The Spring Children's and Transitional Care Ltd

9 Grenville Drive

Inspection report

9 Grenville Drive
Erdington
Birmingham
West Midlands
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Tel: 07427791265

Date of inspection visit:
17 December 2020

Date of publication:
29 January 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

9 Grenville Road is a residential care home providing personal care for younger people living with a learning disability and/or autism. The service is registered to support two people.

People using the service lived in a semi-detached house, with shared kitchen and bathroom facilities.

People's experience of using the service
The provider's recruitment practice had not always been effective and improvements were required.

The provider had made improvements to the systems in place to monitor the quality and safety of the service and these now needed to be embedded.

Staff knew how to report accidents and incidents and learning from these took place. Arrangements were in place to ensure that all staff would receive the required physical intervention training which will include de-escalation techniques.

Infection control guidance was in place. People had risk assessments in place including risks related to the COVID -19 pandemic.

People were supported by staff who knew their needs. Staff understood what action to take if they suspected somebody was being harmed or abused. Medicines were managed safely.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Granville Drive looked like a family home and there were no identifying external signs to indicate the house was a care home. People had been supported to personalise their rooms. The home was within easy access of local amenities which people were supported to access. The atmosphere in the home was welcoming and calm. Accessible information was used to support people's understanding and engagement.

Rating at last inspection and update
The last rating for this service was requires improvement (published February 2020) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found enough improvement had been made to meet that breach. However, a new

breach of the regulations was identified, and the service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected
We undertook this focused inspection due to incoming information of concern including a safeguarding incident and to check they had followed their action plan to confirm they had met the legal requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for this service has remained the same requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 9 Glenville Drive on our website at www.cqc.org.uk.

We found evidence that the provider needs to make improvements. Please see the safe section of this full report. You can see what action we have asked the provider to take at the end of this report.

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

We identified a breach in relation to unsafe recruitment practice, this may put people at risk of harm.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve their recruitment practice. We will work with the local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well- led.

Details are in our well-led findings below.

9 Grenville Drive

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 conducted by one inspector.

Service and service type
9 Grenville Drive 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 who was not yet registered with Care Quality Commission. Their application was in the process of being considered when we inspected.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out, we wanted to be sure there would be people and staff at home to speak with us.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection
We spoke with one person who used the service, three care staff the deputy manager, manager and provider. We reviewed a range of records. This included care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We requested additional information from the provider regarding training, recruitment and policies. We contacted two health and social care professionals for their feedback about the home.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

●Robust staff recruitments checks had not been completed for two staff. Where a staff member had worked in a care setting previously, the provider had not requested a reference from the most recent employer to confirm satisfactory evidence of conduct and reason for the ending of employment.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Other safety checks on staff including Disclosure and Barring Service (DBS) checks had been carried out on staff.

●Staff told us that they often worked alone but could request support from the manager or deputy through the on call system. Lone working risk assessments and on call procedures were in place to support staff. A staff member told us, "I feel safe and if we need support from the on call they respond really quickly."

●The provider told us additional staffing support was provided when needed and discussions in relation to staffing were taking place with the local authority.

Using medicines safely

●At our last inspection improvements needed to be made to the administration of medicines when people left the service for short breaks. Also protocols to help staff know when to give 'as required' medicines needed to be in place. These matters had been addressed.

●Medicines were stored securely.

●Staff had completed medicine management training and their competency had been assessed.

●The manager was in consultation with the pharmacy to arrange for printed medication administration records to be provided.

Systems and processes to safeguard people from the risk of abuse

●A safeguarding investigation regarding an allegation of poor care was still under investigation at the time of our inspection. The manager had taken appropriate action and the local authority were notified.

●Staff told us they had received safeguarding training. Staff confirmed their understanding of protecting people from poor care or harm and said they would report any safeguarding concerns. A staff member told us, "I would report any concerns straight away, I know what to do and would tell the manager or deputy and they would act on it straightaway and report to the local safeguarding."

Preventing and controlling infection

●The bin in the bathroom for disposal of waste needed to be replaced with a lidded bin, the manager agreed to action this immediately.

●Staff wore personal protective equipment (PPE) in line with government guidance.

●Regular cleaning routines were in place and the premises appeared clean and hygienic. Rooms were ventilated to support the control of infection.

●People's records included a section about COVID-19, so specific needs relating to the pandemic had been considered

Assessing risk, safety monitoring and management

●Risk assessments were in place to guide staff and help staff monitor people's assessed risks. However, although measures were in place to minimise potential risks in people's bedrooms, there was no risk assessment in place to support this and to ensure ongoing monitoring was in place. Some risk assessments required additional information to ensure clarity of the measures in place to reduce risks. These was actioned by the manager during the inspection.

●Staff told us they knew people's risks and how to support people to keep them safe. A staff member told us, " I feel confident supporting (name) and we know and understand what they like to do and how to distract them if they are becoming unsettled."

● Safety and environment checks were undertaken, and actions taken when issues identified.

●The manager told us certified physical intervention training was scheduled for 2021. This is training for staff to prevent and safely manage behaviour that presents a risk of safety.

Learning lessons when things go wrong

●Systems had been implemented since our last inspection so incidents and accidents were reviewed to identify themes, triggers and trends to help reduce the risk to people.

●Staff told us they were able to discuss incidents and any learning from these.

Requires Improvement

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 requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection we found the providers systems or processes were not always effective and failed to enable the provider to monitor and mitigate risks relating to the health and safety of people. This was a breach of regulation 17. Sufficient improvements had been made to meet the breach.
- There was no registered manager in post. At the time of the inspection the manager had applied to CQC to be registered and their application was being considered.
- Some improvements were still needed and the systems that had been implemented now needed to be fully embedded.
- The providers recruitment policy was not robust and was not specific about reference requests. Immediate action was taken by the manager to address this concern.
- Some risk assessments required additional information and action was taken to make these improvements at the time of our inspection.
- New care plan and risk assessment process had been implemented.
- Systems had been implemented so incidents and accidents were reviewed to identify themes, triggers and trends to help reduce the risk of people's distressed behaviour.
- Systems were in place to ensure equipment and safety checks had been completed and actions taken where needed.
- The living environment had been greatly improved with the involvement of people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open when something goes wrong

- Staff told us the manager and deputy manager was approachable and would respond to any suggestions or concerns raised. A staff member told us, "I feel very supported by the manager and deputy, we have staff meetings and we are asked our views about the home and how to improve things."
- The management team understood their responsibility to ensure compliance with the requirements of the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

●Staff supported a person to do things they enjoyed doing in the home and also go out for a walk in the local community. They told us about the improved opportunities for people since the new management team were in place.
●We saw good interactions between people and staff.
●The manager told us they were in the process of implementing a system to seek feedback from people, relatives and professionals about the quality of the care and support.
●A professional told us that the new management team had made many positive changes at the home and the person they support is involved in decisions about their care.

Continuous learning and improving care; Working in partnership with others
●Staff and managers worked in partnership with health and social care professionals. A health and social care professional told us, the management team were proactive.
●The manager and deputy were open throughout the inspection process, they welcomed our feedback and responded immediately to issues raised.
●Throughout the discussions the management team promoted person centred care and spoke about the improvements that had been made and further plans for improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The providers recruitment procedure was not robust.