

Amber Care (East Anglia) Ltd

The Grove

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

The Grove provides accommodation and personal care for up to five people with a learning disability. At the time of our visit five people were using the service.

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

What life is like for people using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

People who live at The Grove have their needs met by sufficient numbers of suitably trained staff. People's told us staff were kind, supportive and enabled them to live as independently as possible.

Medicines were managed and administered safely. Shortfalls and errors were identified and acted upon.

Care records were very individualised and accurately reflected people's needs in sufficient detail, including the specific routines staff needed to follow. Risks to people were identified, monitored and managed.

People were supported to live full and active lives, taking part in clubs and meaningful activities aligned with their specific interests.

People were offered a choice of meals which met their nutritional requirements. The risk of people becoming malnourished or overweight was identified, monitored and managed. People received appropriate support from staff to eat, drink and make healthy choices.

The quality assurance system in place to monitor the service provided to people was robust and capable of identifying areas for improvement. Positive comments about the management team were made by relatives

and staff.

The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals in a timely way.

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):

At the last inspection the service was rated Good. (Report published 25 May 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Grove

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 one inspector.

Service and service type

The Grove is a care home for people with a learning disability. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has a manager in place who were registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

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. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

People using the service were unable to express their views on their care. We spoke with the relatives of two

people who used the service to ask about their experience of how the service supported their family member. We observed the interaction between care staff and people using the service.

We spoke with the registered manager and two care staff. We looked at two records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

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 the service was rated 'good' in this key question. At this inspection we found the service remains rated 'good' in this key question.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their family member was safe living in the service. Staff, the deputy manager and registered manager understood how to keep people safe.
- Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

- The service comprehensively assessed all the risks to individuals. Clear care plans and risk assessments were in place to guide staff on specific actions they should take to reduce risks to people.
- Risk assessments relating to the environment were in place. This included evacuation plans. These had been kept under review to ensure they remained accurate.
- Equipment such as fire detection systems, hoists and water quality were regularly tested for safety.

Staffing and recruitment

- Relatives told us their family member received support from sufficient members of staff. One relative said, "They always have someone with them at all times." This confirmed our observations that people received support from staff according to their assessed needs.
- Staff told us the staffing level was stable and there were always enough staff to support people appropriately.
- The service had robust procedures to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely

- Medicines were managed, monitored and administered safely.
- The service had recently changed the system for medicines administration due to changes in how it was provided by the pharmacy. Extra checks and controls had been put in place to reduce the risk of staff error while they were getting used to the new system.

Preventing and controlling infection

- We observed that the service was hygienically clean. People were involved in the process of keeping their home clean according to their ability.
- Audits were carried out of infection control to ensure the risk of the spread of infection was reduced.

- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or supporting with meals.

Learning lessons when things go wrong

- Accidents were appropriately recorded, but these events were rare in the service. The contents of records for accidents that did occur were reviewed by the management team and investigations into the causes of incidents were recorded. Actions were taken to reduce the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection the service was rated 'good' in this key question. At this inspection we found the service remained 'good' in this key question.

People's outcomes were consistently good and people's feedback confirmed this.

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

- People's needs were comprehensively assessed before they came to live at the service. Records demonstrated these assessments were reviewed regularly to ensure any changes to people's needs were promptly identified.
- Care plans were written in a way that reflected best practice guidance, such as that produced by the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received appropriate training for the role. They were supported to carry out qualifications to enhance their knowledge and experience if they wished.
- Staff had supervisions and appraisals where they could raise concerns and discuss training or development. This ensured the knowledge and experience of the staff team was under continual assessment and development.
- The competency of staff was monitored to ensure that training was effective.

Eating, drinking and a balanced diet

- People received appropriate support to eat and drink based on their assessed needs and were supported with making healthy and balanced choices to reduce the risk of poor health.
- People were enabled to have input into the preparation of their meals according to their ability and were able to participate in making decisions about what food was bought for the home.
- The service assessed and monitored the risk of malnutrition and dehydration. The registered manager monitored people's weight monthly. Plans were in place to guide staff on how to reduce the risk of malnutrition, obesity and dehydration.

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

- The support people required to visit external healthcare professionals such as GP's and psychiatrists was set out in their care plans.
- There were 'healthcare passports' in place for people which were designed to accompany them to appointments or to hospital. These set out the person's needs in detail so that staff working for external organisations could offer them the right care and support.
- Records were kept of the contact people had with other healthcare professionals and the advice which was provided. This was transferred into care planning where required.

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

- The décor was pleasant and well maintained. People had input into how their home looked. People's bedrooms were all decorated differently according to their individual likes and interests.

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. In care homes 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions was assessed and plans were in place to guide staff on how people should be supported with decision making.
- There was a collective understanding of the ways which people could make or indicate decisions based on their individual communication methods. The service was flexible and innovative about how they supported people with making choices. For example, people were offered choices visually or enabled to choose using picture menu's or picture boards.
- Relatives told us they did not feel their family member was restricted and that they were enabled to make choices. One said, "[Family member] is able to be independent as they can be. They have developed more skills and blossomed since living at The Grove."

Is the service caring?

Our findings

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

At the last inspection the service was rated 'good' in this key question. At this inspection we found that the service remained 'good' in this key question.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff treated their family member with kindness and understanding. This confirmed our observations. One relative said, "The staff are very understanding of [family member's] behaviours, their moods. They take care not to disrupt their routine because that is important to them."
- It was clear from our observations and discussions with staff that they knew people well. People's care records contained detailed information about them such as their routines, likes and dislikes. This meant staff were able to provide them with individualised care.

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

- People using the service did not have the understanding to directly participate in their care planning. However, their individuality, specific interests and preferences were reflected throughout their care planning. People's relatives and other healthcare professionals had been involved in care planning and review where appropriate.
- The service understood their role in supporting people to make decisions about their healthcare options. Records were kept of these discussions and the outcome.

Respecting and promoting people's privacy, dignity and independence.

- The service promoted and encouraged independence. People were supported to develop and gain new skills and to carry out as many tasks as possible independently. Care plans made clear the parts of tasks people could carry out themselves to reduce the risk of them being over supported.
- Our observations and discussions with relatives demonstrated that staff treated people with dignity and respected their right to privacy. Care records made clear the ways in which people may indicate non-verbally that they wished for privacy or alone time.

Is the service responsive?

Our findings

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

At the last inspection the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

People's needs were met through good organisation and delivery.

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

- It was clear from observations, reviewing records and speaking with people's relative's that they received a personalised service.

- The service benefitted from a stable staff team who knew people well and could offer them a continuity of care.

- Care records were individualised and contained a lot of information about people's routines, preferences, hobbies and interests.

Meeting people's communication needs

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

- Information was communicated to people in a way they could understand, taking into account their individual needs.

- Where people were unable to verbally communicate, there was information about the other ways they may communicate. For example, through their behaviours or through specialist communication methods such as sign language.

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

- People were supported to take part in activities of their choice and to live full and active lives. Everyone using the service had their own plans during the week. Some people went to specific clubs and day services. Other people were supported by staff to choose activities on a daily basis.

- Relatives told us they could speak to their family member or visit them whenever they wished and without restriction. This meant the service supported people to maintain meaningful relationships with those important to them.

End of life care and support

- People using the service were younger, and no one was approaching the end of their life. However, where the service was aware of any specific preferences people or their relatives had, these were recorded.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place which was displayed in a communal area and relatives told us they knew how to complain.
- The service had not received any complaints at the time of our visit.

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 the service was rated 'good' in this key question. At this inspection we found that the service remains rated 'good' in this key question.

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

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

- There was a robust quality assurance system in place which was capable of identifying areas for improvement.
- The provider carried out regular comprehensive audits of the service. Audits were carried out on areas such as infection control, care planning, medicines and the maintenance of the building. Checks were also carried out on equipment such as hoist slings to identify whether these required replacement.

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

- The registered manager and other staff completed a program of audits. These included audits of medicines, water temperatures, cleanliness and the maintenance of the building/equipment.
- Positive comments were made by relatives about the management of the service. One relative said, "All the staff are very good. We have a good relationship, they communicate well with us and keep us informed."
- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- Surveys had been carried out on the views of relatives and other professionals in January 2019. All the responses were positive.
- Regular meetings were held with staff about the running of the service and the people they cared for, to ensure they kept up to date with any changes or areas for improvement.

Working in partnership with others

- The registered manager and provider had positive relationships with healthcare professionals who supported people using the service. They also had good links with the managers of other services owned by the provider to share experience, knowledge and best practice.