

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

The Grove

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Requirements relating to workers	8
Complaints	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

On the day of our inspection there were four people living in the service. We were able to speak with one person who told us it was "good" living in the service. We observed people engaged in activities such as cooking and completing a jig saw.

Peoples needs were assessed and risks associated with their care were assessed. These were recorded in people's individual care plans and regularly reviewed.

There was an effective recruitment procedure in place and appropriate checks were carried out on before staff began work in the service.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We looked at the care plans for three people who used the service. We saw that part of the care plan was written in easy read format. The manager told us that this part of the care plan was discussed with the person to ensure they consented to the care being provided.

The manager told us that most people who used the service had regular contact with their family and that people's families were involved with decisions regarding their care and treatment. The manager gave us examples of how families had been involved but this contact had not been documented. The provider might like to note that recording of family contact and involvement would enable contact to be monitored and could be referred to in future decision making.

We saw that where people were unable to consent to matters, other than matters connected to daily living, such as a medical procedure, the service ensured that the appropriate consent was obtained.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at three care plans. We saw that people's needs were assessed and care was planned in accordance with people's care plan.

We saw that each person had an individual care plan. These were comprehensive and contained an assessment of people's communication needs, personal care needs and leisure activities. Where appropriate care plans detailed triggers which may lead to inappropriate behaviour and detailed how, if this behaviour occurred, the situation should be managed either in the service or when outside in the community. This showed the service was assessing people's individual needs and planning their care appropriately.

Care plans contained risk assessments tailored to the individual such as using the kitchen, risks whilst in a vehicle and the administration of medication. Where a person had a specific medical condition we saw that there was information in the care plan relating to the condition. This meant that the service was protecting people from harm while monitoring the risk involved.

We saw that care plans and risk assessments were reviewed regularly and amended if there had been any change.

We saw that each person had their own bedroom. The manager told us that each person had been involved in choosing the decoration of their bedroom, including choosing the colour. We saw that people who used the service enjoyed a variety of activities such as social outings to the local town centre and sporting activities. One person told us how they had been horse riding that day. This meant that the service was meeting people's individual needs.

The manager showed us the business continuity plan. This set out what actions would be taken in the case of emergencies such as a power failure or staff sickness. This showed the provider had procedures in place to deal emergencies.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked around the premises and saw they were clean and well maintained. The garden was tidy and accessible.

The service had an infection control policy. This included procedures for the disposal of contaminated waste and dealing with spillages.

The manager showed us the cleaning schedules for the building which showed what was to be cleaned, how often and how it was to be cleaned. These including cleaning of the kitchen and a night cleaning schedule. They told us that people living in the service are encouraged to clean their own room with support from staff. We saw that the manager carried out an audit of the cleaning schedules. This demonstrated that the service was protecting people from the risk of infection.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We inspected three staff files. A full application form had been completed detailing the staff member's previous employment and qualifications. The service had obtained two references for each staff member. Each file contained a photograph and the identity of the staff member had been confirmed by checking photographic identity, such as a passport or driving licence and another form of identification such as a utility bill. Each staff member had a Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) check. This demonstrated that the service was carrying out the appropriate checks on a staff.

Each staff member had completed a medical questionnaire to enable the service to ensure they were physically and mentally fit to work in the service.

The manager told us that each staff member had undergone an induction. The induction was carried out over five shifts. The first shift they were familiarised with the service which included the building and service policies and procedures. The following four shifts they got to know each of the residents individually. This meant that the service ensured carers had the skills to care for individual people effectively

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system.

We looked at the service complaints policy and complaints log. It contained timescales for complaints to be dealt with and detailed who would deal with the complaint. We saw that the service had not received any complaints in the past 12 months. However the provider might like to note that the Care Quality Commission no longer deals with individual complaints as stated in the service complaints policy.

When we entered the service we saw a leaflet in the hallway in easy read format entitled 'How to Complain'. This showed the service was providing information about how to complain in an accessible format for people using the service.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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