction surveys were issued to people that used the service, relatives and health care professionals.

Audits included checks on visits attended, which were analysed for each staff member, recorded in their files and followed up with discussions in supervision. This helped to ensure staff arrived on time and stayed the full length of the visit. There were medicine administration audits with individual analysis results for staff, which identified personal performance that was addressed. Two staff files contained medicine audits, which showed several medicine errors and what had been done to address the shortfalls. Audits also included checks on care files, staff training and infection control and prevention. Audits evidenced action was taken to improve the service delivery for everyone.

Surveys were held separately in people's files after completion. Some completed early in 2018 on whether the staff were caring, had all positive comments in them. They showed people were satisfied with staff approach, attitude and the service provided. People were also asked their views about the service via 'courtesy visit forms', which covered various areas of service provision. Comments on these included suggestions for more staff, that staff company was thoroughly enjoyed, people wanted to maintain the same number and quality of visits and staff were highly valued. Senior staff also completed six monthly telephone calls to people, which again showed satisfaction with the service.

All of the systems in use helped the registered manager understand where learning was needed for staff and to improve the service.

Partnership working with other organisations and healthcare professionals was evidenced in people's files via the information seen on accessing other services, helping people to get to appointments and sharing people's details on a need-to-know basis.

The provider's records on people, staff and the running of the business were well maintained. These were in line with the requirements of regulation and they were up-to-date and securely held.