

Consensus Support Services Limited

Grovelands Farmhouse

Inspection report

Tandridge Hill Lane
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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

About the service

Grovelands Farmhouse is a residential care home providing personal care and accommodation for up to nine younger adults living with a learning disability and/or autism.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. At the time of inspection there were nine people living in the service. Seven people lived in the main building and two other people were accommodated in an annexe where they each had their own bedroom, bathroom and sitting room. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People and their families were positive about Grovelands and staff who supported them. People were treated with kindness and compassion. People spent time in the community and at the home, doing activities they enjoyed and had chosen. There were effective systems to manage complaints and resolve them in a timely way.

Risks to people had been assessed and care plans reflected how to support people to keep people safe whilst maximising their independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where there were restrictions on people, staff were working within the requirements of the Mental Capacity Act (2005).

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough staff to support people. Staff had been recruited safely and completed an induction when they first started. Staff updated training to ensure they were able to support people, following best

practice guidance. Staff worked in a relaxed manner, ensuring that people had enough time to make decisions for themselves wherever possible.

People were kept safe by a registered manager and staff who were committed to their care and well-being. Safeguarding issues were reported and investigated appropriately. Lessons were learned when things went wrong, and actions were taken to reduce the risks of a reoccurrence. People were supported to access health care when needed as staff worked with health and social care professionals. Medicines were stored, administered and recorded to ensure people received them safely.

The home was well-maintained and looked after. People had the use of both personal spaces and communal areas. Personal spaces, such as bedrooms and bathrooms had been decorated and furnished according to each person's preferences. The home was clean. There were policies and procedures to ensure the risks of infection were minimised.

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 20 December 2016). At this inspection we found the service continued to be Good

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Grovelands Farmhouse

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one adult social care inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met six people who used the service and talked with two of them about their experience of the care provided. As some people did not have verbal communication skills, we spent time observing the care

people received. We spoke with five members of staff including the registered manager, assistant manager, and care workers. We also spoke with the nominated individual who is the managing director of the provider organisation. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We received additional evidence from the registered manager. This included photographic and written information confirming actions that had been taken. We received feedback from three relatives of people who live at Grovelands.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same Good

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Most areas of the home were safe for people to spend time in on their own or with staff. However, where some building work was taking place, an area of a driveway was partially obstructed by a pile of building materials. When we pointed this out to the registered manager, they took immediate action to make the area safe and get the materials cleared away.
- Two trampolines which were used by one person were in a poor state of repair and on uneven ground. The registered manager explained that due to the weather, they were not being used at present. After the inspection, they provided photographic evidence showing both trampolines were now repaired, clean and situated on a level area of grass. The registered manager said daily visual checks of the equipment and a monthly full health and safety assessment check had been implemented.
- An empowering culture encouraged positive risk taking. People were supported to live their lives as they chose. For example, there were detailed risk assessments which described how to support people to reduce the risk while supporting them to be as independent as possible. People, and their families, were involved in making decisions about the ways these risks were managed. Where staff identified a change in the person, risk assessments were reviewed to ensure they kept the person safe.
- Where people had behaviours that could challenge others, there were clear guidelines which staff were able to describe to help manage the behaviour. For example, supporting the person to become calmer by offering activities which might distract them and relax them.

Systems and processes to safeguard people from the risk of abuse

- People felt safe in the home and relatives said they were confident that people were protected from the risk of harm. A relative commented, "We have no concerns about his safety."
- People were protected from the risks of abuse as staff had been trained to understand how to identify, and deal with, types of abuse. One relative commented about an incident which had occurred, "Felt confident that staff handle it appropriately. All reported to the local authority safeguarding and dealt with openly."
- The registered manager understood her responsibilities to safeguard vulnerable adults. Records showed that where there had been a concern, appropriate action had been taken. This included reporting the issue, investigating it and acting to reduce the risks of a reoccurrence.

Staffing and recruitment

- The registered manager ensured there were enough staff to meet people's needs both when they were at Grovelands and when they were in the community. There was a stable staff team and people and relatives

told us they knew staff well. For example, one relative said, "There are plenty of staff present and we find [person's name] to be happy and communicative with them."

- Recruitment of staff followed best practice guidance. Checks to ensure new staff were suitable to work with vulnerable adults were completed before staff commenced working at Grovelands.
- People living at Grovelands were supported by staff who were trained and skilled at supporting people living with a learning disability and/or autism. The provider also employed health professionals, such as a positive behaviour practitioner (PBP), who provided support to staff when needed. For example, the PBP had helped one person develop a social story which helped the person understand how their behaviour impacted on others. Social stories help people with autism develop greater social understanding, often using photos or images to describe a situation.

Using medicines safely

- Medicines were managed safely. There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. Care staff were trained in the administration of medicines.
- There was a person-centred approach to medicine administration. People received their correct medicines on time. Staff took time to ensure the person was happy to take their medicine and did not rush them. People were provided with a drink when taking medicines. A relative commented, "Medication is locked away and I have seen his administered sensitively and appropriately."
- Relatives told us there were effective systems to ensure people received the correct amount of medicines when they were away with them.

Preventing and controlling infection

- The service was clean and maintained with systems to reduce the risks of infection. For example, schedules were undertaken to ensure all areas were regularly cleaned. This included kitchen areas.
- Staff were clear about their roles and responsibilities in relation to infection control and hygiene. Staff completed training in health and safety, food hygiene and COSHH (Control of substances hazardous to health) when they first started working at the service. Training was updated regularly.
- Food was prepared and stored safely. A Food Standards Agency inspection in December 2017 had rated the service as Good.

Learning lessons when things go wrong

- There were systems in place to ensure all accidents and incidents were recorded, investigated and action taken.
- The registered manager reviewed all accidents and incidents and analysed for trends and patterns. Where concerns were identified, the provider looked for ways to further improve the service.
- Staff were supported to learn from incidents and accidents. For example, learning was discussed at staff meetings.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same, Good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were holistically assessed. Care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.
- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.
- People were supported to use information technology and equipment. Some people had tablet computers and mobile phones. This enabled them to stay in contact with relatives as well as play music and games.

Staff support: induction, training, skills and experience

- Staff were trained when they first joined the service. New members of staff completed an induction programme. This included the nationally recognised Care Certificate if they had not worked in a care setting previously.
- Staff undertook mandatory courses which included online and face to face training to ensure they were aware of and up to date with best practice and guidance. Training was refreshed on a regular basis. A relative commented, "Staff appear to be well trained."
- Staff had supervision and appraisals where they could reflect on their role with their line manager. Staff said they could also ask for advice and support at any time. They said they felt the registered manager was "always available for advice and support."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat food they had chosen and liked. People were also encouraged to choose healthy food options.
- Where there had been concerns about a person's weight, staff had monitored it regularly and worked with health professionals to support the person to attain a healthy weight. A relative commented, "The staff at Grovelands have supervised his diet, which is now much better and consequently together with his

improved physical activity [person's name] is now much fitter and healthier than before he came into their care."

- People had annual health checks with their GP and were also supported to attend appointments with dentists, opticians and other specialist services.
- When a person had been prescribed anti-biotics by a GP which staff identified he was allergic to, they immediately contacted the GP and discussed their concerns before administering them. This swift action resulted in a change to the prescription, thus preventing an adverse reaction to the medicine. A relative complimented the member of staff saying, "I would also like to say how thankful we are to [staff member's name] who professionally tackled the GP ... If it wasn't for [staff member]'s quick thinking there could have had very bad consequences..."

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

- The service had been adapted to support the individual needs and preferences for each person. Bedrooms were personalised, painted in a colour of the person's choice and furnished individually. A relative commented, "Very nice bedroom, got new curtains and painting her room similar to home... Room is ideal as it gives her space." They also added, "Changed shower to bath as she prefers a bath."
- The annexe provided two suites of rooms, each containing a bedroom, bathroom and sitting room. This meant that two people who lived with a high level of autism were able to have a more private space, which suited their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the requirements of the MCA. Assessments had been undertaken to assess whether people had capacity to decide about where they lived and whether they were able to go out without care worker support. Applications for DoLS had been made for all nine people living at the service. Dates for when these had been submitted and when they had been approved were checked to ensure that reapplications were made in a timely way.
- Staff had completed training and understood their responsibilities to work within the requirements of the MCA.
- Other restrictions on people's freedom had been put in place. Records showed best interests' meetings had been held and best interests' decisions made which had involved family members, staff and professionals. Where there were restrictions, staff worked to ensure that these were as least restrictive as possible.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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 said they liked staff and were happy in the home. Comments included "I like it here."
- Staff knew people well and had developed strong, caring relationships with them. Staff took time to listen to people and understand their preferences about what they wanted to do. Where people were not able to communicate well verbally, staff were able to communicate and understand them using alternative methods of communication including visual aids and points of reference.
- Staff were observed showing affection and care to people, chatting in a friendly way and encouraging them to do activities. Feedback from relatives was very positive and included comments such as, "Excellent care and support", "Extremely supportive" and "Thank you for the tremendous work you do in keeping my relative safe and happy."
- Staff understood and respected people's equality and diversity. Staff described how they would treat every person according to their individual needs and preferences.

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

- There was a relaxed, happy atmosphere in the service, with people being supported to do what they wanted. During the inspection, staff talked with people about what they wanted to do and then supported them to accomplish this.
- People and their families were encouraged to be involved in planning and reviewing their care. A relative said, "Involved in care reviews and care planning - go in once a year, involves the Local Authority. [Registered manager's name] sends report beforehand and we then go through it."
- The registered manager described how one person had been allocated a new key worker who was closer in age and had some similar interests to the person. A relative said that this was, "Very good, she has lots of energy and a good approach which encourages [person's name] – in the last six months [person's name] has improved."
- House meetings provided an opportunity for people at Grovelands to have their say about how things were run. Minutes from meeting held in February and April 2019, described how people had discussed and made decisions about activities, health and safety issues, infection control and prevention, a fire drill and what colour towels they would like.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when working with people, ensuring the person's dignity was maintained, for example

when providing support with their personal care.

People's care plans detailed how staff should empower people as much as possible. People were encouraged to be independent. For example, people were encouraged to get involved in activities of day to day living such as shopping, laundry and keeping their room clean and tidy. It was recognised that each person needed differing levels of support for example when choosing what to eat.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware of their responsibility to meet the Accessible Information Standard. Staff understood how to communicate with people and interpret their needs in different ways. For example, where one person had limited verbal skills, staff were able to communicate with them using personalised story books which contained photos and simple language to explain what a person might do.
- People's care plans described personalised care and support which reflected their risks, needs and preferences. People could choose what activities they did at a time that suited them. For example, one person's care plan described their strengths and what support they needed. It also described what they person felt would be a 'perfect day' for them. Records of activities including photographs showed the person clearly enjoyed doing many of their favourite activities.
- People were encouraged to do activities they enjoyed, such as horse riding, cycling and attending social clubs. They also developed life skills through doing domestic chores such as tidying their bedroom. Some people were supported to do both paid and voluntary jobs. For example, one person had a job in a supermarket, while another volunteered at a library.
- People developed and maintained relationships with people that matter to them. For example, where some issues arose between two people in the home, staff worked with them to help them to address the concerns. This helped to improve the relationship.
- People were also encouraged and supported to make friends and acquaintances with people in the local community, for example one person was well known by staff in his workplace.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns and complaints. The registered manager was very visible around the home and people were free to talk to her at any time.
- Relatives knew who to contact if they needed to raise a concern or make a complaint. However, they said they had not had to complain.
- Staff understood how to support someone who wanted to complain. There had been no complaints since the last inspection. The registered manager said they would always listen to a complaint and identify ways to make improvements if needed.

End of life care and support

- Where a person had suffered a bereavement of a close relative, staff had been sensitive to the impact of this on the person. They had taken this into consideration when planning his care.
- The service was not supporting any people who were nearing the end of their expected life. However, the registered manager said that if the situation arose where someone became critically ill or near the end of their life, they would try to support them in the home to have a dignified and good quality end of life experience. They said this would be with the help of outside health professionals. For example, GPs community nurses and hospices.
- The registered manager said they would also ensure the person and their relatives would be involved in decisions about end of life care.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by a very committed and motivated registered manager, who had been in post for several years. They had the knowledge, skills and experience needed to run the service. They understood their role to lead a team of care staff as well as ensure the quality of care and safety of people. There was a clear staff structure and staff understood and were committed to delivering high quality care to people.
- There was a person-centred culture which put people at the heart of the service. People and their families were encouraged to get involved in how the service was run. One relative commented that staff were, "Very, very contactable and very welcoming. Never anything hidden." Staff also described how they were encouraged to make suggestions and put forward ideas.
- The registered manager had an open-door policy and encouraged staff and people to come and talk to her whenever they wanted to. During the inspection, we observed people coming up to the registered manager and chatting about what they wanted to do. A long-serving member of staff commented, "Good manager, supports us and arranges plenty of training including specialist courses such as epilepsy." A new member of staff commented about the service, "It's great, everyone helps me if I'm not sure."

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

- Senior staff visited the service regularly and were well known to staff and people. A senior manager, who visited during the inspection, described the ethos of the organisation as, "promoting real choices for people, helping them to achieve."
- The provider understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example, where an incident had occurred, there was evidence that this had been reported to the appropriate authorities including CQC. The registered manager and staff worked with these authorities to reduce the risks of a reoccurrence. Families were also kept informed fully.
- The communication systems at the home were very well established and worked well. Everyone understood their role and responsibilities. There were handovers between care staff at the end of each shift to ensure staff coming on duty were aware of issues and concerns.

- There was an audit framework which reported on safety and quality. Audits were carried out to check on the buildings, external areas, care records and medicines. A monthly visit by a senior manager was undertaken and the outcomes discussed with the registered manager. This helped to improve the quality of care and safety.

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

- People, their families and staff were engaged in feedback systems to support improvement for individual people experience as well as the service. Systems for feedback included individual care reviews, residents' meetings, surveys, staff meetings and staff supervision.
- There were strong links with the local community. This included links with local shops, a local library, cafes and pubs. People were also supported to social clubs, the cinema, a local gym and swimming pool. People were supported to go on holiday both in the UK and abroad. People used taxis on occasions when going out; the registered manager said, "We are well known by local taxi drivers." They also described how using taxis meant people could go out individually rather than as a group.
- The registered manager was a member of various networks which supported her to remain aware of current best practice. This included meeting up with registered managers from other homes run by the provider.