

Achieve Together Limited

Grenville House

Inspection report

2 Victoria Terrace, Restormel Road
Plymouth
PL4 6BL

Tel: 01752661171

Website: www.achievetogether.co.uk

Date of inspection visit:
13 April 2022

Date of publication:
14 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Grenville House is a residential care home that provides personal care and support for up to four people with a learning disability and/or autistic people. At the time of the inspection four people were living at the service.

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

People who chose to share their views with us told us they were happy living at Grenville House, and relatives we spoke with did not raise any concerns about the quality of care provided.

We found the service was not always operating in accordance with the regulations and best practice guidance.

People were not always supported to have maximum choice and control of their lives and staff were not supporting people in the least restrictive way possible and in their best interests.

Some systems and processes to monitor the service were not undertaken robustly. This meant they were not always effective and did not identify the issues we found at this inspection.

People were protected from the risk of abuse because staff had been trained on how to recognise and report abuse and they knew how to apply it.

People were supported by staff who had been recruited safely and there were enough staff to make sure people had the care and support they needed.

There was a clear management structure and staff felt supported and listened to.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was mostly able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence.

People were able to choose how they spent their time and were supported by staff to take part in activities and pursue their interests in their local area/community. People were supported and encouraged to be independent and staff had a good awareness of people's needs and preferences. However, we found more work was needed to embed the principles of the Mental Capacity Act 2005 (MCA).

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff knew people well and understood how to communicate effectively with people. Staff spoke to people in a dignified and respectful way and it was clear from our observations that people and staff had developed good relationships.

Right culture: The ethos, values and attitudes of managers and staff helped to ensure people using services were enabled to lead confident, inclusive and empowered lives. Staff understood their role in making sure that people were always put first, and their care and support was tailored to their individual needs and preferences.

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

Rating at last inspection

The last rating for this service was good (published 24th March 2021).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grenville House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, the need for consent, staffing and governance at this inspection

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Grenville House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Grenville House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, however they were not present at the time of this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service, including notifications we had

received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also used information gathered as part of monitoring activity that took place on 15 March 2022 to help plan the inspection and inform our judgements.

We sought feedback from the local authority and 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. We used this information to plan the inspection and took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with and spoke with two people living at the service, three staff members and the regional manager. To help us assess and understand how people's care needs were being met we reviewed three people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care plans, training data and quality assurance records and spoke with three relatives.



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.

Preventing and controlling infection; Using medicines safely; Assessing risk, safety monitoring and management;

- People were not always protected from the risk and spread of infection.
- We were not fully assured that all staff were using PPE effectively, safely and in line with best practice guidance. For example, one staff member removed their face mask whilst talking with us and in close proximity.
- We were not assured that the provider was preventing visitors from catching and spreading infections. Whilst the provider had policies and procedures to assist staff in the management of COVID-19. We found these were not always being adhered to by all staff entering and leaving the building. For example, we observed one staff member enter the building and office without sanitising their hands or putting on a face mask.
- We were not assured that the provider was accessing testing for all people using the service. Staff did not know if one person living at the service had taken a COVID 19 test in the last 12 months. Whilst staff had worked with one person and their relatives to facilitate testing, they did not know if these tests were taking place or recording the results.
- We were not assured the provider was promoting safety through the service's hygiene practices as the arrangements in place to ensure the service was kept clean and hygienic to reduce the risk of transmission, were not sufficiently robust to control and prevent the spread of infection. We observed staff handling laundry without gloves and not washing or sanitising their hands afterwards.
- We did not observe staff carrying out enhanced cleaning of frequently touched surfaces, such as handles, remote controls and kitchen appliances and some aspects of the service were not clean. We discussed what we found with the regional manager who assured us this would be immediately addressed.
- People did not always receive their medicines as directed. For example, one person's medicine administration records (MARs) stated their medicines were to be given at lunch time. On the day of our inspection MARs showed staff had given this person their medicines in the morning. Staff said, "(Registered managers name) said it was ok if the person was going out for the day." There was no information within this person's care records to instruct staff to do this or that this had been discussed and agreed with the person's GP.
- People were not always protected from the risk of harm as they were living in an environment that may not be safe. During a tour of the service, we found one-person's window restrictor on the ground floor was not working correctly and a second, on first floor could be easily removed as staff had not removed the locking keys. We brought this to the attention of the regional manager who gave us assurance they would have the window looked at and removed the key from the upstairs window.

Whilst we found no evidence that people had been harmed. The provider had failed to ensure that risks relating to infection control, the management of people's medicines and the environment were being effectively mitigated and managed. This placed people at an increased risk of harm and was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was accessing testing for all staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the service in accordance with the current guidance. Staff told us and a relative confirmed that they were able to visit their relation regularly.
- Medicines were stored securely with access restricted to authorised staff only.
- Medicines were ordered and disposed of safely and securely.
- Staff were trained to support people to take their medicines safely and told us they had their competency regularly assessed.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Risks such as those associated with people's care needs had been assessed and were being managed safely. Risk management plans described what needed to happen to keep the person safe. Staff were aware of people's individual risks as well as any action they should take to mitigate those risks, whilst ensuring that people were supported to live the life they wanted and make choices.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. Individual evacuation plans for emergency situations detailed the level of support required to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People who chose to share their views with us, told us they felt safe and were happy living at Grenville House. One person said, "I do feel safe." Another said, "Very safe, I like my home and all the staff." Relative's comments included; "Very safe" and "I have no concerns, about [person's name] safety."
- The provider had clear policies and procedures in relation to safeguarding adults. Staff had received training in safeguarding adults and were able to tell us the correct action to take if they suspected people were at risk of abuse and/or avoidable harm. This included knowledge in who to report concerns to, both internally and to external agencies.

Staffing and recruitment

- People were protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were deployed in sufficient numbers to meet people's assessed needs.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the manager to identify any learning which may help to prevent a reoccurrence. This information was also shared with the providers regional manager and

central office team for further review.



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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were mostly supported by staff who had the skills and experience to meet their needs safely. However, we found due to recruitment pressures, the service used agency staff to cover some shifts. Whilst there was a clear system in place to obtain details of agency staffs' qualifications and experience prior to them commencing work, this information was not available for all staff who had worked at the service over the last three months. This meant the provider could not be assured these staff members had the experience, skills or competence to meet people's needs safely. This placed people and staff at an increased risk of avoidable harm.
- The regional manager told us that all agency staff were required to undertake an induction at the start of their shift. Records showed and staff confirmed agency staff inductions did not always take place.

Whilst we found no evidence that people had been harmed. The failure to ensure that staff providing care and support have the qualifications, competence, skills and experience to do so safely placed people at an increased risk of harm. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

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 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.

- Whilst we saw staff obtaining people's consent, people's care records did not always show their consent and/or views had been sought in relation to decisions being made on their behalf or that they were being supported to have maximum choice and control over their lives. For example, where the service held and supported one person to manage their finances and had made a decision to spend their monies. There were no mental capacity assessments to show that the person did not have capacity to make that specific decision or that the decision had been made in the person's best interests. This indicated the service was not working in line with the principles of the MCA.

Whilst we found no evidence that people had been placed at a disadvantage. The failure to assess people's capacity and record best interest decisions risked compromising people's rights. This was a breach of

regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- We found, where restrictions had been placed on one person's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

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

- People told us they enjoyed the food provided and could make decisions about what they ate and drank and when. One person showed us the menu and described how they had been involved in deciding what they would like to eat.
- Mealtimes were flexible dependent upon what people were doing each day and people could help themselves freely to snacks or drinks throughout the day and night.
- People were encouraged and supported to maintain a balanced healthy diet and staff had a good awareness of people's dietary needs and preferences and these were catered for.

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

- People received support to manage their health and physical care needs and were encouraged to engage with a range of healthcare services.
- Staff supported people to attend appointments and support plans described the advice provided by healthcare professionals such as dieticians and physiotherapists to ensure people's healthcare needs were well understood by staff. For example, one person required support with moving and transferring and guidance had been provided by a physiotherapist. The person's support plan gave staff clear instructions, with photographs, about how to support the person safely and maintain mobility through daily exercises.

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

- Grenville House is a terraced house, set over two floors with bathroom and toilet facilities. There was a communal kitchen/ dining room area and a lounge where people could sit and chat if they chose. Whilst some aspects of the service were not clean as detailed in the safe section of this report, overall, the property was clean and free from clutter. However, we noted that parts of the building looked dated and tired and needed some attention. We discussed what we found with the regional manager who told us there were systems in place with regards to maintenance.
- People were encouraged to decorate/ personalise their bedrooms with objects, photographs and individual furniture to make them feel more at home and reflect their personalities.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People were treated with kindness and were supported by staff who had a good understanding of their individual needs.
- Support plans contained information about people's past, likes, dislikes, cultural and religious beliefs and staff used this information to build positive relationships and support people to make decisions about their care.
- Staff received equality and diversity training and understood how to deliver care in a non-discriminatory way.
- Relatives and healthcare professionals spoke positively about the care and support people received. One relative said, "[person name] has always received very good support from the staff."

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. During our visit we saw members of the staff team supporting people to make choices with regard to how they spent their day.
- People were allocated a 'keyworker' who was responsible for consulting with people and their relatives about their care and whether they felt they were being supported in the way they wished.
- People, and those acting on their behalf, were provided with a range of opportunities to express their views about the care and support through regular reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff were seen to be discrete when asking people if they required support with personal care. Bedroom doors were closed and staff were seen to knock and wait for an answer before entering.
- Support plans contained clear information about what each person could do for themselves and staff described how they took a positive approach in encouraging people to increase their independence whilst recognising when people needed additional support. For example, shopping, meal preparation, washing their clothes or tidying up.
- People's personal records were kept secure and confidential and staff understood the need to respect people's privacy including information held about them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This enabled staff to support people in the way they wished to be supported to live full and active lives and to develop their independent living skills.
- Support plans and risk assessments were reviewed and updated when people's needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans identified people's communication needs and how they could be supported to understand any information provided.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices and share their views.
- The provider had developed information in an easy read format which helped to ensure people had access to the information they needed in a format they could understand.

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 were encouraged and supported to lead active lifestyles, follow their interests and take part in social activities.
- Support plans included information about people's preferred routines and what made them happy. However, the regional manager acknowledged that the impact of the COVID-19 pandemic had significantly restricted people's movement outside the home which had limited their opportunities to take part in things they loved. For example, going to the theatre or on holiday.
- People were supported and encouraged to maintain relationships with friends and family.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to talk to if they were unhappy or had a concern of any kind. One person said, "I would talk to [Registered manager name]." Another said, they would speak to staff. A formal complaints process was in place and this was displayed for people's information.

- Records showed that the service had received some concerns which had been investigated and acted upon.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. One person's care record showed discussions had taken place with the person and their relative and their wishes were clearly recorded.

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 changed to 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.

Managers and staff being clear about their roles, and understanding 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

- Governance systems were in place to assess, monitor and drive improvement through regular audits and spot checks. This framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. However, issues we found during our inspection were not identified by the provider's auditing processes. For example, the principles of the Mental Capacity Act (MCA) were not consistently embedded into practice.
- Governance systems and processes had not identified that records were not always accurate or fully completed. For example, one person's care records had not been updated following a recent review and staff had stopped completing agency staff induction forms.
- The provider could not be assured agency staff had the experience, skills or competence to meet people's needs safely as the system and process in place were not being followed by all staff.

Systems were either not in place or robust enough to demonstrate the service was being effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed what we found with the regional manager who explained, they had recently employed a quality compliance officer, who would be working with local services' managers and carrying out spot checks as part of the providers revised and improved quality approach
- The provider and registered manager were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Staff at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.

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

- People spoke positively about the service, the staff and the care and support they received. One person said, "I'm very happy here and I trust the staff that support me."
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs. It was clear that staff knew people well.

- Relatives had confidence in the registered manager and told us Grenville House was well managed.

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

- Although we were unable to view any formal feedback from people, people said they were happy and told us they were involved in some day-to-day decisions about their care and support.
- Learning took place from accidents and incidents, and concerns and complaints were listened to and acted upon to help improve the services provided by the home.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported, and had input into the running of the home.
- The registered manager and staff had developed good working relationships with partner agencies and we saw many examples of how the service was working proactively with people as well as other health and social care professionals, which helped to ensure good outcomes for people.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the principles of the Mental Capacity Act 2005.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety had not been identified or mitigated.</p> <p>The provider failed to ensure that risks relating to infection control and the transmission of COVID 19 were being effectively managed.</p> <p>The provider had not ensured staff had the necessary training, skills and competence required to carry out their duties.</p> <p>Regulation 12 (1)(2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems to assess, monitor and improve the safety and quality of the service.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records for each person living in the home.</p>

