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Grove Villa Supported Living

Inspection report

28 Mill Road
Deal
Kent
CT14 9AD

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Grove Villa Supported Living is a supported living service. At the time of the inspection people all lived together in two houses. The service shares the same staff, office and manager as another supported living service (The Bungalow) which is based on the same site. The Bungalow and Grove Villa Supporting Living were inspected on the same dates. The houses were based on a large site where there were two other services provided by the same provider.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Grove Villa Supported Living receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were 4 people receiving personal care at the time of our inspection.

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

People's experience of using this service:

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe, Responsive and Well-led to at least Good. We found that the provider had not undertaken actions in their action plan: all key questions had deteriorated: Safe and Well-Led were found to be Inadequate with Effective, Caring and Responsive all requiring improvement. There was no management oversight of the service and no oversight by the provider. For example, there was a lack of auditing, complaints were not always recorded, and staff performance was not monitored. This meant that there was a risk that people were not always receiving the high quality, person centred, safe service they should expect to receive.

People were at risk of harm. Risks to people were not always managed and monitored safely. Therefore, people could not be assured that the provider, manager or staff would provide the right support to keep them safe from harm. People's medicines were not audited, and this could have a possible impact on their health and well-being.

Staff had not received all the training they needed to enable them to support people and meet all of their needs. Staff were not up to date with training, including medicines management, which could have an impact on people's safety.

Safe recruitment practices had not been followed before some staff started working at the service.

The outcomes for people using the service did not always reflect the principles and values of Registering the Right Support; Although staff recognised that people had the capacity to make day to day choices, people did not always receive the right support to keep them safe. People did not have person centred care plans in place. Although people's goals were recorded, they were not dated, and it was not clear whether they were current.

People were supported to be independent and undertake daily living activities. People were engaging in the community, for example through attending clubs, accessing local shops and visiting local pubs.

People told us they liked living at the service and that they liked the staff. People were engaged in a range of activities in the community and staff supported them to maintain their independence. Staff supported people to access healthcare when needed.

We found a number of breaches of the regulations. The service did not meet characteristics of Good in any area; more information is in the full report.

Rating at last inspection: At the last inspection on the 31 May 2018 the service was rated Requires Improvement for the second consecutive time.

Why we inspected: This inspection was brought forward due to information of concern.

Enforcement and Follow Up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration we will re-inspect within six months to check for significant improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not safe Details are in our Safe findings below.</p>	<p>Inadequate ●</p>
<p>Is the service effective?</p> <p>The service was not always effective Details are in our Effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service caring?</p> <p>The service was not always caring Details are in our Caring findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service responsive?</p> <p>The service was responsive Details are in our Responsive findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not well-led. Details are in our Well-Led findings below.</p>	<p>Inadequate ●</p>

Grove Villa Supported Living

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors.

Service and service type:

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the manager had applied to become the registered manager.

Notice of inspection:

We did not give notice of our inspection as this inspection was unannounced.

What we did:

Due to technical problems, the provider was not requested to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke to two people who used the service, the manager, a team leader and two staff who provided support to people.

We looked at three people's support plans and the recruitment records of four staff employed at the service. We viewed, medicines management, complaints, meetings minutes, health and safety assessments, accidents and incidents logs. We spoke with the provider, the manager, one team leader and one support worker.

We sought feedback from relevant health and social care professionals and commissioners from the local authority on their experience of the service.

At the inspection we asked the manager to send us some further information on training and contact information for relatives. Information we requested was received in a timely manner.

Is the service safe?

Our findings

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed, managed and monitored safely. The manager and provider had not ensured people's risk assessments were reviewed or updated. People could not be assured that the risk assessments staff were following to support them contained current information.
- The risk assessments seen explained the actions staff should take to promote people's safety. Individual risk assessments included risks related to; going out in the community, nutrition and hydration, activities and health.
- People were not protected from the risk of fire, as training records provided by the manager showed that four staff had not undertaken fire safety training; the one fire drill record seen was incomplete.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks such as gas safety checks had been carried out.
- Any equipment that people needed to maintain their mobility, for example walking aids was in place.

The provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety. People were not protected from the risk of fire. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had failed to ensure all staff were appropriately trained in safeguarding people from the risk of abuse. Some staff had not received up to date safeguarding training. Staff told us they understood how abuse could occur and how they should report abuse, both within the organisation and who to report to externally. However, the staff team supported people across both of the provider's supported living services and had not taken action to report alleged abuse when it occurred, or took action to ensure people were safe.
- The manager told us that they met with staff from the safeguarding team regularly to discuss any issues. However, the manager did not demonstrate they were knowledgeable about recognising abuse or knowing when to raise concerns: despite speaking with the safeguarding team weekly, the manager had failed to inform the safeguarding team concerns relating to alleged abuse of a vulnerable person who used another service which they also managed.

Learning lessons when things go wrong

- Lessons were not learnt when things went wrong. The provider and manager did not have a system in place to ensure improvements to people's safety were considered and made.
- Records had been kept of accidents and incidents. Although the manager told us they monitored these, so any trends could be recognised and addressed, no analysis of incidents had taken place.

Using medicines safely

- The provider had failed to ensure there was a system in place to monitor that medicines were managed safely. People were being supported to take their medicines by staff who's records showed that they had not completed medicine administration training.
- No recorded weekly audits of medicines had been undertaken since 7 November 2018, by the provider or the manager. On the second day of the inspection the deputy manager undertook a medicines audit.
- We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- Medicines were stored safely and PRN (as required) protocols were in place and staff followed them.

The provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety. Medicines were not always managed safely. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe staff recruitment procedures had not been followed. We looked at records for four staff. There was no proof of identity including a recent photograph for two new members of staff.
- Safe recruitment practices had not been followed before some staff started working at the service. The providers policy stated that staff needed to provide two references from previous employers. One staff file only contained one reference. Another staff file had one reference from a previous employer and one reference from a previous client they had supported. Two staff files did not contain terms and conditions of employment and the manager said that these were being updated for all staff.
- Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There were enough staff to support the people that lived at the service. Flexible arrangements were in place to support people to go out and about. There was some use of agency staff to cover any shortfall such as annual leave or sickness.

The provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Preventing and controlling infection

- The provider had not made sure that staff knew how to safely support people with meal preparation and cooking; some staff needed to update food hygiene training as they supported people with cooking and storage of food
- People were being supported to keep their environment clean, however the records of checks on the cleanliness of the environment had not been kept up to date.

We recommend that the provide ensures that the service has systems and processes in place to ensure the management and the control and prevention of infection.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff training had not been kept up to date therefore, there was a risk that staff did not have up to date knowledge they might need to support people safely and effectively.
- Following the inspection, the manager provided information to us in the form of a staff training matrix. This had not been available at the inspection. This showed that for some staff training had not been updated in relation to fire safety, moving and handling, safeguarding or infection control.
- Staff had not undertaken updated medicine administration training. This could put people supported by staff to take their medicines at risk. We were informed following the inspection that staff had completed on line training in medicine administration.
- The training records showed that only one member of staff had completed training in learning disability awareness. This showed that staff were not up to date with current best practice.
- There were no records of staff appraisals having been undertaken and staff had not received regular supervision. For example, one member of staff did not have a supervision recorded since July 2018 and the previous supervision record was dated April 2018. The team leader said that 'supervisions were behind'. This meant that staff performance had not been reviewed and staff were at risk of not being supported appropriately.

The provider had failed to ensure that staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- People's risk assessments had not been regularly reviewed. People could not be assured that their support needs were known or met, as care plans were not reviewed or updated regularly.
- Where there had been incidents or concerns people's needs had not always been re-assessed. This means that staff would not always have the information they needed to keep people safe from harm.

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

- People were supported to eat and drink and maintain a balanced diet. Staff supported people to do their own shopping and plan their own menus. People were involved in the preparation of their own food and cooking.
- People could choose where they wanted to eat. We saw people help themselves to snacks and drinks with support from staff where this was needed.

- The records showed that the speech and language team (SaLT) supported people that were at risk of choking. There was guidance in place which staff followed to support the people safely.

Staff working with other agencies to provide consistent, effective, timely care

- People had healthcare passports in place. These are documents people can take with them when they go to hospital and provide useful information for healthcare staff. Passports included information about the people's healthcare, medicine and what support they needed with communication.

Supporting people to live healthier lives, access healthcare services and support

- People continued to have access to healthcare services when they needed it. We saw information about people's healthcare and appointments such as doctors, dentists and opticians in the care plans.
- People were happy with the support they received when they felt unwell. One person said, "The staff arrange for me to visit the doctor if and when I need to."
- People told us they were encouraged to remain fit and active and enjoyed their activities.

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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found that they were. No one at the service lacked the capacity to make decisions. People were not subject to restriction and were free to leave the service if they chose to do so. There was evidence that people's choices were respected, and staff knew that people had the right to make unwise decisions where they had the capacity to do so.

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

Requires Improvement: People did not always feel well supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- The provider had not ensured that people were being treated with respect in that systems to keep people safe from harm and protect them from risk were not robust.
- Care and support did not always meet people's needs in that actions were not taken to prevent risks from re-occurring and people's risk assessments were not always up to date.
- People told us that they were happy with the support they received from staff. They said they liked the staff.
- There was a relaxed atmosphere. Positive interactions were observed between people and staff including friendly banter.
- People said they could invite their friends to visit them at the service at any reasonable time.

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

- People living at the service were able to express their views independently on a one to one basis. When they did need extra support, they had been referred to an advocate as appropriate. An advocate is an independent person who supports people to express their thoughts and feelings.
- There were annual reviews of people's care. People could invite who they wanted to support them, and the records showed that relatives had the opportunity to attend.
- There were daily records in place for each person. These were used at the end of the day and gave people the opportunity to feedback on how their day was. However, the manager did not use these records to review or update changes to people's support needs. People told us they felt listened to and involved in their own care.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were supported to be independent. Staff supported people to undertake daily living activities such as cleaning their own room, doing their own washing and shopping.
- People were supported to manage their own risks and health care needs where possible. For example, one person was supported by staff to visit the dentist during the time of the inspection.
- People's privacy was respected. People had keys to their own rooms and could lock these when they went out. Staff knew to ask people's permission before they entered their room.
- People's personal information was stored securely. Some people had chosen to keep their care plan in their own room and this decision was respected.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans did not contain person-centred information about people. They set out some information about what people wanted to do, but did not record what support people needed from staff to achieve this.
- The plans included information about people's goals as well as achievements. The goals had not always been dated and we were not able to establish how old or relevant these were.
- People told us that staff knew them well including their likes and dislikes. They said that staff supported them in a way that they wished to be supported. Staff we spoke to knew that the support they provided was important to people. For example, visits to the town and going to appointments. Staff sought people's agreement when supporting them to undertake these activities.
- People told us that they led busy lives and they were happy with the activities they undertook. People went out regularly. Activities included going to day centres, out for meals, to disco's and participating in education.
- Management identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals for example, there were pictures in people's support plans to enable them to understand these.

End of life care and support

- At the last inspection we made a recommendation that the provider considers current guidance on end of life care for people with a learning disability. At this inspection we found that the provider and registered manager had not ensured people or staff had any resources available about end of life care for people with a learning disability. One person had been given a end of life document to complete with their family, but had not received support from the manager or staff about this, and had just been told 'the document will be sent home with me at the next home visit.' Staff had been booked onto a training course for end of life care later in the year, but the manager and provider had not sought to ensure people had sufficient support to make decisions.

The provider had failed to ensure that people's support was person centred in that it meet their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Although there was an accessible complaints policy and people told us that they knew how to complain, the provider had not ensured it was followed.
- There were no records of complaints at the service. However, there was evidence that there had been

some complaints that had not been recorded as such. These complaints had been dealt with appropriately, but the provider and the manager would not be able to review these for trends as records had not been kept.

The provider had failed to ensure that systems or processes operated effectively to manage complaints. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- At the last inspection on 31 May 2018, we asked the provider to take action to make improvements to systems to assess, monitor and improve the quality and safety of the service provided. The provider sent us an action plan telling us how they planned to improve. However, these actions had not all been completed. The action plan stated that "Audits will be completed to accurately record actions identified and dates that actions have been completed"
- At this inspection we found that auditing had deteriorated, and these checks had not been undertaken. For example, there had been no audits of staff files, health and safety, medicines and infection control.
- The provider had not identified the concerns we found on inspection. For example, the provider had not identified that medication audits had not been completed since November 2018. Fire safety drills recently carried out had not been fully recorded. For example, with the names of people and staff that had taken part in the fire drill. The provider had not identified that some staff training had not been completed nor put this training in place.
- There was a lack of management oversight on staff practice. For example, some staff had not had a supervision session for some time.
- Staff refresher training was not up to date. For example, staff were asked to arrange fire drills with staff and people; but staff had not completed fire awareness training. When we asked the manager if these drills had taken place they did not know that they had.
- Since the last inspection there was a new manager in place. The new manager had begun the process of registering with CQC for Grove Villa Supported Living and the two other services the provider owned on the same site.
- We found at this inspection that the management of the service had not improved. The manager told us that her priority had been to support one of the other services (on the same site) owned by the registered provider's. The day to day management of the service was undertaken by a team leader who had experience of the service but had not been provided with the training relevant to the role. This meant that the manager, appointed by the provider, did not have the day to day oversight of the service. We spoke to the provider about this who said that "Obviously I am spreading the management too thin."
- The provider did not have oversight of the service. The provider told us that they had a consultant to audit all three of the services on the site. However, the manager confirmed that this audit had not included this service. When we spoke to the provider about this they were not aware of it. The provider and the manager told us that they met regularly. However, when we asked the provider if they knew about important events that related to people who used the service, they did not.
- There was not a culture of improvement within the service.

- There was a lack of systems to enable the manager and provider to review the quality of care delivered, as audits had not been completed. This meant that the provider could not analyse trends and act accordingly.
- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and manager did not have robust systems in place to engage with people, staff, or the public. Formal engagement with people was limited to one meeting per year. House meetings where people got together to talk about the service were not in place, and people did not have any formal way to be involved in the service. Similarly, although staff told us that they were able to share their views within meetings and felt listened to by management, the manager and provider did not attend or conduct staff meetings: There was a staff meeting in January 2019. Neither the manager nor the provider were present for this meeting which was led by a team leader. A second meeting was planned for 01 February 2019, but this meeting did not go ahead.

The provider had failed to assess, monitor and improve the quality and safety of the services provided and the risks relating to the health, safety and welfare of people. The provider had failed to ensure that regular auditing was undertaken. The provider had failed to ensure people and staff were engaged and involved in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for the third time.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Records were not always accurate or complete. For example, fire drill records. Medicine audits had not been regularly undertaken.
- Support plans seen had been updated in response to concerns or changes to people's needs. However, the team leader said, "The support plans needed some work and needed updating".
- There were no events at the service that qualified as duty of candour incidents.

Working in partnership with others

- Staff worked in partnership with other agencies such as care managers and nurses where this was appropriate.
- Some people went to a day centre. Information was shared between the day centre and the service to provide consistent support.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably practicable to assess and mitigate risks to people's health and safety. Medicines were not always managed safely. People were not protected from the risk of fire.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the services provided and the risks relating to the health, safety and welfare of people.</p> <p>The provider had failed to ensure that regular auditing was undertaken.</p> <p>The provider had failed to ensure that systems or processes operated effectively to manage complaints.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to operate effective recruitment procedures.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p>

The provider had failed to ensure that staff had receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.