

Venetian Healthcare Limited

The Grove

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Grove is a residential care home providing personal and nursing care for up to 38 people. At the time of the inspection the service was supporting 27 people.

People's experience of using this service and what we found

Risks to people were not always assessed or monitored. Health and safety checks of the environment and equipment had not been consistently completed. Medicines management records were not all in place or completed consistently.

There was no registered manager in post and there had been a lack of consistent leadership in the service. The provider had not been able to visit the service throughout the pandemic. Checks and monitoring of the service had not always been completed or identified areas for improvement. The lack of effective oversight of staff and the service had resulted in the quality of the service deteriorating.

Relatives and staff told us the communication from the service was not effective and had caused anxiety.

People told us they felt safe living in the service. Staff confirmed they understood how to recognise abuse and would feel confident reporting any concerns they had. Recruitment checks were completed before staff were able to start working in the service.

We were assured the service was taking action to reduce the risk of cross infection.

People told us they were happy living in the service. The deputy manager had started holding residents and team meeting to help ensure people's concerns and ideas were heard, and staff understood their responsibilities.

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

Rating at last inspection

The last rating for this service was Good (published 20 November 2019).

Why we inspected

We received concerns in relation to staffing and the quality of care people received. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grove on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to how risks to people were understood and recorded, health and safety checks of the environment, medicines and how the provider monitored the quality of the service and implemented learning to improve the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

The Grove

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and one assistant inspector.

Service and service type

The Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information that we held about the service including

information shared by people, relatives and/or staff. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with the deputy manager, the provider and two staff members.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the service to validate evidence found. We spoke with one professional who knows the service well. We spoke with two relatives by phone and received email feedback from the third. We also spoke with two staff members by phone.

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Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always assessed. Guidance detailing what support people needed from staff to reduce risks to them, was not always recorded.
- Information to help staff monitor risks to people's health, was not always recorded or monitored.
- When people experienced anxiety, staff did not always take the right action to help reduce the risk of this for the person. Guidance about this was not recorded in a care plan or risk assessment.
- The provider was not able to provide evidence of fire, legionella or equipment checks, or confirm these had been completed.

Failing to assess and monitor risks to people was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of the inspection site visit, a fire safety assessment was being completed of the service.
- Records describing what support people would need during an emergency evacuation were available.

Learning lessons when things go wrong

- Accidents and incidents were recorded but had not been monitored for any developing trends. This meant any lessons to improve the service for people could have been missed.

Using medicines safely

- Records of when people's creams had been applied, had not always been completed. Where these had been completed, they did not always show that the cream had been applied as frequently as directed.
- When people had PRN (as required) medicines, staff recorded why the person needed the medicine but did not record the outcome. This meant it was not possible to monitor whether the medicine was effective, or whether changes were needed.
- When people had PRN medicines that affected their mood. Information was not in place to guide staff when it should be administered.
- Temperatures of fridges used to store medicines had not been recorded regularly. This meant if the temperature went above or below what was required to maintain the quality of the medicines, this may not have been noted, or action taken.

Failing to ensure medicines were managed and administered as prescribed was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people administered some of their own medicines. This had been assessed and added to their care plans.
- Staff had completed medicines training. Not all staff had up to date assessments of their competency to administer medicines, but the deputy manager told us they had observed staff practice and covered medicines management in staff supervisions.
- An audit of medicines and medicines management had been completed since the new deputy manager had started working in the service

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the service.
- Information about safeguarding and how to raise concerns was displayed in the lounge.
- Staff had received training in safeguarding and told us they would be confident reporting any concerns they had.

Staffing and recruitment

- People were supported by suitable staff. Recruitment records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.
- People confirmed there were enough staff to meet their needs safely.
- The deputy manager was reviewing staff levels to ensure they continued to meet the needs of the service.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning checklists had not always been completed consistently. However, the deputy manager had created new records which they intended to implement.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- A recent audit of the environment had identified some areas which required improvement an action plan created to help ensure the improvements were made.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been a lack of consistent management in the service. There was no registered manager in post. There was no registered manager in post at the time of the inspection. Where there is no registered manager in post and an application has not been approved the well led question is always rated requires improvement.
- Apart from the provider, the most senior role in the service was a deputy manager, who had only been working at the service for three weeks. During the inspection, the provider and the deputy manager struggled to find the records and information we requested.
- One person told us, "We've had our ups and downs and we are looking forward to better times. If we can get new managers in to stay, we'll be happier." A relative explained, "There have been so many [managers]! I don't personally know who it is at the moment. It is difficult. I speak to the carers mostly."
- Several records we requested had not been completed correctly or consistently, however this had not always been previously identified or acted upon.

Continuous learning and improving care

- The service had been rated good at the last inspection; however, had been rated requires improvement at the previous three inspections. The gaps found during this inspection showed the provider had not used learning from previous inspections to sustain a good rating.
- The provider had not been able to attend the service during the pandemic. The lack of oversight had resulted in the quality of the service deteriorating.
- Audits and checks of the service had not been consistently completed. Those that had been completed had not identified all areas requiring improvement.
- The provider told us they held a weekly meeting with the service to assure themselves of the quality of the service, however they also told us that having not been to the service throughout the pandemic, that they were disappointed when they did visit and found certain areas of the service had not been maintained. This showed their oversight through the pandemic had not been sufficient.

Not ensuring all areas requiring improvement were identified or acted upon was a breach of 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager had created a plan of action to improve the service. Following the inspection, they

told us they had added the failings found during the inspection and these were communicated to staff at a staff meeting.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had not always received the correct guidance and support to ensure they provided good outcomes for people. One staff member knew people's food and drink preferences and used these when providing food and drink to people, rather than checking with each person what they wanted first.
- The provider told us staff had not always fulfilled their responsibilities. This had resulted in staff disciplinary action and had left the staff team without key senior roles.
- The lack of consistent leadership meant there had not been a consistently positive culture in the service. A relative told us, "The culture goes up and down over the years."
- Relatives raised concerns that changes in the service had not been communicated well to people, which had caused them anxiety.
- Some relatives told us they were not happy with the communication they had with the service. Some relatives told us they were unable to get a response to phone calls, others told us they felt the service was not proactive in sharing information which had, at times, left them worried about their family member. They explained they had frequently had to contact the service for information, or to raise concerns, and felt these were not always resolved. One relative told us, "I can't get an answer on the phone these days. I ring and ring and no one picks up."
- Staff also told us communication was not always effective.

The provider had not ensured the culture and knowledge of the staff team produced consistently good outcomes for people. The lack of communication in the service had had a negative impact on people and their relatives. This was a breach of 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager had started holding resident's and staff meetings and described what action they had taken in response to people's requests.
- People told us they were happy living in the service. One person told us, "I have lived here five years and am very happy" and a relative confirmed, "Dad is happy and has no complaints about the staff."
- People shared positive interactions with staff and were supported to spend their time where they chose. A relative told us, "There is a homely feeling at The Grove. I always feel welcome, everyone is friendly."

Working in partnership with others

- The deputy manager was working with healthcare professionals to help ensure people's changing needs were understood and met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The deputy manager was open and honest about the failings within the service and what action they intended to take to make the required improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people were assessed and monitored. The provider had failed to ensure medicines were managed and administered as prescribed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured all areas requiring improvement were identified or acted upon. The provider had not ensured the culture and knowledge of the staff team produced consistently good outcomes for people.</p>