

Counticare Limited

Grosvenor Court

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:

Grosvenor Court accommodates up to 13 people. At the time of our inspection, 8 people were staying at the service. The service provides for people with learning disabilities or autistic spectrum disorder and people with physical disabilities.

The service had been registered before the development of guidance and values which are currently considered and underpin the Registering the Right Support. However, the values that underpin the guidance such as offering choice, promotion of independence and inclusion were evident in the support people received from staff so they can live as ordinary a life as any citizen.

People's experience of using this service:

- At our last inspection in August 2018 people did not always receive the support they needed.
- There was no registered manager in post, there were not always enough staff on duty and staff recruitment processes were not robust.
- Guidance for people with epilepsy needed improvement and medicines were not always available or always stored in line with guidance
- Records to reduce risks of dehydration were incomplete and security, fire and maintenance arrangements were not effective.
- Management audits and quality improvement checks had not identified some areas of concern or addressed some issues previously pointed out.
- After this inspection we issued two warning notices telling the provider the improvements needed and by when. The provider sent us an action plan setting out how they would do this.
- At this inspection significant improvement had been made, a registered manager was now in post and the breaches in regulations identified at the last inspection were now met.
- Systems to assess, monitor and improve the service were robust; the provider had invested in the maintenance of the service and the improvement in governance had impacted positively on the culture of the service.
- The quality of care people received had significantly improved since the last inspection, records were up to date and reviewed, guidance was in place for staff to consistently support people.
- Medicines practice had improved. The management team continuously reviewed medicines practice, including availability and storage to ensure people received their medicines safely.
- There were sufficient staff and recruitment practice had improved. The provider had carried out suitable checks to ensure staff were suitable to work with people.
- Feedback from a relative and our observation of the care provided were positive.
- Communication from staff was good and we saw the registered manager and staff were approachable. People and relatives commented on the caring attitudes of staff. People and relatives felt able to raise concerns if they had them.
- There was a positive atmosphere at the service. People were happy, and staff engaged with people in a

kind and caring way. People were busy when we visited and engaging in activities.

- □ Staff were kind and caring, they had the skills and training needed to support people and were supported by the registered manager. People were encouraged to increase their independence and the service supported people to maintain relationships with family and friends.
- □ The registered manager and staff worked with a clear vision for the service.

Please see more information in Detailed Findings below.

Rating at last inspection:

At the last inspection on 7 and 8 August 2018, the service was rated as Requires Improvement. At this inspection we found the service had improved to Good overall.

Why we inspected:

This inspection was part of our scheduled plan of visiting services based on their previous rating to check the safety and quality of care people received.

We will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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

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 safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Effective findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Grosvenor Court

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 based on the rating of the last inspection to check whether the provider continued to meet the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a current rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Service and service type:

Grosvenor Court is a care home that provides accommodation and personal care for up to 13 people who have a learning disability, autistic spectrum disorder and some physical disabilities. People in a care home 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 had a registered manager. This means that they are registered with the Care Quality Commission and with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of the inspection was unannounced.

What we did:

Before the inspection the provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our

inspection.

Not everyone living at Grosvenor Court could tell us about their experiences living of there. We spoke with two people, and spent time observing staff with people in communal areas during the inspection. We spoke with the registered and deputy manager, three staff, the cook and maintenance. After the inspection we spoke with one person's relative to gain feedback about the care and support their family member received.

During inspection we looked at the following:

We reviewed some records, these included four care plans as well as people's medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment and supervision records, meeting minutes, policies and procedures. We looked at training records of all staff. We also reviewed some records relating to the quality and management of risk within the home.

- The environment, including the kitchen, bathrooms and people's bedrooms
- We met each person and spoke to two people living at the home
- We spoke to two care workers, one team leader, the deputy manager and the manager
- Four people's care records
- Medicines records
- Records of accidents, incidents, complaints and compliments
- Quality assurance processes and audits
- Deprivation of Liberty records
- Staff training records
- Fire, health and safety and maintenance records

We asked the registered manager to send us additional information after the inspection. We asked for copies of a gas safety certificate, a statutory notice and an authority form a GP or pharmacist to administer some pills in a different way to how they were received. The registered manager responded in a timely way forwarding the information required.

Is the service safe?

Our findings

Our findings - Is the service safe?

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

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

Assessing risk, safety monitoring and management

- At our last inspection, risks about people's care and the environment in which they lived had not been properly identified or addressed. At this inspection improvement had been made; risks previously identified within the environment of the home had been addressed.
- However, other risks to people's safety had not immediately been acted upon. For example, temperature checks, intended to reduce the risk of scalding, showed the hot water marginally exceeded maximum permitted temperatures. This was pointed out to the registered manager and addressed during the inspection.
- Safety checks of most gas appliances were routinely undertaken. However, the safety certificate for a gas tumble drier had recently expired. The registered manager arranged for this to be checked immediately following the inspection and we received confirmation it was certified as safe.
- Risks associated with people's care and support had been identified. Plans were in place to ensure these risks were reduced.
- Risk assessments were updated in a timely manner to evidence changes in people's condition and action to address changes had taken place. For example, referrals were made to occupational therapists to review people's mobility and wheel chair requirements. Guidance was in place and review assessments booked for people who experienced epilepsy.
- Positive risk management was evident, this focused on people's needs, choices, wishes and abilities and approached in the least restrictive way possible. For example, one person usually used a wheelchair to mobilise, however, when in the service he chose to move around without his chair using his hands.
- Emergency plans set out how people needed to be supported in the event of a fire and fire drills took place regularly.

Using medicines safely

- At our last inspection, medicines were not always available when needed, safely managed or safely stored. At this inspection, improvement was made.
- Medicines were stored safely and processes ensured people's medicines were available and people received them safely when needed.
- One person took tablets which staff crushed to make them easier to swallow. Following the inspection, the registered manager provided pharmacist confirmation that crushing the tablets did not change the rate at which the person absorbed them. This enabled us to confirm the person received their medicines safely.
- Staff administering medicines did this safely, making sure people had taken their medicines before signing the medicines administration record (MAR). Records were well managed and audited regularly to check for

any errors and take action where mistakes were found.

- Staff were trained in medicines administration and the registered manager made sure their competence was checked regularly.
- There were protocols in place for people who had 'as and when' (PRN) medicines including access to rescue medicines when they were away from the service.
- People were supported to attend appointments with health professionals to review their medicines to make sure that their medicines were meeting their needs; reviews of prescribed medicines ensured their use and dose remained appropriate to avoid any risk of overmedication.
- Any incidents, accidents and near misses with medicines were reported by staff in line with the provider's policy.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection people were not always protected from the risk of abuse. This was because staff did not notify the acting manager when they noticed bruising on a person.
- At this inspection, we saw improvements. The registered manager had supported staff to re-train in safeguarding, including documentation and reporting of concerns.
- We found the registered manager had made appropriate safeguarding referrals and worked with the local authority safeguarding team when there were concerns.

Staffing and recruitment.

- At our last inspection, we found staff recruitment files did not contain all the necessary information. At this inspection, we reviewed three staff files and found staff had been recruited following safe recruitment practices. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- There were sufficient staff to meet people's needs and keep people safe.
- Staffing numbers were determined on the needs of people; if people had visits to their family home then staffing numbers increased to allow for this.
- We observed staff having time to interact with people. For example, staff played musical instruments with one person, they brushed another person's hair because they liked the sensation and found it soothing and comforting.

Preventing and controlling infection

- Staff had completed training in the control and prevention of infection.
- We observed the service was clean throughout. A relative we spoke with told us, "It always looks clean, there's no issue there at all".
- Personal protective equipment, such as gloves and aprons were readily available to staff. Staff told us and we observed them wearing it when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were consistently logged by staff and used as an opportunity for learning by the registered manager.
- Since our last inspection, the registered manager had worked with staff to increase their knowledge and understanding on report writing following an incident.
- The registered manager was responsible for reviewing each incident and accident. They reviewed each record and signed them off after ensuring all relevant actions had been taken to reduce the likelihood of an incident reoccurring.

- Trend analysis identified a person as displaying increased behaviours that people could find challenging. The registered manager had made a referral to the community mental health team for assessment to try to understand and reduce the behaviours.

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

Good: 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

- One person had moved into the service since our last inspection.
- Staff knew people well and knew how to provide their care to meet their preferences and to keep them safe. Records provided the guidance needed for staff. The registered manager visited people to assess their needs before they decided whether the service was suitable and staff had the skills and experience to provide their care. The assessment provided the information to develop initial care plans, so staff had the guidance to assist people in the way they needed and wanted.
- The assessment process also considered people's protected characteristics under the Equalities Act 2010 including their culture, religion and sexuality. For example, kitchen staff were aware of different food types that people may wish to avoid for cultural and religious reasons
- People made decisions about their care and treatment. We heard people declining and accepting offers of food, drink and personal care, people chose whether to participate in activities and chose where they would like to be for activities.

Staff support: induction, training, skills and experience

- Staff received a wide range of training to support them to carry out their roles, including epilepsy and diabetes training, and specific PEG training. A PEG is a tube that is passed into the stomach and allows nutrition and medicines to be administered where these cannot be taken orally.
- Staff told us the training received was informative and comprehensive; they felt confident supporting people, which was evident from our observations.
- Staff received regular supervision and observation. The registered manager had a supervision timetable to ensure staff regularly received supervision. During supervision staff discussed any training needs and any ideas or concerns they had regarding the people they support.
- New staff completed the care certificate. This is a nationally recognised training course for staff new to care. These standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people.

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

- People were supported to maintain a balanced diet.
- People were supported to keep hydrated. During the inspection, we observed staff show one person the tea and coffee jar, with the person indicating they wanted tea. Staff told us another person would not be able to identify the drink they wanted from a visual aid, so they would let the person smell the tea and coffee, and the person would then be able to indicate which they would prefer.
- There was a pictorial food menu displayed in the dining room, which showed people what the options were for that day.

- Staff were responsible for creating the menus with the input of people. Staff would show people pictures of food, to base the food menu on.
- We observed a mealtime, and saw people received the support they needed. People were asked if they wanted to wear protective covers to stop any food staining their clothes before the meal.
- One person told us of their meal "I don't usually eat this, but I tried it and I'm glad I did, I like it."
- People were not always able to verbalise their preferences around food. Staff knew them well and supported decision making. For example, on staff member told us "[person] declined porridge this morning, he shook his head and put his hand up. I asked him if he wanted some scrambled egg and he nodded, then he ate it all."

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

- Where people required support from healthcare professionals this was organised and staff followed any guidance provided. GP's, district and specialist nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians. Relatives told us they were kept informed if there were any concerns about their loved one's health. One relative said, "Communication has been very good, they contact the doctor quickly if needed and keep us updated."
- People had information to take with them to share with other healthcare professionals, for example if they needed to go into hospital.
- People were supported to live healthier lives in terms of diet and activity levels. Staff encouraged people to spend time outside of the service and supported people to attend community events.

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

- Two lifts provided step free access to accommodation floors.
- People were involved in the decoration of their rooms. For example, people chose the colours.
- People's bedrooms were personalised, person centred, and contained pictures of them enjoying activities and holidays.
- People had access to a garden. Plans were in place to introduce raised plant beds for people to maintain during the summer months.
- The service was homely, with photographs of people enjoying activities around the service. We observed people moving freely around the service and other people supported to access areas of choice with the support of staff.
- The manager told us of plans to redevelop the sensory room at the service and were researching current thinking and best practice to make it as suitable as possible before starting work on it.

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.
- Staff had undertaken mental capacity assessments when they were unsure if people had the capacity to make particular decisions. Most people were able to make simple day to day decisions and where this was not the case, decisions had been made in people's best interests, with the input of others who could contribute, such as relatives.
- Staff understood the MCA and gave examples of what they did to help people to make choices when they often had a limited ability to remember what was important to them. One member of staff described how

they always showed one person a variety of cereal boxes every morning. They explained that if they asked the person what they wanted they would not be able to respond. The member of staff knew what they would choose as they always chose the same cereal once they saw the boxes. However, the member of staff told us they would never assume, as one day the person may change their mind.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had made DoLS applications to the local authority when necessary and had kept these under review as they were awaiting responses for some.

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

Good: □ 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

- We observed staff communicate with people with kindness and compassion. For example, one person had finished getting ready for the day and staff said to them "Oh you look nice today, your make up looks nice" and another staff said "You look very glam today."
- Staff knew people well, including their likes and dislikes. Staff could tell us one person doesn't like their hand being touched, so they know not to offer them hand massages, which other people enjoyed.
- People were supported to maintain relationships that were important to them. Visitors were welcome at any time.

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

- People were encouraged to express their views about their care and future plans.
- Staff made sure people's wishes were represented at best interest meetings, when they were unable to do this themselves.
- People were encouraged to make decisions about how they spent their time and what they wanted to eat. Staff were aware how people communicated to make their wishes known.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with their loved ones. Some people had regular visits to see their families. On these dates, the registered manager organised additional staffing to support those people.
- People were supported to speak with their loved ones regularly. People's care plans detailed how to support the person to maintain the relationship, such as dialling the loved one's number, and then handing the phone over to the person.
- People were supported to be as independent as possible. Staff and external healthcare professionals, including physiotherapists, psychologists and occupational therapists, worked with people to improve their independence
- People told us and we saw staff knocking on their doors and waiting to be asked in.
- People's care records were kept securely and staff understood their role in maintaining people's confidentiality.

Is the service responsive?

Our findings

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

Good: □ 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

- Staff told us and we saw they spent time with people, in the communal areas, and with people who stayed in their rooms. They gave examples of some of the ways they helped to provide social stimulation, such as hand massages and manicures, craft activities, cooking and trying different food from around the world, watching a film together, playing music, reading and creating memory boxes. We saw staff asking people if they wanted their nails manicured and painted, helping them to choose a colour, and staff asking people what film they would like to watch, spending time sitting watching with them. People were supported to take part in activities that they responded well too or were able to chose.

- People were encouraged to join activities. There was a variety of activities taking place in the service each day. People had choices of activities in the morning and the afternoon. We observed that activities were well attended. People appeared to enjoy these, they were smiling, joining in and engaging with other people, visitors and staff. The registered manager told us they believed there was scope to increase the range of activities and felt the redevelopment of the quiet lounge into a sensory room would support this.

- One member of staff told us, "I feel that activity choice has increased massively, there is usually a hubbub with something going on."

- People's needs were reflected in their care plans and there was evidence they, and their relatives where appropriate, had been involved. The care and support people needed was recorded in a way that described a person centred approach to their care.

- People's care plans we reviewed were up to date and reflected their needs.

- Information was provided in an accessible way to people that they could understand.

- People were involved in regular reviews, that included healthcare professionals.

Improving care quality in response to complaints or concerns

- Since our last inspection, no complaints had been logged at the service.

- There continued to be a complaints process in place, that set out the process for people to complain and what they could expect in terms of a response from the provider. This included what to do if you were not satisfied with the outcome of your complaint, and where you could escalate the complaint to, such as the Local Government Ombudsman.

- There was an easy read complaints policy, which the manager displayed at the entrance of the service to support people who may want to raise concerns or a complaint.

- Some visitors had left feedback about the service, one stated 'everyone warm and welcoming client seemed much better, happy and settled.'

End of life care and support

- At the time of our inspection no one was in receipt of end of life care.
- Where people had made advanced decisions, such as a DNAR these were clearly documented in their care plans. DNAR stands for Do Not Attempt Resuscitation: a DNAR form is a document issued and signed by a doctor, which instructs medical teams not to attempt cardiopulmonary resuscitation (resuscitation after a heart attack).
- People had end of life care plans in place, to inform staff of their wishes when the time comes, including where they wanted to stay if they became unwell.
- End of life plans contained information including if people had religious beliefs they wanted to be followed when the time came, or if there was specific music or flowers they wanted at their funeral.

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

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

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

- Services providing health and social care to people are required to inform CQC without delay of certain events that happen, such as events that stop the normal day to day running of the service. A central system, administered by the provider, was in place to notify us, however, a failure within this system meant a notification was not submitted when required. Following, the inspection the registered manager confirmed they had discussed this matter with the provider and processes were revised to prevent future occurrences.
- Accidents and incidents were clearly recorded and received oversight from the provider and registered manager. Risks were assessed and documented, they were reviewed by the registered manager and measures taken to reduce the risk occurrence.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility when things go wrong

- At our last inspection in August 2018 the provider had failed to ensure quality assurance systems were effective to ensure the quality and safety of the services provided or that records were always accurate and complete.
- At this inspection, audit and quality assurance processes were strengthened and improvement made. Some checks were delegated to key staff and overseen by the registered manager. Although we identified some water checks and a gas appliance check did not meet with requirements. Our findings preceded oversight checks scheduled to be completed by the registered manager. Discussion with the registered manager and consideration of the effectiveness of other audits, helped form our judgement that these shortfalls would have been identified and addressed when checked by the registered manager.
- The registered manager told us their aim for the service was "From day one my aim has been to improve the service. Bring clients in, but slowly. Things have got to be right first."
- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and felt supported.
- A vision of support set out the values and behaviours expected from staff. These were discussed with staff during supervisions to ensure they were fully demonstrated by staff.
- Staff felt the culture at the service had improved and was transparent and open. People using the service and a relative told us they thought the service was well led.

- Planned improvements to the service included further development of the garden with raised planters and a calendar of events to enjoy in there such as BBQ's and a summer fete. The quiet lounge would be improved to form more of sensory area for people to enjoy.
- The registered manager told us of the provider "They have listened to me. They have been very supportive. If I've asked for something, it has happened."

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

- The service had developed pictorial questionnaires to help enable people to express their views. Staff met with people on a regular basis to ask their opinion on the quality of the service and any suggestions they may have.
- Additional surveys gained the views of stakeholders, people's families and staff. The provider had analysed survey results for the previous year. The results were positive and any suggestions made had been put in place.
- The registered manager held regular staff meetings so staff were given the opportunity to share their views or make suggestions for improvement as a group. Staff were provided with updates and areas for improvement to enhance the service provided.
- Staff spoke highly of the provider and the registered manager. They told us they were supported well and could go to either for advice or to raise a concern. Staff said they were supported to maintain a work life balance where possible. Some staff told us how they had been able to adjust their hours to fit in with their personal or family life, for example if they had caring responsibilities. Staff told us how they had been supported and encouraged to progress in their career, taking on extra responsibilities and gaining confidence because of the support given.
- Support was provided to staff on a day to day basis and through regular supervision. As well as this, regular staff meetings were held to promote team work and provide updates and remind staff of good practice guidelines. All the staff we spoke with told us the whole team worked well together to provide people with good support.

Continuous learning and improving care

- Staff and relatives told us the management team and senior care staff were visible and approachable, positively encouraging feedback and acting on it to help try to continuously improve the service.
- The registered manager continued to attend local provider and registered managers forums held by the local authority and external organisations.
- The registered manager and staff were proactive in seeking out relevant advice and guidance to support peoples individual and specific care needs, and acted upon this to inform and improve their practice.

Working in partnership with others

- The registered managed had developed good working relationships with the local safeguarding team and nurses from the clinical commissioning group (CCG) for the benefit of people in the service.
- They had an effective working relationship with the local GP surgery health staff. These relationships helped support the needs and preferences of people in the service and provide them with safe health and care support when needed.
- The service worked closely with other agencies including mental health services, the community learning disability team, specialist nurses and district nursing teams.