Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Grove

235 Stradbroke Road, Lowestoft, NR33 7HS

Tel: 01502569119

Date of Inspections: 20 June 2014
13 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✖ Action needed
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Ambercare East Anglia Limited
Registered Manager	Miss Michelle Davidson
Overview of the service	The Grove provides care and support for up to five adults with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 June 2014 and 20 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff.

What people told us and what we found

On 13 June 2014, we visited the service to undertake an inspection. We looked at the care records for all five people using the service at the time of our inspection. In addition, we reviewed audit records, staff records, incident records, nutrition records, and staff rotas. Following our inspection, we considered that we needed to obtain some specialist advice on some of the issues picked up during our inspection. We requested specialist advice on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), with regard to the impact of some of the issues we identified whilst looking at people's care records. This specialist advice was considered as part of the inspection process on 20 June 2014.

We considered our inspection findings to answer five key questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? and is the service well led?

Below is a summary of what we found during our inspection;

Is the service safe?

We found that each person had a full and in depth assessment of their needs. These assessments were reviewed regularly and directly informed care planning for these people.

Each person had a set of care plans, which set out how staff should meet their needs. These care plans were written in such a way that promoted people's independence.

The service had carried out risk assessments for each person using the service. These risk assessments were personalised to the risks to the individual. Risk assessments contained information for staff about how to minimise the risks to people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty

Safeguards (DoLS) which applies to care homes. We found that the service was failing to assess people appropriately which meant we were not assured that people's rights were being protected.

We reviewed the staff rotas for the two months prior to our inspection. We found that there were enough staff members on shift during this time to meet people's needs.

Is the service effective?

People using the service, their relatives and their advocates had been asked for their views about the service. This information had been collated and tracked for trends in feedback. We found that changes were implemented as a result of what people said.

Is the service caring?

Care records showed that people's care was planned and delivered in a way which promoted their dignity and ensured their safety and welfare. These records had been reviewed and updated as needed, and we were assured that people's needs were being met.

We observed how staff interacted with one person present during our inspection. We found that staff interacted with this person in a way which reflected the information in their care records.

Is the service responsive?

Records showed that people using the service were supported to receive input from health professionals in a timely manner.

Is the service well-led?

We found that there was an effective process in place to monitor the quality of the service and identify issues. A senior member of staff from the organisation visited the service regularly and carried out a full audit of the quality of service provided to people. Actions were put in place following this audit, where necessary, and were followed up by senior staff.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 06 August 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✖ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

Where people did not have the capacity to consent, the provider did not act in accordance with legal requirements.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the service was failing to assess people appropriately which meant we were not assured that people's rights were being protected.

We found that three people using the service were receiving an optional medication, which we were told their advocates had agreed with their GP. Staff told us that these three people did not have capacity to make the decision to take this medication themselves. However, there was no assessment of capacity, so we were unable to ascertain how staff came to this assumption. Under the Mental Capacity Act 2005 (MCA), a mental capacity assessment should take place to ascertain whether a person is likely to be able to make a certain decision independently or not. If a person is assessed as being unable to make a specific decision, a best interest process should take place. This best interest process should involve health professionals, social workers and relatives of the person, who will then decide what is in the best interests of the person. The service had not undertaken this process for these three people, and this meant that we could not be assured that their rights were being protected.

We found that in the records of one person, there were a number of instructions for staff documented in their care plans which would constitute a deprivation of their liberty. For example, in this person's care plan it stated that staff should always link arms with them to stop them running away. This could be considered a restriction on this person's ability to move their arms, and could be a deprivation of their liberty. The service had not made a DoLS referral for this person, so we could not be assured that this person's rights were being protected.

We also found that for this same person, some of their care plans read as a list of things they were not permitted to do. For example, an activities care plan for this person listed all of the activities they were not permitted to do due to the risk of overstimulation, but did not list not the activities they enjoyed doing. There was no evidence that a best interest process had taken place to decide whether or not this person should be stopped from partaking in these certain activities.

We found that the service had not undertaken DoLS referrals for people using the service who were not able to leave the home of their own free will. The bar on what constitutes a DoLS has recently been lowered to include those who are unable to leave their home independently and of their own free will, and who are subject to constant supervision. This applied to all five people using the service, so referrals in this instance would have been appropriate.

Some people using the service were subject to being restrained by staff if their behaviour escalated. Whilst this was care planned, there was no evidence that a best interest process had taken place to decide if this was the best way to manage their behaviour. The service was not recording when people had needed to be restrained by staff, and had not been making DoLS referrals for people when they had been restrained. This meant we could not be assured that people were not being unlawfully restricted.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care records for all five people using the service at the time of our inspection.

We found that people had a full assessment of their needs, and this was updated regularly to ensure the information remained current. These assessments directly influenced care planning for these people.

We found that each person had a detailed set of care plans which set out how staff should support them and meet their needs. These care plans had been reviewed regularly and updated where needed, and this ensured that the care plans reflected people's current needs.

We observed how staff interacted with one person using the service, who was present during our inspection. We saw that they interacted with this person in a way which they could understand, and which reflected the guidance for staff in this person's care plan. Staff caring for this person on the day of our inspection had a good knowledge of this person's needs, and how they could support them.

Records showed that people were supported to have contact with other health professionals in a timely manner. These included dentists, psychiatrists and GP's.

We found that each person had a set of risk assessments which were personalised to include the risks specific to the individual, depending on what activities they took part in. These risk assessments set out instructions for staff on how to minimise the risk to the person, whilst still promoting their independence. These had been reviewed regularly to ensure the information was up to date.

Each person had a fire evacuation plan and risk assessment. This set out what support they would need to exit the service in the event of a fire. This meant that the service had in place plans to deal with unforeseen emergencies.

People using the service were unable to communicate their views about their care to us

verbally. We requested that a list of relatives and advocates telephone numbers be forwarded to us after the inspection. However, these were not provided to us.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection visit, only one person using the service was at home. We looked at whether the staffing levels in the service for the two months prior to our inspection were sufficient to meet people's needs.

We reviewed the care records of all five people using the service, and found that the level of support they required from staff was documented. For example, it was documented whether they required one to one care.

We spoke with the senior carer on shift at the time of our inspection, who told us that there was always at least one staff member to each person using the service. They told us that one person using the service required the support of two staff members, and we observed that this was the case during our inspection.

Staff rota's confirmed what the senior carer told us, and we saw that in the two months prior to our inspection, there were enough suitably qualified and experienced staff to meet people's needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We looked at the processes in place at the service to identify issues in service provision.

We found that there were a number of audits in place which ensured that the service provided to people was of a good standard. We saw evidence of medications audits, mattress checks, cleanliness checks, checks on the food preparation area, room checks and care plan checks. We also saw evidence to support that the service was carrying out necessary maintenance checks, such as checks on the water temperature and legionella testing. The provider also carried out an audit of the service once monthly. A senior member of the organisation visited the service unannounced to audit the care records, premises, cleanliness, activities, maintenance records, audit records and medication records. Where issues were identified, action plans were put in place to ensure that these issues were rectified. This meant that we were assured that there was a robust process in place to monitor the quality of the service provided and to identify where this fell below the standards expected.

We found that there had been a recent survey of people's views on the service. People using the service had been given the opportunity to participate in this survey, and had been provided with a survey of their views in a format which they could understand. We also saw that relatives, GP's, social workers and other health professionals were included in the survey. Results from the surveys had been collated, and we saw that these were mostly positive. Where negative comments had been made, we saw that the service had responded to these comments appropriately. This meant that we were assured people had the opportunity to voice their views on the service, and that these were taken account of by the provider.

We looked at the incident and accident records kept by the service. We found that all incidents and accidents were being recorded, and that management plans were put into place following incidents to minimise the risk of these happening again. We found that the

manager of the service looked at the incident records and identified trends which may indicate issues in the service provision, or a change in someone's care needs.

We reviewed the complaints policy and procedure and found that this was appropriate. There was an easy read complaints policy available, which people using the service may better understand. We reviewed complaints records and found that the service had not received a complaint since 2013. The last complaint made to the service had been investigated in line with the organisation's policy, and to the satisfaction of the complainant.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the quality of records kept by the service with relation to people's care. We found that detailed records were kept for people using the service, including care plans, risk assessments, records of incidents and accidents, and records of daily activities. These records were kept securely at the service, and were easily accessible by staff when needed. People's care records were up to date, and reflected their current needs. These records were suitably legible, and kept in good order.

We looked at the quality of records kept by the service with relation to the staff that provided care to people. We found that the service kept records of staff training, staff competency, checks that were undertaken prior to them beginning work, and records of appraisal and supervision. These records were kept securely at the service and were easily accessible to authorised staff. These records were kept in good order and were kept up to date as necessary.

We reviewed records pertaining to the management of the service, such as audit records and complaints records. We found that these records were kept securely and confidentially by the service. They were easily accessible by authorised staff, who provided these records to us on request, and in a timely manner. These records were kept in good order and were kept up to date as necessary.

The provider may find it useful to note that during the inspection, we requested that the staff present during the inspection forward us the contact details of the relatives or advocates of people using the service after the inspection. The staff present agreed to do this, but we did not receive these contact details.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment**
	How the regulation was not being met: 18.—(1) In relation to the care and treatment provided for the service user, the registered person must have suitable arrangements in place for— (a)obtaining, and acting in accordance with, the consent of service users, or the consent of another person who is able lawfully to consent to care and treatment on that service user's behalf; or (b)where (a) does not apply, establishing, and acting in accordance with, the best interests of the service user. (2) Section 4 of the Mental Capacity Act 2005(1) (best interests) applies for the purposes of this regulation as it applies for the purposes of that Act.".

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 06 August 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk