

*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

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

<b>Respecting and involving people who use services</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>Safety and suitability of premises</b>	✗ Action needed
<b>Staffing</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ 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'.*

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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 3 December 2012, 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 people who use the service and talked with staff.

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### What people told us and what we found

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During our visit we saw that the people who used the service were preparing to go to their day placements. The staff were attentive to the needs of the people who used the service. They responded to verbal and non verbal requests for assistance promptly. Staff interacted with people in a friendly and respectful manner.

We met the four people who used the service. We spoke with one person who told us that they were happy with the service they were provided with. We asked if the staff treated them with respect and they said, "Yes." The person told us about the activities that they participated in which included, "I like to go to the pub to eat," and, "I go on the bus." They said, "I choose what I want to do."

We looked at four people's care records and found that they identified the care and support provided to meet their needs.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 07 January 2013, 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.

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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

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our visit we saw that the staff interacted with people who used the service in a friendly and respectful manner. People's choices of breakfast were listened to and acted upon.

We spoke with one person who used the service and asked if the staff treated them with respect and they said, "Yes." They said, "I choose what I want to do." We saw the person preparing their own breakfast which showed that their independence was promoted and respected. They told us that they chose what they wanted to eat and drink.

People's diversity, values and human rights were respected. We looked at the care records of four people who used the service which identified how their diverse needs were met. This included their dietary needs, how they communicated and how they expressed their sexuality. People's care plans identified how they were supported to make choices in their daily living, how the areas of their care that they could attend to independently were respected and how their privacy and dignity were respected.

People's care plans identified their likes and dislikes and preferences of how they wanted to be supported.

Daily shift plans that we saw identified how people made choices, including the food that they ate and the activities that they participated in. We noted that some of the shift plans used inappropriate language when explaining how staff supported people. This included words such as, 'silly' and 'piggy'. However, when we looked at two people's care plans we saw that they used Makaton (a sign language) to communicate and the signs for these words were used to support people with specific behaviours. Whilst it was positive to note that the staff supported people in line with their care plan and used their preferred methods of communication they should ensure that people's care records be written in a professional manner. We discussed this with the registered manager and they told us that they would ensure that this was addressed with immediate effect and if staff were recording the signs that they had used this would be clearly documented.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We met the four people who used the service and spent time observing their morning routine while they were preparing to attend their day centres. One person told us that they liked living in the service and said, "I am happy here." The person told us about the activities that they participated in which included, "I like to go to the pub to eat," and, "I go on the bus."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of four people who used the service. The records held care plans which identified the care and support that people required and preferred to meet their assessed needs. This included support with their personal care and behaviours.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Peoples care records included risk assessments which identified how the risks in their daily living were minimised. This included risks associated with their behaviours and inside and outside the service.

We saw the shift reports which identified the care and support provided to people on a daily basis. Where there were concerns about people's wellbeing there was evidence in place which showed that the staff acted to ensure their needs were met. This included seeking advice and guidance from health care professionals. This told us that people's physical and mental health care needs were met.

We saw records of ABC charts which had been completed when people had displayed behaviours that challenged. However, the documents stated 'adhered to care plan' for the actions taken by staff. Not all incidents had been transferred to incident report forms. This meant that we were unable to accurately track the types of support that staff provided to people with managing their behaviours. We spoke with the registered manager about this and they told us that they would ensure that staff record this information with immediate effect. They told us that they monitored the incident and ABC reports to ensure that people were supported appropriately.

We saw one person's incident records and care plan. We spoke with the registered manager about what appeared to be punitive measures to assist them with their

behaviours. The registered manager explained how the person was supported which identified that the measures were not punitive but linked to the person's understanding and use of non verbal communication. However, this was not clear in their care plan. The registered manager accepted what we had said and immediately updated the care plan to include the information they had told us about.

**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 use 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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When we arrived at the service a staff member asked to see our identification and to sign in the visitor's book before we were admitted. This told us that the staff were aware of actions they should take to ensure that people were protected from others who did not have the right to access their home.

We saw the staff training records which showed that they were provided with training in safeguarding vulnerable adults from abuse. A staff member spoken with told us about their role and responsibilities in protecting people from harm.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Staff training records showed that they had been provided with training in non abusive psychological and physical intervention. People's care records seen identified that restraint should be used as a last resort to ensure that people were protected from harm.

We spoke with a person who used the service. They told us that if they were worried about anything they spoke with the staff.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

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

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**Reasons for our judgement**

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We spoke with a person who used the service, their feedback did not relate to this standard.

The registered manager told us that they had received a visit from Waveney District Council regarding the health and safety of the service in November 2012. They showed us the visit report, which identified shortfalls in areas including checks and/or risk assessments relating to Legionella, health and safety and asbestos. The document reported that improvement notices would be served. The registered manager told us about the improvements made to comply with the shortfalls. A mattress protector had been replaced and they had completed slips and trips risk assessments, which were seen. They also showed us an action plan which they had completed to show how the outstanding shortfalls were to be addressed. This told us that the provider was taking actions to address the shortfalls and the risks to people living in the service were minimised.

Following our visit to the service we contacted Waveney District Council who confirmed that they would be serving improvement notices and they agreed to keep us updated with the improvements made. We will continue to monitor this.

At the same time of the health and safety visit by Waveney District Council, they had also completed a food hygiene check, in which they were found to be meeting the required standards.

We looked at the communal areas of the service which included a lounge, a dining room and garden. They were well maintained and homely. We saw people chose where they wanted to be in the service. We looked at people's bedrooms which reflected their choices and individuality. The bedrooms were clean and well maintained.

We saw records of maintenance work which was undertaken to ensure that the environment was well maintained. We saw records of fire safety checks which told us that people were protected in the event of a fire.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During our visit we saw that the people who used the service were preparing to go to their day placements. The staff were attentive to the needs of the people who used the service. They responded to verbal and non verbal requests for assistance promptly. One person who used the service told us that the staff helped them when they needed assistance.

A staff member told us about how the service was staffed on each 24 hour period. This was confirmed in the staff rota which was seen. The staff member told us that they felt that there were enough staff on each shift to meet the needs of the people who used the service. The registered manager told us that the service was fully staffed.

A staff member told us that they felt that they were provided with the training that they needed to meet people's needs. We looked at the staff training records which showed that they were provided with training in subjects such as moving and handling, food hygiene and infection control. The records also showed that staff were provided with the opportunity to undertake an industry recognised qualification, such as a National Vocational Qualification (NVQ) or Qualifications and Credits Framework (QCF).

## 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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We spoke with a person who used the service, their feedback did not relate to this standard.

The registered manager told us that they sought the views about the quality of the service provided from visiting health professionals in satisfaction questionnaires. They told us that they were planning to undertake a further quality assurance exercise for 2012. We discussed how they could gain the views of people who used the service. The registered manager told us that they would ensure that methods of how they could gain information about people's satisfaction about the service would be considered and they had recently discussed this with a manager of another of the provider's services.

We saw the reports of the provider's monitoring visits which showed that the provider had an effective system to regularly assess and monitor the quality of service that people received.

We saw records of staff supervision and team meeting minutes. This meant that they were provided with the opportunity to discuss the way that they worked and to receive feedback on their work practice.

We saw records of internal audits in areas such as medication which told us that the registered manager had systems in place to assess the service provided.

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	<b>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safety and suitability of premises</b>
	<b>How the regulation was not being met:</b> People who used the service, staff and others were not protected against the risks associated with unsafe or unsuitable premises. Regulation 15

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 07 January 2013.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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