

Livability

John Grooms Court

Inspection report

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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

The inspection took place on 19 and 20 April 2016 and was unannounced.

John Grooms Court provides care for up to 27 people. The home offers self-contained flats for adults who have a physical disability. The building is purpose built, offering accommodation over three floors.

The registered manager had recently left. The deputy manager was acting as the manager until the provider recruited a new registered manager. There was also a further deputy 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.

People benefitted from being supported by staff who were safely recruited, well trained and felt supported in their work. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from abuse and knew the procedure for reporting any concerns. Medicines were managed and stored safely and adherence to best practice was consistently applied. People received their medicines on time, safely and in the manner the prescriber intended.

Staff knew and understood the needs of people living at John Grooms Court.

Staff did not receive regular supervision; however staff said they were in regular communication with the management team. The manager was aware of this short fall and was aiming to resolve this shortly.

Staff told us they were happy working at John Grooms Court. They assisted people with kindness, compassion and respect. People's dignity and privacy was maintained and respected.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was not depriving people of their liberty unlawfully and worked within the principles of the MCA.

People's care plans were detailed and individualised. They contained important and relevant information to assist staff in meeting people's needs in a way that was personalised. People and their relatives had been involved in making decisions around the care they received. People's needs had been reviewed.

The service had good links with community healthcare teams. People were supported to maintain good health and wellbeing. Some people had complex health needs; these people's needs were closely monitored. The service reacted positively to changes in people's health and social care needs.

People enjoyed a range of activities which reflected what they were interested in. People had jobs and performed voluntary activities. People also attended places of further education. People were encouraged to maintain relationships with others and the service actively welcomed family members and visitors to the home.

There was a positive and open culture. There was a friendly and energised atmosphere to the communal areas. People felt listened to and were confident that any concerns they may have would be addressed. People were actively involved in the service. Effective systems were in place to monitor the quality of the service. The management team played an active part in the daily life at John Grooms Court.

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.

Staff were safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately. Reviews had taken place. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered and stored safely and appropriately. People received their medicines as prescribed and in a way that took into account people's individual needs.

Is the service effective?

Good ●

The service was effective.

People benefitted from being supported by well trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the Mental Capacity Act 2005.

The service ensured people received food and drink of their choice. People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff had good knowledge of the people they supported and delivered care in a respectful and caring manner.

Care and support was provided by staff in a way that maintained people's dignity.

People, and those important to them, were involved in making decisions around the care and support they needed.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes, needs and life histories into account.

The service encouraged people to maintain meaningful relationships with those close to them.

There was a wide range of social activities which was in response to what people wanted to do. People accessed educational, work, and social opportunities.

The home actively encouraged people's views on the service provided and acted upon these.

Is the service well-led?

Good ●

The service was well-led.

The staff and the people they supported benefitted from a management team that demonstrated dedication, knowledge and passion in the service.

People were supported by staff that were happy in their work and felt valued.

The service actively involved people in the development of the service.

There were auditing systems in place to ensure a good quality service was delivered. These systems were effective at identifying issues.

John Grooms Court

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 and 20 April and was unannounced. Our visit was carried out by one inspector and an 'Expert by Experience.' An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. During our inspection we spoke with 12 people who used the service. We also spoke with two relatives of people using the service. Observations were made throughout the inspection.

We gained feedback from two healthcare professionals who visited the service. We spoke with the acting manager, and deputy manager. We also spoke with the cook and four members of the care staff. We also contacted the local safeguarding team and the local authority quality assurance team, for their views on the service.

We reviewed the care records of four people and the medicines records for seven people. We tracked the care and support two people received. We also looked at records relating to the management of the service. These included training records, health and safety check records, three staff recruitment files and minutes from meetings.

Is the service safe?

Our findings

People told us they felt safe living at John Grooms Court, one person said, "I feel lovely and safe because there are staff on all through the night, if I want something I bleep." Another person said, "I feel very safe and cared for...Always someone around to help you." A relative also told us they felt their relative was safe.

We spoke with staff who told us they had received training on how to protect people from the risk of potential abuse. Staff gave examples of the different types of abuse and how they would identify if a person was being abused. The staff we spoke with told us how they would intervene to stop harm from happening. Staff said they would raise any concerns with the manager. Most of the staff were aware of outside agencies they could also report their safeguarding concerns to. All the staff we spoke with felt confident the management team (acting manager and deputy manager) would respond appropriately.

The service had assessed and identified people's risks when they entered the service. We could see detailed and thorough assessments had taken place at this point. We could also see detailed reviews had taken place routinely and when someone's needs had changed. It was evident from these records people and their relatives had been involved and consulted with about how to manage these risks. Although most people's needs had been robustly assessed and reviewed, we found one person's review was not thorough, it did not include all their current risks, and the person had not been consulted with. The manager told us there were some people who had not had in-depth reviews. The manager said they would address this.

Some people had complex physical needs. We could see from speaking with the management team, staff, and looking at these people's records these needs were managed in a way which did not restrict their freedoms. Some people accessed their community independently. There were plans in place to encourage their safety during these times. One person had concerns about their safety following an incident which happened when they were in town on their own. Following the event the service spoke to the person to look at ways to minimise these risks, but this was managed in a way which still promoted this person's freedom.

There were plans in place to respond to emergencies and sudden events. We were shown a business contingency plan. This had emergency numbers to call for the utility suppliers the service used. There were contact details of members of staff, if additional staff was ever required. It also included an agreement to use the local church kitchen or hall if there was a need to. The manager told us about a recent event when they lost power. The manager made contact with the supplier and a generator was supplied, "Within the hour."

There were recruitment processes in place to ensure only those suitable to work in care were employed. We looked at staff recruitment files and found all the appropriate criminal records checks had been completed. The personnel files we looked at contained application forms, references, and photographic identification. Most files also contained full work histories.

Most people told us there was enough staff to manage their day to day needs. One person said, "They are always available for me to talk to." Another person said, "The staff are very nice, helpful and kind, we have

good 24 hour care." The manager told us how they worked out how many members of staff should be on a shift. There was slightly more staff in the mornings in order to support people to get ready for the day and with lunch. There was an activities co-ordinator who spent time organising events and supporting group and individual activities. We looked at the last three weeks rotas and found this level of staff was reflected in the rotas. On the day of our visit we observed staff responding promptly to people's request for support. Staff and people were often seen chatting together. Staff appeared unhurried and calm.

Medicines were administered and managed in a safe and effective manner and people received them as prescribed. We spoke with the member of staff administering medicines on the second day of our visit, and observed them administering medicines. This member of staff clearly had a good knowledge of people's medicines and people's health needs. The medicines were stored securely throughout and after this process.

We looked at the medicines administration records (MAR) of seven people and found they had been given the medicines as prescribed and this was clearly signed by staff. We completed an audit of medicines and found that the correct amount of medicines was stored. Medicines were stored at the correct temperatures and we could see the service regularly monitored this throughout the day and night.

On the day of our visit some people had gone out for the day socialising or attending hospital appointments. We could see there were appropriate procedures in place to ensure people had their medicines when they were away from the service.

Is the service effective?

Our findings

People received effective support from staff who were trained and understood their roles. One person who lived at the service said, "The staff definitely know what they are doing." Another person said, "The team now are superb." A relative we spoke with said, "[The staff] are looking after [relative] very well."

The staff we spoke with said they felt they were well trained and their training was up to date. Staff who administered medicines said they had completed refresher training recently which also involved a "competency test" from the manager. A district nurse had provided training on 'insulin administration.' This also included the district nurse observing staff administering this medicine. Staff said they had been trained in moving and handling, supporting people with swallowing issues, safeguarding, equality and diversity and how to prevent skin from breaking down. Some members of staff were completing a qualification in health and social care.

Staff told us they completed an induction of one or two weeks before they started working at the service. Staff said they shadowed experienced staff and completed training. All the staff we spoke to said they felt this process prepared them for the job. One member of staff said, "I had never worked in care before but I felt very confident to start."

Staff said they felt supported by the management team and had supervisions, but they were unclear how often they received supervisions. We spoke to the management team about this. We were shown the records of recent supervisions. However, most members of staff had not received supervision for many months. The management team said they were aware of this issue and intended to put a plan in place to ensure staff had regular supervision and appraisals in the future.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met.

The manager and staff had a good understanding of the MCA. Staff understood what mental capacity meant. Staff said they encouraged people to make their own decisions. We looked at people's records and we could see mental capacity assessments had been made by the service. Some people had more complex needs and their mental capacity was also assessed by health professionals. Staff told us if they had concerns about someone's mental capacity they would speak with the manager.

During our visit we observed staff asking for people's consent and offer choice. All the staff we spoke with said they always asked for people's consent when they supported them. One member of staff told us how they offered people choices and sought their consent with daily needs. They also told us how they offered choice with people's wider goals and ambitions for the year ahead. Another member of staff said, "It's so important to offer choice, to not make a decision on their behalf, it's only a moment's thought." We concluded the service was meeting the requirements of the MCA and protecting people's rights.

People spoke positively about the food. One person said, "I love the food here, you get plenty." Another person told us, "You get a lot of choice and they are always offering me drinks." A relative told us, "[relative] is always telling us how much [relative] likes the food."

We observed lunch time and could see people were offered choice and people were asked on several occasions what drinks they wanted. People appeared to enjoy the food. There was an energetic atmosphere at lunch time and at the evening meal. Mealtimes were appropriately spaced. We noted from the store cupboard that there was a wide variety of juices and cereals for breakfast. We also noted seasonal vegetables and fruit. The cook confirmed that they tried to get seasonal local produce. The cook told us that, with the exception of a few items that people particularly asked for; most food was, "Cooked from scratch."

People were involved in the decisions about what they eat and drink. The menu was changed each week, there was a choice of two different meals at lunch and in the evening. The cook said they would spend time with some people who needed support to choose their meals from the menu. Staff also said they also assisted people in this way. We could see there was a variety in the types of meals people had during previous weeks. If people changed their minds on the day the cook or staff could make hot and cold snacks instead. Some people had their main meal in the evening and we observed one person ordering a take away.

Some people had complex needs with eating and drinking. We observed these people having support at meal times with one member of staff. We could see on these people's care records that the service had made referrals to the speech and language therapist team. One person had current involvement from the SALT team. All the staff we spoke with knew and understood these people's needs with eating and drinking. There were risk assessments on these people's care records to maximise their safety when eating and drinking. There was also guidance for staff on how to support these people with eating and drinking.

People had access to health care services and received on going health care support. A relative told us, "[relative] had a seizure, staff here were brilliant, rang me up and kept me updated, letting me know all the while what was happening and they visited [relative] in hospital". Other people told us staff called their GP if they asked them to.

One member of staff told us they contacted a team in the hospital (with the person's permission) because the person they were supporting complained of feeling uncomfortable, when wearing a specialist piece of equipment. Another member of staff told us they called the GP (with the person's permission) and requested for them to consider some physiotherapy, for a person they supported. A further member of staff said they had accompanied people to dentist and hospital appointments.

On the day of our visit we observed two members of staff calling the GP surgery to update the GP about someone's health needs. We spoke to a doctor from the local surgery. They spoke positively about the service and the staff. The doctor told us the service often made contact with the surgery. They also said that the service was responsive to people's health needs, some of which are very complex. We could see from the

records we looked at there was detailed information about people's health needs. In these records we could also see evidence of staff consulting with health professionals, when people's health needs changed.

Is the service caring?

Our findings

People were treated with kindness and compassion. One person told us, "My [relative] passed away recently, they took me to be with [relative] when [relative] was dying, I am so very grateful for that."

During our visit we observed many interactions between staff and people who lived at the service, demonstrating there were caring and meaningful relationships at the service. We observed a member of staff greet a person who had recently returned from hospital, with genuine concern and happiness that they were feeling better. We observed a member of staff sitting in a quiet area with a distressed person offering support and comfort, as they recounted a traumatic event that had happened to them.

We also observed people being treated with real compassion in their day to day care. At lunch time we observed some staff to be sensitive and attentive to the needs of people who needed support with eating and drinking. We often saw staff speak with people at the person's physical level with their hand or arm gently placed on the person's shoulder.

The staff we spoke with told us about the people they supported with genuine warmth and kindness. It was clear to us that staff really knew the people they supported. Staff told us about the people's interests and histories. This knowledge was confirmed, by us meeting people and looking at their records. Staff also spoke of people's diverse needs in a caring and respectful way.

The people who lived at John Grooms Court were vocal about their experiences at the service. We observed people giving their views and opinions to staff during our visit. The service had a 'resident's newsletter' called 'The Voice' which was written by people living at the service. There were also regular "residents meetings". We looked at the minutes for these meetings and could see many examples of people who lived at the service raising issues which were important to them. We could see the manager either addressed these issues or agreed to speak with the provider to resolve them.

We looked at people's care plans, assessments and reviews. We could see from these records people had been consulted with and taken part in the planning of their care. People's preferences and how they wanted their care delivered was evident in these documents.

People told us they felt their dignity and privacy was respected and promoted. One person told us, "They are absolutely respectful; I have had no incidents where I feel my space is being invaded. If I have a shower in my room they will always knock before they come back in." Another person said, "My personal care is very very good, they always knock and will ask if it is okay to do something."

Confidentiality was taken seriously at the service. The information the service held about people was stored securely. We could see in the "resident's minutes" from a meeting this year, people and staff were reminded not to discuss personal issues in the communal areas.

We observed staff knocking on people's doors saying "Hello" and waiting for a response before they entered

people's rooms. People told us staff respected their privacy when guests visited. One person told us, "I have a [partner] if my door is shut it means I'm busy and they completely respect that." Staff told us how they promoted people's dignity when providing personal care. Staff told us how they talked to the person when they were supporting them, telling them what they are doing, and checking they are agreeing with this.

We observed separate times when medicines were administered to people. On one day we observed a member of staff speaking discreetly to people when discussing if they required certain medicines. On this day people generally had their medicines in their room before lunch. However, we observed another day when medicines were given to most people during their lunch in a communal area. The member of staff asked one person if they minded having their medicines in this public way, they said they were happy to. However, other people were not asked this question. We concluded this particular action did not promote people's dignity.

The manager and staff told us the service encouraged people to be as independent as possible. The manager said sometimes people would call for assistance with a task that the staff felt the person could do themselves. In these cases we were told staff spent time with the person encouraging and supporting them to complete the task independently. We also observed people accessing the community independently.

People were able to have visitors when they wanted to. On the first day of our visit we spoke with one relative who said, "I am always welcome and they look after me really well." On the second day of our visit we observed five relatives visited their relatives including a relative's pet dog. Staff appeared very welcoming and clearly knew these relatives. We spoke with one of these relatives who spoke positively about the service and said, "They respond to my needs too."

Is the service responsive?

Our findings

People benefitted from having had assessments that were individual and responsive to their needs. The assessments we looked at included information personal to the person in question. There was detailed information under these headings, "My goals and aspirations." "My mobility." "People who are important to me." "The history of me [person's name]." These assessments were specific to the person, including their interests, preferences, and what was important to them. It was clear the service had made every effort to get to know people and understand their needs.

Staff communicated effectively with one another during our visit. We observed staff updating their colleagues about people's needs at the beginning of a new shift. Staff shared information with one another in a discreet and professional way when supporting people at lunch time. We also observed staff communicating clearly with the people they were supporting.

Most people who lived at John Grooms Court told us staff responded to their needs. People told us they chose what time they got up and went to bed. Whether they took part in planned activities and how they were supported with their daily needs. People also told us how the service supported them to fulfil goals and ambitions which were important to them.

Some people told us staff did not always respond to them in a timely way when they pressed their alarm bell. Some people we spoke with said they sometimes had waited, what they felt, was a long time for their 'call bells' to be answered. One person said, "The assistance at night is slower, I sometimes think are they not going to come." However, other people told us they felt staff did respond to their requests for assistance in a timely way. We spoke with the manager about this who said they would speak with everyone and address these individual concerns.

The people we spoke to said they knew how to make a complaint or address an issue. One person said, "I certainly know how to complain, I would either speak to the senior or [name] in the office will sort things out." Another person said, "I go to a member of staff, they write down what I say and it goes to the manager and higher."

People were supported to follow their interests and take part in social activities. One person told us, "There is plenty that happens, we go on different outings, I help with the newsletter 'The Voice'. We have a suggestion box and anyone can put in ideas for it." Another person said, "I go to [name of] club, I love it, they helped me join."

We spoke to the 'life style co-ordinator' who told us the types of activities which are organised for the people at the service. There was a wide variety of activities in and outside the service for people to choose to take part in. We looked at the last eight months editions of the resident's newsletter 'The Voice' and the minutes of residents meetings. This confirmed to us there was a variety of activities which took place on a regular basis. We could see from these images and from suggestions made at 'residents meetings that events and activities were unique to what people wanted to do. They weren't just associated with traditional public

holidays. One person told us, "They always advertise the outings; last year we went shooting which was fantastic."

The service supported people to explore their individual interests outside of group activities. Some people had jobs, or worked as a volunteer. Some people also went to college. One person told us, "I volunteer for [a charity], and at a club for the elderly, staff are very good at supporting me." A member of staff talked to us about the plans they had for one person's graduation party, they said, "We're going to make it really special." The manager told us about one person who they are supporting to take part in a national competition run by the 'special Olympics' organisation. This demonstrated to us the service promoted people's individuality and responded to what people wanted to do.

We observed interactions between members of staff and people at the service where they were discussing plans to go out for the day. In all cases suggestions were made by the person and the members of staff agreed to arrange these activities.

Is the service well-led?

Our findings

The people we spoke to were very complimentary of the management team. One person told us, "[manager] is a wonderful deputy, she has her finger on the pulse, she knows what's going on and she is the person I would always go to." Another person said, "I like them both [manager and deputy] they are out and about, and see you are alright." A relative told us, "I don't know what I would do if she left."

The service has had different registered managers in recent years. The deputy manager who has been at the service for some years is now the acting manager, until the provider recruits a new registered manager. One person said, "I am nervous about the change of Manager, it's the sixth one in five years, it makes me unsettled, what are they going to be like, what changes are they going to make." Another person said, "There is an inconsistency of management, they promise the world then six months to a year they are gone. My family find it unsettling." We also observed people talk with staff about this issue. One person told a member of staff, "We need a wanted poster...Manager wanted!"

People spoke very positively about the (acting) manager, everyone we spoke with, members of staff and people who lived at the service, said they felt supported by the manager. The manager told us they understood how people feel regarding the change in management. The manager said they spoke with everyone about the previous manager not returning, "We reflected on what [previous manager] had done for the service, I reassured people, and asked them to come and see me if they were concerned or had any questions about this."

There was an open and positive culture at the service. All the staff we spoke with said they enjoyed working at John Grooms Court and felt committed to the service and the people who lived there. One member of staff said, "It's a lovely place to work, you get the chance to make relationships with the people who live here." Staff told us how they found their work rewarding.

The manager and staff had a clear understanding of the vision and values of the service. The manager told us how they wanted the service to be less of a hotel style and more of a homely environment, encouraging people to be independent as they can be. During our visit we observed the manager and staff putting this vision into practice.

We found the manager responded quickly and appropriately when staff raised recent concerns. The manager was very visible during our visit; they told us how they completed some day and night shifts which gave them the opportunity to observe practice, offer workable solutions for areas of improvement, and have a full understanding of people's needs. We observed staff and people who lived at the service engaged in an affectionate and warm way with the manager.

There were strong links to the community. We observed people and relatives come and go from the service. We could see from people's records and from the health and social care professionals we spoke with there was active involvement from outside professional agencies. We concluded from what people told us and from the 'resident's newsletter,' the service was very active in the local community.

The management team had completed audits regarding the administration of medication and cleaning standards. The provider also carried out audits to monitor and improve the quality of the service. We were shown particular audits of the service, which had taken place recently by the provider. We could see issues had been identified and we could see that most of these had been actioned.

The manager fully understood their responsibilities and the information we hold about the service, told us they reported incidents to the CQC as required.

The manager told us they felt supported by the provider. They said they received regular supervisions. The manager said they had good links with various colleagues who worked for the provider. The manager told us about which colleague they would consult with regarding a particular issue. The manager recently won an 'outstanding staff achievement award' from the provider.

The manager demonstrated real commitment, knowledge, and passion for the service.