

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

## Grovelands Farmhouse

Tandridge Hill Lane, Godstone, RH9 8DD

Tel: 01883744128

Date of Inspection: 16 June 2014

Date of Publication: July 2014

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Consensus Support Services Limited
Registered Managers	Mrs Dawn Head Mrs Karen Heidi O'Neill
Overview of the service	Grovelands Farmhouse provides care and accommodation for up to 9 people with a learning disability and additional needs. It is operated by Consensus Care who are an independent provider for supported living across the country.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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An adult social care inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led.

In this report the name of a registered manager appears who was not in post or managing the regulated activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

At the time of our inspection, the service was providing personal care to seven people. As part of our visit to the service we spoke with two people who used the service, the registered manager, five staff and two relatives. We were unable to speak to all of the people who lived at Grovelands Farmhouse as they were out participating in activities during our inspection.

We reviewed records relating to the management of the care agency which included, the support plan, policies and daily records.

Below is a summary of what we found. The summary describes what people who used the service, the relatives and the staff told us, what we observed and the records we looked at.

Is the service safe?

We saw that risk assessments were in place to provide information to staff to help minimise any identified risks that related to people who used the service.

We saw that the provider had carried out the necessary checks which ensured they employed suitable staff.

We also viewed training records and found that staff had received training in safeguarding vulnerable adults. This meant they would know what to do if they had any concerns that people were not being looked after as they should be.

Is the service effective?

We saw that people were involved in developing their care and support plan. The care plan included information that was written in a person-centred way.

We saw that care plans were reviewed and that staff completed daily notes to show what care and support had been provided to each person.

Is the service caring?

We observed staff during our inspection and found them to interact with people who used the service in a kind and caring manner. They provided support when it was required and guidance when a person could do something for themselves.

Is the service responsive?

Records showed us that the people who used the service had been able to indicate their preferences, likes and dislikes and they had access to activities that were important to them. We saw that other health care professionals were involved in the person's care when it was required.

Is the service well-led?

We saw that staff had the opportunity to meet regularly with the manager.

Staff told us they had regular supervisions and access to training. We confirmed this by looking at the files.

The manager showed us that Consensus Care sent out satisfaction questionnaires on an annual basis and we reviewed the responses of the most recent survey. This showed us that on the whole people were happy with the care and support that was provided at Grovelands Farmhouse.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

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

During our inspection in March 2014, we found that the service had not assessed everyone's capacity to consent under the Mental Capacity Act (MCA) and that staff were making decisions on behalf of the people who used the service. The manager told us that many of the restrictions we found during our last inspection were in place because of one person. This person no longer lived in the home and therefore the restrictions had been lifted. Staff confirmed this. We were told by staff that, "The pressure has gone, it is much more relaxed" and, "It is much more relaxed here now and back to normal." The relatives that we spoke with reiterated this. One relative said, "It's much more relaxed and happy." Another told us, "It is so nice to arrive and find the front door open."

We saw, during this inspection, that the service had assessed which of the people who lived in the home required a MCA assessment. However, we found that not all documentation had been completed in the timescale stated in the action plan provided to us by the provider. We spoke to the manager about this who explained that they were completing MCA assessments dependant on restrictions in relation to individual people and they had prioritised these. We were shown evidence that two MCA assessments had been completed in respect of two people and that a third was underway. This showed us that the provider had started to ensure they acted in accordance with legal requirements.

We saw from the training records that the majority of staff had received training in relation to the MCA and that staff had access to policies that related to the MCA and Deprivation of Liberty. This told us that the provider had ensured that staff had access to appropriate guidance that related to people who lacked capacity to give their consent.

We had also noted during our inspection in March 2014 that people were restricted from accessing food in the larder and fridge and were restricted from freedom of movement

because the front door was locked. We saw, during this inspection, that the front door had a keypad fitted and that the number to the keypad was located in a way that was accessible to people who used the service. One relative we spoke with told us, "X couldn't use the keypad themselves, but staff let them out into the garden whenever they want." They added, "Staff let them do whatever they want." We noted that the two small fridges in the kitchen were unlocked and accessible to all of the people who used the service. We saw however that the large fridge was locked. We spoke with the manager about this who explained that one person who lived in the home had started to eat raw meat and that the meat was stored in this fridge and locked to protect their health and safety. The manager went on to say that they had introduced a healthy food plan for everyone who lived in the home to teach them about the risks of eating uncooked meat. We saw a risk assessment in place in relation to this one person, together with a completed MCA. This showed us that the service was acting in a person's best interests.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

One relative told us that they felt fully involved in their family member's care plan and attended the annual review meetings. They said, "If we have any suggestions for changes to the plan, then they are picked up." We saw that people's care plans included information on their likes/dislikes medication, mobility, nutrition, communication and how they would indicate pain. We were told that care plans were reviewed monthly. We looked at a sample of three care plans and noted that regular reviews took place. Staff that we spoke with told us that they sat with the person they supported each month and went through their care plan. One member of staff said, "I go through it first and then sit with the person I am keyworker for and go through it again with them." This showed us that the needs of people were reviewed which ensured that staff were working with the most up to date information. We saw that one risk assessment had not been updated since January 2014 and spoke with the manager about this. We were provided with a copy of the updated record following our inspection.

We also heard that people received appropriate care and support if they became unwell or staff needed additional guidance. For example, the manager told us they had a member of the behavioural team working with the staff each week. This meant they could provide guidance to staff on how to diffuse difficult situations. We spoke with one member of staff who told us they had noticed a service user's shoulder did not look right and they had made an appointment with the GP to get it checked out. One relative told us, "The staff definitely know their needs. They are very good at picking things up and responding to them." This told us that staff ensured they responded to people's individual needs in an appropriate manner.

Staff told us that they had a handover between each shift. Staff told us that the care plans were clear and easy to understand. They also said that they talked to each other which ensured they knew any changes regarding a person. One member of staff told us, "The 'grab' sheet in the care plan is great for giving us a good overview about a person." The 'grab' sheet gave staff general information about a person. This showed us that staff were

aware of any information or changes that related to a person.

During our inspection we observed staff interacting with the people who used the service in a kind and caring manner. We saw people being supported when they needed it and that staff responded in a timely manner when people needed help or assistance. There was a homely, relaxed feel and the two people who used the service who were there during our visit appeared happy and content. One member of staff who was new to the role told us, "The patience staff show has been a good example to me." One of the people we spoke with told us, "I like living here and I like my room." When we asked them if staff were nice to them and supported them when they needed it, they responded, "Yes." The relatives that we spoke with told us, "Very happy with it. As much as it can be it's a family. My relative is very happy there, they would tell us if they weren't." Another relative said, "I have had concerns in the past about the care, but I must say that they are doing everything right at the moment and staff understand my family member's needs." They added, "They respond to their health needs and communicate with me."

We were told that in the case of an emergency that affected the entire home, there was a policy in place to find alternative accommodation for the people who used the service. We looked at the policy and saw that it covered emergencies that related to fire, flood, extreme weather or lack of electricity. This meant that the disruption to peoples care and welfare would be minimised.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

One person who lived at Grovelands Farmhouse that we spoke with told us they felt safe living there. We also asked relatives if they felt their family member was safe and they told us they did.

We saw procedures were in place that gave guidance to staff on safeguarding vulnerable adults. We saw that there was a copy of the Surrey multi agency safeguarding procedures available to staff in the office. Records showed that staff had received safeguarding training and we saw that this was updated regularly.

Staff that we spoke with showed a good knowledge of safeguarding people from abuse and how and where to report any suspicions or concerns. Staff were able to tell us where to find the policy and the safeguarding flowchart in the office. This showed us that staff knew how to respond appropriately to any allegation of abuse.

We saw that each person who used the service had access to a safeguarding booklet which showed them (in pictorial format) how to raise any concerns they might have. This meant that the provider had ensured that people who used the service were given access to appropriate information that related to safeguarding.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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People were cared for, or supported by, suitably qualified, skilled and experienced staff.

We looked at the files for four members of staff. All four files had completed application forms. These detailed people's work experience and qualifications. The application forms in staff files recorded people's employment history and included the reason for any gaps.

We saw that two staff had not completed a health declaration which meant they had not recorded if they had any health related conditions relevant to their ability to carry out their duties. We spoke with the manager about this and saw that both staff members completed the questionnaire before the end of our visit.

We saw that references had been obtained and were stored in the files. This showed us that the provider had checked that people were of good character.

There was evidence in the files that staff had an up to date enhanced criminal record check (now known as a DBS) carried out. This meant the provider had checked that people had no record of crimes that could affect their suitability to work with vulnerable adults.

We also saw that checks had been carried out to ensure that people were who they said they were. We saw copies of passports and other photographic identification.

This showed us that the provider had completed the required recruitment checks which ensured they only employed suitable staff.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development.

On our previous inspection in March 2014 we saw staff had not received regular supervision. During this visit we saw that all staff had received a recent supervision and that a diary had been completed which ensured staff had supervision every two months. All of the staff we spoke with, and the records that we looked at, confirmed this. Staff told us, "I have supervisions every month or so", "I had no supervision for a year until the new manager came in" and, "I have supervision now. I didn't have one for quite a while." This showed us that staff were given the opportunity to meet with their line manager on a one to one basis to discuss their work, progress and professional development and any concerns they may have.

The provider may find it useful to note however, that we saw that some supervision forms had not been dated or signed by the manager or member of staff.

All of the staff we spoke with told us that they felt supported by their manager and their colleagues. They told us that if they had any concerns then they would speak to their manager to discuss this. One member of staff told us, "I receive the support I need." Another member of staff said, "It's an open-door policy." And a third member of staff said, "I am given the time I need to ask questions." One newer member of staff told us, "I have been given the support I need. I have been given a mentor and have time to observe and see how things are done." This meant that the staff felt supported to undertake their role.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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

The manager told us that Consensus Care carried out a satisfaction survey for people who used the service, their relatives, staff and any other stakeholders on an annual basis. One relative we spoke with confirmed this. They told us, "We are regularly sent forms to give our feedback." We looked at the results of the most recent survey. This showed us that of the seven people who responded they all felt the service was either 'very good' or 'excellent'. Staff told us they were encouraged to give feedback and make suggestions. We were told that staff had complained about the flooring in one of the upstairs bathrooms. We noticed that this was currently being refurbished to be turned into a wet room. This showed us that the provider asked for people's feedback and suggestions and they were acted on.

Residents meetings were held every two months and we saw that during these meetings people were encouraged to talk about what they had done, what they liked and what they wanted to change. Staff held regular meetings and staff that we spoke with told us they felt they could speak freely during the meetings and they could discuss whatever they wanted. This told us the provider ensured that people who used the service and staff were given the opportunity to give their feedback.

We were told that monthly health and safety audits were undertaken by Consensus. We saw that these included checks on the environment, fire alarm, complaints and electrical tests. We also saw that the 'auditor' spoke with people who used the service when they visited. We noted that there was a complaints policy and an incident/accident folder. We saw that the actions from the last audit related to the areas we had found non-compliant during our recent inspection. This told us that staff assessed the premises and equipment which ensured the safety of people who used the service, taking into account the outcome of any CQC inspections.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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