

Social Care Aspirations Ltd

Grosvenor House

Inspection report

29 Grosvenor Road
Hounslow
Middlesex
TW3 3ER

Tel: 02034907363
Website: www.socialcareaspirations.co.uk

Date of inspection visit:
30 June 2022
14 July 2022

Date of publication:
05 September 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Grosvenor House is a residential care home providing personal care to up to six people. The service provides support to people with learning disabilities. At the time of our inspection there were six people using the service.

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

The service was not always able to demonstrate how they were meeting some of the underpinning principles of right support, right care and right culture.

Right Support

The service did not always support people to have the maximum possible choice, control and independence over their own lives. The principles of the Mental Capacity Act 2005 (MCA) were not always followed. Risks to people had not always been identified, assessed and risk mitigation plans put in place. Care plan records were not always updated after an incident to reflect lessons learned and preventative measures put in place. Medicines management was not always safe. The service did not always provide people with care and support in a safe, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. We observed staff did not always communicate with people in ways that met their needs. People lacked opportunities to regularly engage in activities of their choosing. However, we saw staff supported people to take part in some activities in their local area such as walks in the park or attending local places of worship. People were able to personalise their rooms.

Right care

People had information on the best way to communicate with them in their care plans, however we saw little meaningful communication between people and staff, particularly if people did not express themselves verbally. People received care that supported their daily needs but the limited amount of options they had impacted on their quality of life. An assessment of people's needs had been completed to help ensure these could be met by staff. Staff understood people's cultural needs and provided culturally appropriate care. Staff had training on how to recognise and report abuse and they knew how to apply it. People's healthcare needs were met.

Right culture

The provider's quality assurance systems such as audits were not being operated effectively as demonstrated by the shortfalls identified during the inspection. People were supported by staff who had

completed training around how to support people with learning disabilities, however we did not see evidence in practice to demonstrate staff understood best practice in relation to the wide range of strengths, impairments and sensitivities people with a learning disability and/or autistic people may have. This included how staff interacted and communicated with people in a meaningful way and provided opportunities for people to do things and make choices. The registered manager lacked robust knowledge around Right support, right care, right culture. Staff knew people well. People, when they were able to, and their relatives were involved in planning people's care. Staff felt supported by the registered manager. People, their relatives and staff indicated the registered manager was available and approachable.

We made a recommendation the provider follow the 'COVID-19: adult social care risk reduction framework' guidance on the UK government's website and take action to update their practice accordingly.

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

Rating at last inspection and update

The last rating for this service was good (published 22 December 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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

Enforcement and Recommendations

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

We have identified breaches in relation to person centred care, consent to care, safe care, the environment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Grosvenor House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Grosvenor House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grosvenor House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was also the owner of the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and one relative. Some people could not speak with us and tell us of their experiences verbally, so we observed their interactions with staff. We spoke with four members of staff including the registered manager and three care workers.

We reviewed a range of records. This included four people's care records and four medicines records. We looked at five 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 continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and one relative emailed us. One healthcare professional and three social care professionals also emailed us with feedback of their experience of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider carried out risk assessments and risk management plans to help keep people safe. However, these were not always effective as not all risk assessments were robust enough to help mitigate risk adequately.
- For one person we identified when a fall was recorded as an incident, the person's falls risk assessment and mobility care plan were not updated to reflect recent events. Incident forms we looked at indicated this person had four falls in 2021 and two on 5 and 9 March 2022. The incident forms included what immediate action was taken but did not record preventative actions to be taken or learning outcomes to help mitigate future risk. The form indicated a review of the risk assessment and care plan had been done.
- However, when we looked at the person's risk assessment for falls, this was dated 23 December 2021 and had not been updated to include the falls in March 2022. The assessment in place was in relation to a fall the person had sustained in December 2021 with a relative and focused on what the relative should do if the person fell. There was no falls risk assessment for when the person was in their own home. This meant staff lacked guidance about how to mitigate falls and keep the person safe.
- We also saw the person had a risk assessment for bedrails but did not have bedrails. The registered manager said this was because the bedrails had never arrived, and the hospital provided a crash mat for the side of the person's bed instead. This was not recorded in the risk mitigation plan or care plan.
- We found for one person the care plan recorded they were at risk of choking and required food to be mashed or finely chopped. However, the risk assessment for choking indicated what the person's relative must do to prevent choking when the person was with them and did not provide guidance for when the person was at home.
- We saw people were living with identified medical conditions such as diabetes, but specific risk management plans for the conditions had not been developed. Therefore, clear guidance was not in place to address identified risks to people.
- The provider did not have robust systems to learn when things go wrong. They had systems in place to record safeguarding alerts, complaints, and incidents. However, there was no audit trail of actions taken by the provider to analyse the incident, identify shortfalls and address these. This meant the provider could not demonstrate that learning took place when things went wrong, to help prevent similar incidents from happening again and to improve service delivery.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. Additionally, the lack of robust arrangements

around learning lessons from incidents, meant that people were not always protected from the risk of receiving unsafe care. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of risk.

- People had personal emergency evacuation plans for how each person should be evacuated and the assistance which was required to ensure people could evacuate safely in an emergency.

Using medicines safely

- Medicines were not always managed safely. During the inspection we looked at the amount of medicines held in stock against people's medicines administration records (MARs) and found that the MARs did not always reconcile with the medicines stock.
- We identified one person's medicine stock was missing one tablet compared to what was recorded on the MAR.
- Another person received paracetamol on an as required (PRN) basis. We counted six less tablets in the box than what was recorded on the MAR. This meant six tablets were missing and unaccounted for.
- A third person had medicine for epilepsy, and we found five extra tablets in the stock compared to what was recorded on the MAR. This meant that the person did not receive their treatment in a consistent manner.
- A fourth person was having their medicines crushed without the appropriate processes being followed to agree to this. However, the provider had the correct authorisation in place by the second day of the inspection.
- Not all medicines had an opened date recorded to ensure they could be disposed of in line with the manufacturer's guidance.
- The competency of care workers to administer medicines had not always been completed on a yearly basis. We looked at five staff files and identified two staff had not completed medicines competency testing in the last year. This meant that the provider could not be assured of the competency of these staff when administering medicines. After we brought this to the attention of the provider, medicines competency assessments were completed with these staff

We found no evidence that people had been harmed, however, medicines were not always administered as prescribed and the competency of staff was not always assessed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Apart from the instance noted above, the service had procedures for the administration of medicines to provide guidance to staff on how to safely administer medicines.
- Procedures for the administration of covert medicines had been followed correctly.
- Medicines were stored securely at the home.

Preventing and controlling infection

- The provider was not always following good practice in relation to preventing and controlling infection. Not all people had COVID-19 risk assessments and the assessments we saw were a list of actions such as monitoring the person for changes in their health and ensuring visitors had taken a lateral flow test before coming into the home. They were not actual assessments or tailored to each person with COVID-19 indicators such as ethnicity and age to help assess the person's likelihood of becoming ill with the virus. The guidelines included as part of the assessment were general and not individualised to each person to form a mitigation plan and did not include individual visiting arrangements for people.
- Staff did not have individual COVID-19 risk assessments or risk mitigation plans to help address their risk of

COVID-19.

- On the first day of the inspection a staff member answered the door and was not wearing a mask. This was immediately rectified.
- We were made aware by a relative and social care professional that the provider had not always followed government guidelines around visiting arrangements and had refused entry to the house to one relative in March 2022 until the social worker raised it with the registered manager. At the time of the inspection, the relative told us they were only allowed in the home's conservatory although government guidelines do not currently indicate visitors must be confined to a specific area. When we raised this with the registered manager, they told us the relative had not requested to go into the person's bedroom and they would ensure the relative was aware they could.

We recommend the provider follow the 'COVID-19: adult social care risk reduction framework' guidance on the UK government's website and take action to update their practice accordingly.

- The provider had infection control procedures in place and the records showed staff had completed infection control training in the last two years.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and process to safeguard people from the risk of abuse including policies and procedures for safeguarding and whistleblowing. Whistleblowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk, wrongdoing or illegality.
- People and their relatives told us they felt safe in the service. One person commented, "I do feel safe because the staff know what they are doing. The house is running safely. They work as a team."
- Staff had completed relevant training around safeguarding adults, however out of seven staff two had completed the training in 2022 and one in 2021. Only the new staff had undertaken the training in the last year.
- Staff we spoke with knew how to respond if they had concerns about abuse.
- The provider had not had any safeguarding incidents since the last inspection.

Staffing and recruitment

- There were enough staff available to support people's needs. People and relatives confirmed this, with the exception of one relative who felt there could be more staff.
- Staff received an induction when they commenced working at the home and training.
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA principles were not consistently followed. We found a sound monitoring system was being used in one person's bedroom but there was no mental capacity assessment to identify if the person could consent to this system being used, or that a best interest decision had been undertaken if they could not provide consent, to demonstrate this was in the person's best interest.
- The provider had made applications for DoLS authorisations so people's freedom was not unlawfully restricted. We saw for one person that the authorisation had a condition of a medicines review being requested in line with the National Institute for Health and Care Excellence guidelines, but this had not been undertaken.
- One person's relative had consented to a health procedure for that person although there was no evidence to suggest the relative had the legal authority to sign the consent form.
- For another person who had the capacity to consent to COVID-19 testing, we saw although the person had signed a consent form, a relative who did not have the legal authority to consent was also asked to sign a consent form for the person.

We found no evidence that people had been harmed however, the provider did not always follow the principles of the MCA. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008

- Notwithstanding the above, we saw the provider did in general undertake capacity assessments and best interest decisions as required. These had been carried out for the administration of covert medicines, the use of wheelchair lap belts, a camera and bedrails and COVID-19 vaccinations.
- The provider had an MCA policy and staff received training on some of the principles of the MCA such as deprivation of liberty training.

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

- There were areas of the home that did not always support the delivery of quality care to people and ensure the environment was suitable for them.
- The provider used a sound monitor in some communal areas. However, it was not clear they were suitable for the purpose they were being used for, as it was more appropriate that staff not a sound monitor, monitored people in the communal areas. Nor were there notices in communal areas to inform people their conversations were being heard on the monitor in the registered manager's office.
- The lounge area was not a homely environment with only one picture and a bulletin board on the wall with photos. All the walls and windowsills had chipped paint and were scuffed.
- Some furniture was worn. For example, a table in the lounge was very unstable and therefore unsafe. We asked for it to be removed.
- Not all windows had restrictors on them to keep people safe from falling out of them.
- The communal rooms did not have anything to stimulate people that they could pick up themselves and do.

We found no evidence that people had been harmed however, the provider did not ensure all premises and equipment were suitable for the purpose for which they were being used and properly maintained. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home was an adapted house over two levels, which were accessible by stairs. People had their own rooms and shared communal rooms such as the lounge and kitchen. There was also an accessible garden.
- The provider also had a sensory room people could use to relax in.
- We saw some people had personalised rooms that reflected their individual tastes.

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

- People's needs were assessed prior to moving to the service to ensure their needs could be met. This included information from the placing local authority.
- The assessments considered people's medical conditions, physical and mental health, mobility, likes, dislikes and independence skills. These were used to develop individual care plans.
- Staff knew the people they supported well and were able to tell us about people's specific needs and how these could be met. One relative said, "The staff have a good level of knowledge about [person's] needs."

Staff support: induction, training, skills and experience

- The provider supported staff through training and supervision to help ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed staff had completed training such as safeguarding adults, moving and handling, medicines, and infection control. Additional training relevant to people's needs such as supporting people with learning disabilities and epilepsy was also completed. However, we saw the provider did not do annual refresher courses for mandatory training. For example, medicines administration training had not been undertaken in the last year by the four out of seven staff. Four out of seven staff had last

completed infection control, first aid, health and safety, epilepsy, behaviour that challenges, food and hygiene and diabetes training in 2020 or earlier. When we raised this with the registered manager, they told us some training was only every two years but they would address training such as safeguarding and medicines becoming annual.

- All staff had completed or were undertaking the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People and their relatives were generally satisfied staff were able to meet people's needs. A social care professional commented, "Since my client was discharged from hospital their physical health, for example mobility, has improved and they have gained weight. I can only attribute this to staff supporting the client well."

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

- People were supported to maintain healthy diets. Care plans identified people's nutritional needs including their likes, dislikes and specific needs, such as pureed food. Where required, people's food and fluid intake were monitored.
- People told us, "The food is alright here" and "They cook. No choice of meals. Food is the same routine food really."
- One relative told us keeping their relative hydrated had previously been an issue in other homes, however Grosvenor House had managed this aspect of the person's care well.

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

- Care plans recorded information about people's healthcare needs and there was evidence the provider worked with other professionals including the GP, social workers, speech and language therapist and the district nurse.
- Health and social care professionals indicated the provider communicated with them appropriately to meet people's needs. One social care professional told us after a person was discharged from hospital, the home '...took the initiative to make sure [person] had adequate support. I requested for an OT assessment and the report stated [person] did not require any additional help as the accommodation had already sorted it.' A relative told us, "Given [person's] health problems, the quality of [their] life has improved greatly since [they] were taken into care by Grosvenor House."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed interaction between people and staff was mainly task orientated. When staff spoke with people they were kind. However, we observed several instances when staff did not explain to people what they were going to do. For example, we saw two staff support a visually impaired person to get up from where they sitting in the lounge and took them to the conservatory, but they did not tell the person that was what they were doing.
- At lunch we observed staff approach a person and put a tabard on them without explaining what they were doing. They then supported the person to eat but did not say anything to the person throughout the meal or use any signs to see if the person was enjoying their meal.
- People and relatives told us they felt people were well cared for and treated respectfully by staff who understood their needs. One person said, "It's good. Staff are nice, friendly and very polite. They listen to me and get me things when I need them." Relatives told us, "I feel relieved because I can see [person] is happy and relaxed at the home" and "[Staff] were patient with both [person] and myself and provided ample time for a visit. I could see that [person] was well cared for, looked healthy, and got along well with the staff."
- Staff had completed equality and diversity training and were aware of peoples' cultural needs.
- Care plans included information about people's cultural support needs such as religion and food. Staff told us, and relatives confirmed, staff supported two people to their place of worship each week.

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

- Care plans included information about people's preferences and dislikes and provided staff with guidance for meeting these.
- People and relatives appeared satisfied with the care people received. One person said, "I know who my key worker is. She will help me if I need anything to do with my bank. I go to all staff. I relate to all of them and I can go to any of them."
- People confirmed that they had a choice of when to get up and go to bed.
- We saw evidence of residents' meetings where people could have the opportunity to raise concerns.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and staff encouraged people to maintain their independence. Most care plans contained guidance about what people were able to do independently and when they required support.
- People were dressed appropriately and were supported to remain tidy and well groomed. One relative

commented whenever the person came home for an occasion, staff always supported them to dress up for the event.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always have adequate guidelines for staff to provide care. One person had a risk assessment and behaviour support plan for self-injurious behaviour. They indicated if the person was unhappy, anxious or did not want to do something they would engage in behaviour which could result in self-injury. The support guidelines included monitoring the person for anxiety and if they did engage in self-injurious behaviour, provided a strategy which would divert their attention. However, there were no preventative measures in place. For example, the provider was not proactive in preventing the behaviour by engaging the person in something positive to prevent the self-injurious behaviour happening at all, instead of diverting the person's attention after they engaged in injurious behaviour. During the inspection, we observed this person's self-injurious behaviour a number of times when they were sitting alone and not doing anything. As there were no preventative measures in place, the behaviour support plan was not personalised to the individual's needs.

The provider did not always ensure care was personalised to meet people's needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the relative of this person told us they believed the service did provide personalised care to the individual. They said, "I feel care is individualised. Thought was put into where [the person] was [positioned] during the day." They also said that personal care can be a difficult task because of the person's needs and if they are anxious, they will engage in self-injurious behaviour. The relative believes two staff are required for personal care to help the person remain calm. The relative said, "In the home they follow the model of two people even though it is not funded. You can't rush [person]. The staff take a highly personalised approach. [Person's] needs are met. They do what they need to do regarding hydration, personal care and to keep [person] calm."

- Care plans recorded information relevant to people's day to day routines to help meet people's needs and preferences. For example, specific clothes people wore. Staff had a good understanding of people's preferences.

- One person had a favourite colour and we saw their room had been decorated to reflect this.

- Care plans had been reviewed. Additionally, we saw several placing local authority reviews to help ensure people's needs were appropriately met

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had an activity plan with activities such as using the sensory room or going for a walk. However, during the inspection we found activities and interaction with people was minimal, and people were spending time with no option of a meaningful activity.
- On the first day of the inspection, when we arrived, we saw one person was sitting in a chair with a cuddly toy. With the exception of being supported to go for personal care, the person was still sitting in the same chair when we left in the afternoon. When we asked about activities for them, staff said the person had a hand massage in the morning.
- On the first day of the inspection we observed staff support a visually impaired person into the lounge. The person had nothing to do with their hands and there was nothing the person could listen to. After 40 minutes with no sensory stimulation, the person began self-injurious behaviour. 45 minutes later the staff moved the person to the conservatory which caused the person in the conservatory to leave because the first person was making loud noises which the second person did not like. When we asked why the person had been moved, staff said it was because of their self-injurious behaviour. However, that had been 45 minutes ago. Over the two day inspection we saw the person engage in self-injurious behaviour several times but there was no staff present to witness this and address it. On the second day of the inspection, the person used the sensory room for half an hour, otherwise the level of stimulation was much the same as on the first day.
- One person liked to write but there were no accessible materials for them to do so independently, so they had to ask staff for a pen and paper.
- Throughout the inspection we observed a lack of meaningful or stimulating interaction, and the opportunity for people to choose to engage activities independently.

A lack of personalised activities and options for activities contributed to a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who were more independent told us they were happy with the amount of activities as they could organise them themselves or if they required support to go out, staff were willing to help with this.
- Relatives also told us they were happy with the level of activities and confirmed that people used the sensory room, went out to places of worship or for a walk in the local park.
- People were supported to maintain contact with those who were important to them. Several people had regular visits from family or went out with their family weekly. Relatives also dropped off home made meals to the home for people.

End of life care and support

- The provider confirmed they did not request information to help ensure people's wishes for care at the end of their lives was known in the event they required this support. However, they assured us they would do so in the future.
- At the time of the inspection, no one was receiving end of life care.

Meeting people's communication needs

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

- People's communication needs had been assessed and there was guidance about how to communicate

with people including how to understand people's nonverbal communication. For example, 'I tap on the table if I want to have tea / drinks. I hold my thumb to my mouth as a thank you gesture.'

- Staff spoke a range of languages so they could communicate more effectively with some people whose first language was not English.

Improving care quality in response to complaints or concerns

- The provider had procedures in place to respond to complaints. Most people and their relatives said they felt comfortable raising concerns and their comments were listened to.
- The provider had not had any formal complaints since the last inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider's quality assurance systems such as audits were not being operated effectively as demonstrated by a number of shortfalls identified during the inspection. These included the quality of risk assessments for people using the service, medicines audits and competency testing, best interest decisions and personalised care. Additionally, we found shortfalls around the level of engagement with people and the provision of recreational activities for them.
- The provider had a system in place to assess risks to people, but we found this was not always effective meaning risks to people had not always been identified, assessed and risk mitigation plans put in place. This included the risks around diabetes and COVID-19.
- The provider had care plan audits in place. However, these had not identified that risk assessments and care plan records were not always updated after an incident to reflect lessons learned and actions to help prevent reoccurrence of the incident. For example, the records of the person who had two falls in March 2022.
- Weekly and monthly medicines audits were completed but these were not always effective. During the inspection we identified several discrepancies between the amount of medicines in stock and what was recorded on the MAR.
- The principles of the MCA were not always followed, and it was not clear people had given their consent to the care they received or had an appropriate decision specific capacity assessment and subsequent best interest decision. For example, to use sound monitoring equipment in a person's room.
- Staff supported people to participate in some activities but there was a lack of regular meaningful activities or independent activities for people to engage in that could improve the quality of people's lives.
- The provider had a business continuity policy and procedure in place but had not created a business continuity plan to help maintain the running of the service in an emergency.
- Grosvenor House provides support to people whose primary care need is a learning disability. 'Right support, right care, right culture', guidance outlines three key factors that CQC expects providers to consider if they care for autistic people and/or people with a learning disability. During our discussions, the registered manager's knowledge in these areas was limited. They assured us they would seek to increase their understanding.

Failure to effectively operate systems and processes for monitoring the quality of the service and identifying risks was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated

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

- The service had an open culture. People and most relatives indicated they were satisfied with the care provided and any issues were raised with the provider. A social care professional said, "The manager is very responsive with me and provides information that I request for."
- People, their relatives and staff confirmed the registered manager was always at the home and available to discuss any concerns with them.
- Staff told us they enjoyed working in the service and felt supported. One staff member commented, "[The registered manager] is always here. If something happens and she is not here, we call her and she picks up the phone. She is very helpful and very understanding. When we are very busy she comes and helps us."
- In most instances where a risk or need had been identified, care plans had guidance to help people achieve good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility around the duty of candour including sharing information with other agencies. However, since the last inspection, there had been no safeguarding alerts or other information that required sharing. Nor had there been any complaints for the provider to respond to.
- Relatives we spoke with had not had to raise concerns but felt there was good communication with the registered manager, and they were approachable. One relative said, "If there are any issues the staff are on it straightaway. [I have] good solid communication and a good working relationship with the home."

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

- There were clear management and staffing structures in place. A staff member said "[The registered manager] likes the work to be done properly."
- People and most relatives gave positive feedback about the registered manager and told us, "I can speak with [the registered manager]. She helped me the other week with [specific] problems" and "The home has been remarkable. They have provided lots of information to [another agency]. It is different to other homes."
- The provider had processes to monitor the quality of services provided to help make improvements as required.

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

- People's views were sought through regular contact. The home was small and the registered manager had direct contact with people and staff daily. Relatives confirmed they also had contact with the registered manager when needed.
- People's diverse needs such as language spoken were recorded in care plans.
- Team meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals to help ensure people had appropriate support.
- The registered manager told us they attended a provider forum run by the local authority. This helped to keep them up to date with current guidance and good practice

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not always ensure that care was designed to meet service users' needs. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not demonstrate they always acted in accordance with the Mental Capacity Act 2005. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not always ensured that the premises and equipment used, were suitable for the purpose for which they were being used. Regulation 15 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>The provider did not always ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)</p>

The enforcement action we took:

Warning notice issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure systems were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>

The enforcement action we took:

Warning notice issued.