

9 Grace Road Ltd

9 Grace Road Limited - 5 Park Hill Drive

Inspection report

5 Park Hill Drive
Aylestone
Leicester
LE2 8HS
Tel: 0116 2331035
Website: www.example.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 19 August 2015 and was unannounced.

5 Park Hill Drive is registered to provide residential care and support for three people with a learning disability. At the time of our inspection there were three people using the service.

The service is based in a traditional detached property located within a residential area. The ground floor comprises of a kitchen, lounge and dining room which leads into a conservatory. The first floor provides three bedrooms and a bathroom.

The local authority and other authorities out of the area who fund people's packages of care are in the process of assessing people's needs. This is because concerns have

Summary of findings

been raised about the safety of people at another location the provider is responsible for. This affects the service at 5 Park Hill Drive as it is supported by staff who work across both locations. Records relating to staff recruitment, staff training, and policies and procedure are also common to both services, as are quality assurance systems.

The provider advised us that the registered manager of 5 Park Hill Drive has recently resigned their post with the provider. An application to cancel their registration with the Care Quality Commission (CQC) has not been submitted by the former 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 nominated person representing the provider 9 Grace Road Limited has also recently resigned from their position and another person is now acting on the provider's behalf.

5 Park Hill Drive is one of three locations registered by the provider 9 Grace Road Limited. At the time of the inspection the three locations were being managed on a day to day basis by a consultancy firm. This was as a result of concerns being identified at one of the other locations, which had resulted in the resignation of the provider's nominated person and registered manager.

A representative of the provider has entered into a contract with a consultancy firm to oversee and manage the service with a view to bringing about the required improvements identified by a range of external stakeholders. Reference to 'the manager' within the inspection report refers to the person managing the service who is employed by the consultancy firm.

People who used the service told us that they felt safe and that knew they could speak with staff or their relatives if they were worried about something.

Staff we spoke with were aware of people's individual risks assessments with regards to tasks such as cooking or going out, which meant people were supported by staff who knew how to minimise risk and promote people's safety.

Records, which included risk assessments for people using the service, accident and incident forms and policies and procedures for the promotion of people's safety and wellbeing, were in the process of being reviewed and updated by the consultants.

People received their medicines in a timely manner.

People were supported by staff who are aware of their needs and are able to provide the support they required, both within the service and when going out into the wider community.

Staff told us they had attended supervision meetings with the manager about their work. They told us they had been encouraged to express their views about the care people received and to share their ideas as to how the service could be improved.

People's mental capacity to make day to day decisions about aspects of their care had not been assessed using the MCA assessment tool, information about people's capacity was detailed within people's new plans of care stating they had capacity. This included their ability to manage their own finances or medicines. We discussed this with the manager and deputy manager who advised mental capacity assessments would be carried out to reflect people's plans of care and their day to day decisions.

People told us they were supported by staff to prepare and cook meals. They told us that they had meetings to discuss the menu; however there were no recent records to support this. People using the service did not require support with eating and drinking and were able to access food and drink independently from the kitchen. People's plans of care contain information about their dietary intake and the need to ensure their weight was monitored, however the information was not tailored to each person.

People spoke positively about the care and support they receive from staff and told us that staff were kind and caring. They told us that staff supported them with their day to day lives and encouraged them to undertake everyday tasks such as cooking and household chores, which supported them with their independence.

Summary of findings

People's independence was not fully recognised and their privacy and dignity was not always considered as aspects of their lives was managed from another of the provider's services, which meant people have to access the other service for their finances and keys to the property.

People told us about their day to day lives and the activities they took part in, which included shopping, visiting friends and relatives, and attending local events and places of worship. People said they had been on holiday this year and had enjoyed themselves.

People sat with us and showed us their copies of their plans of care and we spoke with them about the information they contained. People had mixed views as to whether they knew what was written about them and in some instances the information was not up to date as people's choices about their lives and what they did had changed.

Staff told us they were confident to approach representatives of the consultancy firm manager and representatives as well as the deputy manager and told us they were willing to listen to their ideas about how to improve the service.

The consultants had in conjunction with the provider undertaken an audit of the service, which had identified areas for improvement. An action plan had been developed which was in the process of being implemented.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe

People who used the service said they felt safe. People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing were being re-assessed. Risks to individuals were managed as staff had knowledge of the potential risks to people within their day to day lives.

There were sufficient numbers of suitable staff and people received their medicines correctly and at the right time.

Good



Is the service effective?

The service was not consistently effective

Staff were being supported to enable them to provide the support and guidance people required.

People's consent to care and treatment with regards to their finances and medicines was not always assessed in line with legislation and guidance. People were not always supported to make decisions which affected their day to day lives.

People were supported to eat and drink enough to meet their needs. And referrals had recently been made to relevant health care professionals.

Requires improvement



Is the service caring?

The service was caring

We observed positive relationships between people who used the service and the staff employed.

People were supported to express their views about their care and support however people's independence was not always fully promoted.

Good



Is the service responsive?

The service was responsive

People's needs were met as staff were aware of their needs. People's plans of care had been reviewed however these had not as yet been discussed with them or their representative.

People were relaxed and comfortable in the company of staff and they told us they would be confident to discuss concerns with staff or their relative.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led

The nominated person representing the provider had recently resigned and another person had been nominated.

The registered manager had recently resigned, however they had not applied to cancel their registration with the CQC.

The newly appointed nominated person for the provider had engaged the services of a consultancy firm to bring about improvements to the service and to oversee the management of the service.

Staff told us that the representatives of the consultancy firm were seeking their views about the development of the service to bring about change.

The consultancy firm was liaising and facilitating communication between people who used the service, their representatives and external stakeholders.

Requires improvement



9 Grace Road Limited - 5 Park Hill Drive

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 inspection took place on 19 August 2015 and was unannounced.

5 Park Hill Drive is one of three locations registered by the provider 9 Grace Road Limited, one of which is currently dormant as there is no one using the service. At the time of the inspection the three locations were being managed on a day to day basis by the consultants.

The inspection was carried out by two inspectors.

We met the three people who used the service and spoke with them. We spoke to the person who was managing the service who represented the consultants. Referred to within this inspection report as the manager.

We spoke with the deputy manager of 5 Park Hill Drive and two members of staff. We looked at the records of three people, which included their plans of care and medicine records. We also looked at the recruitment files of two members of staff, a range of policies and procedures, and maintenance records of equipment and the building.

We asked the deputy manager to facilitate our contacting the relatives of people who used the service to seek their views. The deputy manager confirmed that they would and that they would provide us with people's contact details upon seeking their agreement. We did not receive the information agreed upon and therefore were unable to speak with people's relatives.

Is the service safe?

Our findings

We spoke with the three people who lived at the service and asked them whether they felt safe. They told us that they did feel safe. We asked them what it was that made them feel safe. One person told us, "Because I can talk to [staff names]. A second person told us, "Staff are helpful."

We asked people what they would do if they were worried or unhappy about something. One person told us, "I would talk to my keyworker or [other] staff." Whilst a second person told us they would speak to staff or their relative.

We looked at how the provider protected people and kept them safe. The manager advised us that the consultancy firm was in the process of updating the safeguarding (protecting people from abuse) and whistle blowing policies.

We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their roles and responsibilities. The manager and staff told us that they discussed the topic of safeguarding within their supervision sessions. We were also advised that the local authority would be providing additional training about safeguarding to staff.

There were systems in place for the management of people's finances to protect them from potential financial abuse. The consultancy firm had updated the providers system for the safekeeping of people's money. We found people's money was kept securely, to which designated people had access and records of financial transactions were kept. The deputy manager told us people's finances were audited on a regular basis. This meant there were systems in place to promote the safety of people from financial abuse.

Staff we spoke with were aware of the potential risks for those using the service in relation to their taking part in activities within the service or the wider community. This meant people's safety was supported by staff that were aware of people's needs and knew what action and support was required to promote their safety.

People's plans of care did not include assessments as to potential risks. One person's plan of care stated that the person was able to access the wider community independently; however this was not supported by a risk

assessment which evidenced how the provider could maintain this person's safety within the community. The manager advised us that new risk assessments were in the process of being introduced, we looked at a sample of these and found they would detail what the risk was, who may be harmed and how the risk was going to be controlled.

People's revised plans of care included the necessity for monitoring people's weight. For one person the potential risk to their losing weight was greater as it had already been identified that the person's weight was slightly below what health care professionals recommended. The person had been placed on a fortified diet by the manager and a referral had been made for the person to see a nutritionist.

We were also shown revised accident and incident forms that would be introduced however we were not able to look at any that had been completed as they were not as yet in use.

The forms did not enable the provider to record what action had been taken following an accident or incident, for example informing or liaising with relevant agencies and measures introduced to minimise the potential for reoccurrence.

The deputy manager told us that staff worked at both this service and the provider's other service which is directly opposite. They said they were currently reviewing the staffing structure to ensure the skill mix of staff was appropriate. The deputy manager told us that wherever possible the same staff worked with people who used the service, particularly people's keyworkers (named workers who provide additional support and liaise with people's relatives). There were enough staff on duty during the day and night to provide people with the support they needed.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service.

Staff had received training in the safe administration of people's medicines. One person at the service administered their own medicine which they kept securely. The person told us, "Staff help me if I need it." For the two other people using the service their medicine was kept securely and its administration was managed by staff. People's medicine records detailed why the medicine had

Is the service safe?

been prescribed. Records recording the administration of people's medicine were completed. This meant people could be confident their medicine was being managed safely.

Is the service effective?

Our findings

We spoke with staff and found they had a good understanding as to the needs of people in relation to their physical care, support with activities of daily living such as cooking and household chores, and the support and supervision they required when accessing the wider community.

Records of staff training showed that staff had up to date training in a range of topics linked to the health, safety and welfare of people using the service. The manager was in the process of introducing The Care Certificate, and told us all staff would be required to complete this. This would help to ensure that all staff worked to the same standard for the benefit of people using the service. The Care Certificate, which has recently been introduced, is a nationally recognised set of standards for care workers that upon completion would provide them with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff told us that meetings for staff had been organised by the consultants, which had been used to advise them of their role within the service, to explore their views as to how the service could be improved and the role of the consultancy firm within the service.

Staff advised us that they had been supervised by the manager in the form of one to one meetings. Staff told us they had been encouraged to discuss their views about the service, including any concerns they had about people's welfare. A member of staff told us, "Communication has improved and I feel more confident to go to 'the office' to seek advice." This enabled staff to provide effective care as they were encouraged to seek advice and support.

The manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the service's training records showed staff had attended courses on this, however mental capacity assessments had not been carried out with regards to people's medicines and finances.

People's mental capacity to make day to day decisions about aspects of their care had not been assessed, however information about people's ability to make decisions had been included within people's revised plans of care, however the manager advised us that people's

plans of care had yet to be discussed with those using the service or their relatives. People's plans of care stated that that people were supported with regards to their finances and medicines.

People's recently revised plans of care did inform staff that people had the ability to make decisions about their day to day lives, which included their decision as to whether to take part in activities or household chores. We discussed this with the manager and deputy manager who advised mental capacity assessments would be carried out to reflect people's plans of care and their day to day decisions with regards to their finances and medicines.

At the time of the inspection people using the service were not subject to a DoLS, which if in place would authorise restrictions on them where they did not have the capacity to make an informed choice.

We asked people for their views about the meals and their involvement in deciding the menu. One person told us that they liked to eat corned beef sandwiches for breakfast whilst another person said they liked French toast.

People we spoke with told us they prepared and cooked their meals with the support of staff. One person told us, "We go shopping for food and I help to make dinner. I like making cakes." A second person told us, "It's important to cook things properly, I like making chicken pie."

People using the service did not require support to eat and drink and were able to access food and drink independently from the kitchen. One person's plan of care identified that they required a fortified diet. Staff we spoke with were aware of this and they told us that ingredients such as full fat milk were used where possible.

A member of staff told us that the quality of the food had recently improved and that the manager had asked for a shopping list so that groceries could be purchased. The member of staff told us that this had meant items, which in the past had not been purchased now were, which included ice creams, biscuits and other snacks.

People's revised plans of care, which had been written but had not as yet been discussed with the people themselves, their relatives or representatives, included information as to people's dietary needs, which included the necessity for monitoring people's weight.

Is the service effective?

Records showed people accessed a range of health care professionals to support them with their health. These included hospital appointments, doctors, nurses, opticians, and chiropodists.

Is the service caring?

Our findings

People we spoke with were positive about the staff that supported them, one person when asked for their views about the staff said, “They’re great.” A second person told us, “The staff are helpful.” Whilst the third person said, “My keyworker is simply lovely.”

We had minimal opportunity to observe relationships between people who used the service and the members of staff that supported them as everyone went out to access services within the wider community supported by a member of staff.

We saw that people were dressed in clean clothes of their choosing and the people themselves told us about the care and support they received from staff.

People we spoke with told us they would speak with staff if they were unhappy and one person told us they would speak with their relative. People who used the service had regular contact with their relatives which meant people had an advocate to support them if required.

People told us they were involved in household chores, which included polishing and cooking. One person told us

they liked to help look after the plants and flowers in the garden. This showed that people’s independence was supported. People we spoke with told us they talked with staff in meetings about the meals they wanted to eat, however we found no recent records to support this.

When we spoke with staff they confirmed that people did visit local shops to buy some groceries. We found that people’s money whilst kept securely was kept at the adjacent service. This did not support people’s independence, as it meant people had to go to another service to ask for their own money. We spoke with the manager and deputy manager who told us this practice was temporary and that they would be looking to provide secure storage for people’s money within the service they used.

We saw that when people went out accompanied by a member of staff the keys to their home were left at the provider’s adjacent service. Upon people’s return we saw them sitting in the lounge of the adjacent service waiting for member of staff to retrieve the keys to their home. This meant people’s privacy was not maintained.

The manager told us that they had planned training sessions for all staff to attend on dignity and care.

Is the service responsive?

Our findings

People we spoke with told us that staff supported them within the service with household chores, which included cleaning and cooking. People said that staff supported them to access activities within the wider community, which included shopping and going to the pub.

On the day of the inspection people went out to take part in Tai Chi and to visit local shops. Later they went to the local pub for lunch. One person told us they were looking forward to having a shandy.

People told us they had been on holiday earlier in the year, one person told us they had been to Scarborough whilst a second told us they had gone to Skegness. They told us they had gone with other people who they lived with and that they were supported by staff.

We found that the information recorded within each person's plan of care with regards to the monitoring and reporting of weight loss was the same across each person's plan of care. There were no nutritional assessments or information within people's plans of care which detailed how the information about people's nutrition had been arrived at. This meant that people's plans of care were not person centred to reflect individual people's needs. We discussed this with the manager who advised us they would look again at people's plans of care.

The manager had plans in place to discuss with the people themselves and their relatives people's plans of care to ensure that they were involved in the development of their care to ensure that the service they received was individual to them and met their needs.

We found people were familiar with the plans of care already in place. Everyone had a copy of their plan of care which they kept in their bedroom and were happy to share with us. We talked about people's plans of care with them and in the main found them to contain information about people's hobbies and interests which people told us was

accurate. We found some information within them which was not accurate, for example one person's plan of care said that they liked to help in the garden, however they told us they no longer did this. We spoke with the manager about this and told us the plan of care would be discussed with the person and updated.

People told us that they met to talk about things about the service, such as what they wanted to eat, what activities they wanted to take part in and aspects of the day to day running of the service, such as household chores. However there were no recent records of the meetings held and the issues discussed. The deputy manager told us meetings had taken place but records had not always been kept.

People's records showed that the three people who used the service had regular contact with their relatives, who included visiting them in their own homes as well as their relatives visiting them and taking them out. One person told us, that they went to Church and attended other events organised at the Church, such as fetes. They went onto tell us that they had regular contact with their family. This showed that people were supported to continue to have relationships with people who were important to them.

Each person had a diary which staff completed at the end of each day to detail the activities the person had engaged in. Entries included, '[Person's name] has been happy today, has watched some television, had a relaxing bath and been out for tea.' Another entry read, '[Person's name] has spent time baking and then sat down doing puzzles. They enjoyed a foot and hand massage, went to the hairdressers with their friend.'

The manager told us that the consultancy firm were in regular contact with people's relatives informing them of changes that were being made. The manager told us that a relative of one person who used the service had visited them earlier in the week to discuss possible plans for care in the future.

Is the service well-led?

Our findings

The local authority and other authorities out of the area who funded people's packages of care were in the process of assessing people's needs. This was because there were concerns about people's safety at another location for which the provider was responsible. This impacted on the service of 5 Park Hill Drive as the service was supported by staff who worked across both locations, and had records that spanned both locations which included staff recruitment, staff training, policies and procedures and systems to audit the quality of the service.

The nominated person representing the provider 9 Grace Road Limited had recently resigned from their position and another person was now acting on their behalf. The person had sought the services of a consultancy firm to oversee the management of the service and to bring about improvements.

The registered manager of 5 Park Hill Drive had recently resigned their post with the provider. An application to cancel their registration with the Care Quality Commission (CQC) has not been submitted by the former manager.

People who used the service were anxious about the changes to the day to day management of the service and what it meant for them. People had had a range of health and social care professionals visit recently as external agencies were monitoring the service.

Staff told us they were anxious about changes in the service and the consultants were spending time with each member of staff both individually and collectively to discuss with them their vision for the service in moving forward.

The deputy manager told us they had noticed a difference in staff over the past few weeks, with staff being encouraged and coming up with ideas for things people using the service may like to do. They said staff had greater confidence to offer suggestions and request money so that people could take part in activities. This was a positive change in the attitude and culture of the staff. The deputy manager was aware that staff felt able to approach themselves and had an 'open door' policy to encourage staff to do this.

We spoke with staff who told us that since the involvement of the consultants their opinions about the development of

the service had been sought. A member of staff told us, "I know that my views will now be listened to, we've been asked for our ideas about how we can make improvements." When we asked what improvements had been made they told us, "Well, we ask for money now so that people can go out and we have access to money to buy games."

Staff we spoke with told us that the staff were happier and more relaxed since the consultants had taken over the day to day management of the service. On the day of the inspection a staff meeting was held to update all the staff as to the developments within the service, which included the involvement of external stakeholders including the local authorities who funded people's packages of care.

The deputy manager told us that staff were comfortable to speak with him about any concerns regarding the people who used the service. A number of representatives of the consultants visited the service regularly, taking different 'leads'. For example one person was taking the lead on the MCA and DoLS.

The representative of the consultants told us that part of their role was to recruit a manager who would in turn submit an application to the Care Quality Commission for consideration to be registered.

People who used the service told us they took part in meetings to talk about the day to day running of the service, however there were no minutes available for recent meetings held. The deputy manager told us meetings had been held however record keeping had been poor. The most recent minutes were dated November 2013. We spoke with the manager who told us meetings would be minuted in the future.

The consultants had undertaken an audit of the all the provider's services, which had included feedback from other stakeholders. The information had been used to develop an action plan which identified areas for improvements and the timescale for which they anticipated the required improvements would be made. Improvements identified included the undertaking of MCA's for people's regarding decisions about their care and the revision of people's plans of care including associated risk assessments with those using the service and their relatives. These plans of care were to then be shared with appropriate family and advocates to be agreed as well as with people's key workers.

Is the service well-led?

Systems to determine the quality of the service had been developed and were in the early stages of being introduced and therefore not fully effective with regards to 5 Park Hill Drive.

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

We asked the deputy manager to facilitate our contacting the relatives of people who used the service to seek their

views and the deputy manager confirmed that they would and provide people's contact details upon seeking their agreement. We did not receive the information we had agreed upon and therefore did not speak with people's relatives.

Policies and procedures were in the process of being reviewed and developed which would be customised to the needs of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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
Treatment of disease, disorder or injury	The provider had not operated an effective system and process to assess and monitor the service that ensured risks to health, safety and welfare of those using the service was managed.