

Review of compliance

Counticare Limited Grosvenor Court	
Region:	South East
Location address:	15 Julian Road Folkestone Kent CT19 5HP
Type of service:	Care home service without nursing
Date of Publication:	January 2012
Overview of the service:	Grosvenor Court is a privately owned care home providing residential care for up to 17 people with a learning disability. The home is a detached property. The grounds include a private walled garden and a parking area. The property is located in a quiet residential area in Folkestone and is within easy reach of facilities such as health centres, shops, recreational facilities, and the company's day centre.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Grosvenor Court was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 November 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Not all the people living in the home were able to tell us about their experiences so we observed the interactions between the people and the staff.

People who use the service indicated that they were happy at the home. On the whole they were relaxed. They were participating in a range of activities which they indicated that they enjoyed. When one person expressed that they were distressed and upset the staff dealt with the situation in away that best suited the person.

We saw that people were relaxed in the company of staff. They were happy to approach staff to express what they wanted and we saw staff respond in a caring and positive way.

The staff we spoke to had knowledge and understanding of people's needs and knew people's routines and how they liked to be supported.

Staff told us they sometimes felt there were not always enough of them on duty to care for the people in a timely manner.

What we found about the standards we reviewed and how well Grosvenor Court was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People using the service were supported in the way they needed with respect and

patience. They were assisted to express their views and were involved, where possible, in making decisions about their lifestyle.

Overall, we found that Grosvenor Court was meeting this essential standard of quality and safety

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Although most peoples' care and welfare needs were met, people could not be confident that they would always be consistently supported to do what they wanted in a way that was individual and right for them.

Overall, we found that Grosvenor Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use services were being kept safe from abuse or the risk of abuse and their human rights were being respected and upheld.

Overall, we found that Grosvenor Court was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The delivery of care was not always, effective, appropriate and flexible enough to meet the individual needs of people in a timely way.

Overall, we found that improvements are needed for this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Not all staff had received the necessary refresher training to make sure they had the up to date knowledge on how to look after people in the best possible way.

Staff were properly supported to provide care and treatment to people who use services. Staff were supervised and appraised.

Overall, we found that Grosvenor Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There were the systems in place to gather record and evaluate accurate information about the quality and safety of the care treatment the service provided.

However when some short falls were identified the organisation did not take the

appropriate action to improve the service for people.

Overall, we found that improvements are needed for this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People were given the opportunity to express to staff how they wanted to be supported.

Staff were kind and respectful to the people living in the home.

People were offered choices as part of the day to day routine in a way that they could understand.

Other evidence

Staff got to know individual preferences so that people were able to get up and go to bed when they wanted. Meal times were varied depending on what people were doing.

We saw staff behave respectfully and with patience, responding to each person's needs and requests made both verbally and non-verbally. We saw that staff had taken the time to get to know each person's individual needs and what was important to them.

There was a dedicated room where people could sit quietly and relax. There was equipment in this room which stimulated people's senses, like moving lights and patterns, different texture furnishings and soft music. People often liked being in this room if they were feeling upset or just wanted to be alone for a while.

Each person who needed support to make their needs known had a communication assessment. This contained descriptions of how people communicated when they were frightened, sad, happy, and unwell. There were also explanations about the meanings of facial expressions, some noises and gestures. People who were able to speak were encouraged to do so.

People were supported to maintain their dignity when being assisted to eat their meals and if they needed support with personal care during the day.

How people were being supported was written in their plans of care and records in the home.

Our judgement

People using the service were supported in the way they needed with respect and patience. They were assisted to express their views and were involved, where possible, in making decisions about their lifestyle.

Overall, we found that Grosvenor Court was meeting this essential standard of quality and safety

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People contributed to their assessments to find out their needs and wishes about a range of subjects including their health, social life and personal goals.

People were supported to go out at different times. People liked to do different activities. Some of these were provided in the home, like arts and crafts, puzzles and games. Some people enjoyed the sensory room at the home. Others went to the company's day centre on a regular basis.

Other evidence

All the people living in the home needed different levels of support with their personal care and health.

Each person had a written plan of care, which outlined all their personal and health care, social and emotional needs and how they preferred them to be met.

Everyone using the service had a needs assessment which formed the basis of their plan and this was reviewed by the staff every month and more often if their needs changed.

One person had received an increased number of staffing hours for one to one time to meet their changing needs. Another person had received increased palliative care and support from the hospice team to meet their needs for end of life care.

There were risk assessments in place for people which identified the things that posed a risk to people like developing pressure areas. There was information on how to keep this risk to a minimum. We did find that a person was at risk from choking. There was clear guidance in place on how to try and prevent this but the assessment did not say exactly what to do if the person did start to choke. The manager and staff on duty were able to explain the procedure they would follow.

People's health needs were met by local community services. Staff assisted people to attend health care appointments and made sure that if there was a change in their health that people were able to access the health specialists they needed.

We spoke to some staff from the specialist services in the community and they told us that sometimes when they had pre-arranged to see a person at the home, when they arrived the person had gone out. This meant the treatment of the person was delayed until a new appointment could be made.

They also said that on occasions care staff had not been supportive when they had come to give treatment to people. They said that not all personal care needs were delivered to people in a way that was individual.

The staff team provided activities in the home like games and beauty sessions. They had recently introduced weekly massages and bingo sessions from outside sources. One of the sitting rooms had some sensory equipment. Different people went out most days to different places. Two people had recently been to the theatre in London to see the 'Lion King'. The service did tell us that due to the staffing levels they were not always able to facilitate one to one time to support people to go out when they wished to.

Our judgement

Although most peoples' care and welfare needs were met, people could not be confident that they would always be consistently supported to do what they wanted in a way that was individual and right for them.

Overall, we found that Grosvenor Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We observed people looking comfortable and at ease in the home and with staff.

People at the home expressed that they felt safe.

Other evidence

Staff had training in how to recognise and respond to possible abuse. The home's policy also gave details of what to look for and how to raise concerns. Staff were aware of what abuse was and who to report any suspicions to. There were procedures for staff to follow if and when abuse was suspected including reporting to the local safeguarding team.

When any form of restraint was felt necessary like belts to keep people safely in wheelchairs, it was assessed with the people involved. A risk assessment was carried out to make sure that any restraint did not pose further risks to the person.

If a person expressed themselves in a difficult way, guidelines were written about how to support the person in a positive way. Staff were trained in how to support problem behaviour and how to respond at an early stage. This meant that they might use distraction to prevent the behaviour or do something to diffuse a situation. Any incident was recorded so that it could be looked into and talked about to see if it could be prevented from happening again.

Some staff had received training regarding the Mental Capacity Act 2005 and Deprivation of Liberty. This meant that staff were aware that arrangements needed to

be in place to support people who needed special help when making certain important decisions such as receiving some kinds of medical attention. There were also safeguards if someone needed to have part of their freedom limited so that any restrictions used were the least necessary and were reviewed regularly.

There was a system in place and accounts were kept of people's financial transactions. When staff took people out to spend money each transaction was individually recorded and receipts to match the expenditure were kept and attached to the accounting sheets.

Our judgement

People who use services were being kept safe from abuse or the risk of abuse and their human rights were being respected and upheld.

Overall, we found that Grosvenor Court was meeting this essential standard.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are moderate concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People did not comment on this outcome area.

Other evidence

People at the service had a high level of complex needs. Most people needed two staff to assist and support them with their care, support and activities. We found that staff working times were flexible. For example extra staff were on duty when people were ready to go out and do activities in the community. On the day of the visit there were seven staff on duty and people were able to do things. However the home's quality monitoring report said, 'Due to the staffing levels we are not always able to facilitate one to one to allow service users to go out when they wish too. It also said 'Personal care and activities were not able to be fulfilled at times when people would like'.

Between six and nine o'clock in the evening, staffing levels were reduced to four staff. This was a busy time at the home. Medicines needed to be administered and care staff were responsible for serving the evening meal as the chef finished work at 2:30. This meant that there were only two members of staff available to assist people. Some people needed individual support when eating and this could take a long time.

The staff we spoke to said that this period of the day was 'very rushed' and sometimes people had to wait to receive the care and support that they needed.

This issue had been on going for some time. It had been discussed at staff meeting and has also been identified in the services quality monitoring reports. We were told that the service had requested further funding from the local authority to provide more staff

to support the people

Our judgement

The delivery of care was not always, effective, appropriate and flexible enough to meet the individual needs of people in a timely way.

Overall, we found that improvements are needed for this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People indicated that they liked the staff and got on well with them.

We saw positive interactions between people and staff.

Other evidence

We looked at the records kept about the training and support that staff received. We also spoke to some of the staff. When staff started work at the home they received induction training. The staff we spoke to told us that the induction was good and supported them to be prepared for the work they were to do.

Some of the staff we spoke to were able to tell what training they had completed and we saw records that confirmed this. They included attending courses in mandatory subjects like fire awareness, infection control, food safety and safe moving and handling.

The service provided specialist training to make sure that staff had knowledge and skills to look after people with conditions like epilepsy and autism.

Staff said that the company had just introduced a new training programme and now a lot of their training was done on the computer. They did not find this gave them the information they needed. They also said that there was only one computer available when they needed to do training.

Some staff training was now out of date but they were unable to access training using

the computer when they needed to.

Staff told us that they felt supported by the Registered Manager of the home and they said that the staff team worked well together.

Staff were receiving guidance from the manager and their work was monitored to make sure that they continued to meet people's needs in a reliable way. This was being done through one to one meetings with the manager, staff meetings and handovers between shifts.

One staff member said, "We can always go to the manager if there are any problems and she will always help us".

Our judgement

Not all staff had received the necessary refresher training to make sure they had the up to date knowledge on how to look after people in the best possible way.

Staff were properly supported to provide care and treatment to people who use services. Staff were supervised and appraised.

Overall, we found that Grosvenor Court was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People using the service indicated they liked the home and that staff listened to them.

Group and one to one meetings were held with the people so that they had the opportunity to air their views and give their opinions. Each person had a key worker, who acted as a link between them and the rest of the staff team.

Other evidence

There were systems in place to regularly assess the quality of the service provided.

Monthly reviews and audits were carried out by the locality manager. These reviews and audits checked all the systems being used in the home. For example they looked at the environment, staff training, medication and care planning. The strengths and weaknesses of the service were identified and action plans were developed to improve the service.

Checks had been completed of key things such as fire safety equipment, fire alarms and hoists.

House meetings were held with staff to discuss the general running of the home and how to make improvements.

However the home's quality assurance audits and reports had identified various parts of the home that were in need of refurbishment, decoration and repair or replacement. It

identified that the kitchen was dated and in need of upgrading. Due to its layout it was not accessible to people in wheelchairs or people with limited mobility. The bathrooms, toilets and laundry room required upgrading. Floors were old and difficult to clean adequately. General paintwork within other parts of the service were faded and chipped posing a possible infection control risk as surfaces prevented effective cleaning.

The quality monitoring reports had also identified shortfalls in the level of staffing at the service (see outcome 13)

These issues had been outstanding for some time but no action had been taken by the company to address the issues.

Our judgement

There were the systems in place to gather record and evaluate accurate information about the quality and safety of the care treatment the service provided.

However when some short falls were identified the organisation did not take the appropriate action to improve the service for people.

Overall, we found that improvements are needed for this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns: Although most peoples' care and welfare needs were met, people could not be confident that they would always be consistently supported to do what they wanted in a way that was individual and right for them.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns: Not all staff had received the necessary refresher training to make sure they had the up to date knowledge on how to look after people in the best possible way.</p> <p>Staff were properly supported to provide care and treatment to people who use services. Staff were supervised and appraised.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>How the regulation is not being met: The delivery of care was not always, effective, appropriate and flexible enough to meet the individual needs of people in a timely way.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: There were the systems in place to gather record and evaluate accurate information about the quality and safety of the care treatment the service provided. However when some short falls were identified the organisation did not take the appropriate action to improve the service for people.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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