

Venetian Healthcare Limited

The Grove

Inspection report

181 Charlestown Road
Charlestown
St Austell
Cornwall
PL25 3NP

Tel: 0172676481

Website: www.grove-charlestown.co.uk

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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 25 people. The service is in one building and equipped with facilities to support people who require residential care.

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

We last inspected the service in July 2021. At that time, we had concerns regarding the management of the service and the service was rated overall Requires Improvement and Inadequate in Well Led.

Since that inspection the management status had improved. A new manager commenced shortly after the previous inspection. The manager was supported by an office manager and the provider visited the service weekly. The Provider is required to ensure there is a manager registered with the Care Quality Commission (CQC) who is in day to day control of the service. The provider had recruited to this post in August 2021. The manager told us they were at the point of submitting an application to register with the commission.

At the previous inspection, systems to monitor the operation and governance of the service were judged inadequate. At this inspection we found systems to assess and monitor the quality and safety of the care provided had been developed and implemented. While we saw evidence that governance was improving, we have made recommendations in respect of improving audits, providing effective communication handsets and ensuring the staff culture continues to develop. These systems were seen to be improving the quality and identifying and driving improvement.

We found there were enough permanent and agency staff on duty and rotas showed staffing levels were adequate. However, staff told us there were times when people did not receive the care and support at the times they wanted it. Staffing rotas assured us there were generally enough staff available to support people living at the service and to meet their individual needs. The provider acknowledged there were occasions when staff absence was short notice, and this had the potential to affect service provision.

There were walkie-talkie handsets in place to support staff to communicate when working on the various floors around the home. However, staff told us there were not enough handheld sets and that constantly changing batteries had posed some restrictions. The provider acknowledged this issue and was looking at replacing the current system with a more reliable one. We have made a recommendation about this.

The service had recently introduced an electronic care planning system. This had improved how people's needs, risks and reviews were recorded and demonstrated how care and support was being delivered. However, there were some gaps in the records due to the transition from paper to electronic recording. We judged this had not had a negative impact on people's welfare and managers were aware of the issues and addressing it.

Staff knew people well and there had been no impact on the support people received. Handover records contained information on people's health conditions or needs. However, where people needed their nutrition and fluids monitored it was not included. We have made a recommendation about this.

At previous inspections we found medicines records were not in place or consistently completed. At this inspection we found improvements in medicines management but there was further improvement to medicines records needed and we have made a recommendation about this.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and responded to calls for help from people in a timely manner. Staff knew how to keep people safe from harm. We found the service calmer and more relaxed than at previous inspections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

At the previous two inspections we identified the service was not monitoring reports of accidents or incidents in order to identify any trends or patterns. At this inspection we found improvements in how accidents and incidents were reported. There was evidence the service reflected and learnt from incidents when things go wrong. Regular audits of these records showed the service had taken action to support people where patterns and trends were evident.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff were informed about people's changing needs through shift handovers and records of the daily care provided for people. However, care staff told us on the day of the inspection the handover had been earlier than normal, and they had missed it. They told us this was not a normal occurrence. We advised the manager about this and they agreed to take immediate action.

There were mixed views on meals. Some people told us they thought the meals could be improved. We shared this with the manager who was aware of some of the issues and was in the process of taking action to address it.

We were assured that risks in relation to the COVID pandemic had been managed appropriately. Staff had access to appropriate PPE and hand washing facilities, which they used effectively and safely.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (Published 13 November 2021) The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 20 July 2021. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led.

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 ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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.

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

The inspection was carried out by two inspectors, supported by an inspector from the medicines team.

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. This means that the provider is 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

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service.

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 used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with five members of care staff. The nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), the manager and office manager.

During the inspection we reviewed twelve people's medicine records. We observed medicines administration. We looked at four people's care plans. We spoke with the provider, manager and office manager, seven staff members and a visitor.

We looked at two 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.



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 Requires Improvement. At this inspection this key question has remained the same. 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; Learning lessons when things go wrong

At the previous two inspections there were concerns the service did not have effective systems in place to ensure people's risks were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation.

- People's individual risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence as much as was possible.
- The service was in a transition period from paper records to electronic recording. Generally, information had been transferred but there were some gaps. However, we did not judge this had any negative impact on how people's risks were being managed. Risk assessments included areas such as mobility, falls, choking, pressure care and specific health conditions.
- Individual risk assessments guided staff in providing safe care. Risk assessments for weight management and nutrition had been undertaken.
- The environment was safe. At the time of our inspection work had been completed to replace fire systems to ensure they met fire regulations to the top floor of the service. Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

We recommend the service continues to ensure care planning systems are embedded and staff have the knowledge and skills to use the new reporting system.

Staffing and recruitment

At the previous inspection the provider did not ensure continuity in staffing levels which meant care and support was task driven and not person-centred. This was a breach of Regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation.

- The staff rotas showed staffing levels had increased since the previous inspection. They showed there

were enough staff on duty and a skill mix to meet people's needs. Call bells were answered in a timely way. Some staff and people using the service told us they thought staffing levels had not improved enough. However, we found no evidence of impact. There had been an occasion on nightshift where a staff member had called in at a late stage. However, the manager and office manager provided duty cover in such instances. There was now less reliance on agency staff and rotas showed where changes had occurred when shift patterns had changed.

- During our inspection we saw staff were responsive to requests for assistance and call bells were answered. Staff recognised when people needed support and had enough time to engage with people in a meaningful way.
- At the previous inspection staff told us the constant changes in shift patterns and lack of staff had left them feeling undervalued. This had prompted a high percentage of staff turnover. At this inspection staff generally told us staffing was more consistent. They told us they were still forming a coherent team. Some staff told us it was difficult at times but that it was going in the right direction.

We recommend the service continues to develop a consistent staffing team.

At the previous inspection the provider had failed to ensure safe and effective recruitment systems had the potential to put people at risk. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation.

- The provider's recruitment practices had improved. They were now robust, and staff confirmed appropriate checks were undertaken before they supported people living at the service. References had been checked so they were satisfactory prior to people working in the service.

Using medicines safely

At the previous two inspections the provider had failed to ensure the safe management, storage and recording of medicines is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation. However, we have made a recommendation for more improvement.

- Medicines administration records (MARs) were completed following administration. However, we did find some gaps on MARs where staff had not signed to say a medicine had been given. Handwritten MARs for a new resident were checked to make sure they were accurate.
- People told us they were happy about how they took their medicines. Some people were prescribed medicines to be taken when required. Additional guidance was not always available to help staff make consistent decisions about when to offer or give these medicines.

We recommend the service should continue to improve their medicines processes to make sure that person-centred information is available to staff when administering medication. Staff should make sure that MARs are fully completed.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection we found the service was under the local authority's whole home safeguarding

procedures due to the high level of safeguarding alerts. At this inspection the service did not have any safeguard investigations in place.

- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff understood the principles for keeping people safe. They told us, "We had a lot of safeguards earlier in the year. There were a lot of staff changes and things have improved" and "I have had updates in my safeguarding training. It's important".
- Safeguarding policies and procedures were available for staff to access. Staff knew how to report and escalate any safeguarding concerns.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

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 Inadequate. At this inspection this key question has now improved 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

At the previous two inspections the provider had failed to ensure effective communication with people and their relatives. We were not assured the culture and knowledge of the staff team produced consistently good outcomes for people and not assured areas of requiring improvement were identified or acted upon. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken and the service was no longer in breach of this regulation. However, further action was required.

- The service had a history of inconsistent management. Since the previous inspection there has been improvement in how the service was managed. A manager was in post shortly after the previous inspection. They remained in post at this inspection and were supported by an office manager and overseen by the clinical manager and provider. People told us management of the service had improved. Comments included, "Certainly got better," "I feel more supported. The managers are approachable" and "It's taken a long time but hopefully we are getting there." Some staff felt there could be more improvement in the operation of the service and staffing levels. We found the service was moving forward and had taken the time since the previous inspection to improve governance systems. This was ongoing.
- At the previous inspection the provider had not submitted an action plan as required. At this inspection the provider had submitted an action plan outlining what had been done to meet previous breaches of regulations.
- At the previous two inspections the service was not always completing audits. This included an environmental audit, medicines audit and care planning audits. At this inspection improvement had been made in all areas. Medicine audits were completed and areas requiring improvement identified. Environmental risk assessment had been updated. Clutter and lack of storage had been improved since the last inspection. Care planning audits had taken place. There were some gaps identified. The system was in transition from paper records to an electronic recording system.

We recommend the service continues to improve auditing systems to ensure there is evidence of issues identified and action to be taken.

- At the previous inspection the provider had lacked oversight of governance systems. At this inspection improvements were seen. The provider continued to visit the service weekly to oversee audits, check actions and meet with managers. In addition, the clinical lead and provider held weekly virtual meetings to discuss governance systems and resources needed. For example, staffing levels had improved and there was less reliance on agency staff.

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

- There was a history of the service not retaining registered managers. At this inspection the manager informed us they were at the point to submit their application to register with the commission. The Provider is required to ensure there is a manager registered with the Care Quality Commission (CQC) who is in day to day control of the service. The provider had recruited to this post in August 2021.
- At the previous inspection there was no clarity to the roles, responsibility and accountability. At this inspection positive changes had been made to the management structure in the service. Roles and responsibilities had been devolved. The office manager was responsible for administration, audit systems and oversight of the staffing levels with daily checks. The manager was responsible for the day to day operations and governance of the service, while reporting to the clinical lead and provider.
- At the previous inspection the provider had not demonstrated evidence to show what action they had taken to meet requirements from that inspection. At this inspection improvement had been made. By creating a management structure at the service, systems were more robust and effective. Communication had improved between the provider and the management team.

We recommend the service continues to improve oversight and governance systems.

Continuous learning and improving care

- At the previous two inspections we found the provider had not acted on requirements to meet breaches of regulations and there was no evidence of learning and improving care. At this inspection the provider had taken action and demonstrated the service had improved. Action had been taken in governance oversight, medicines management, staffing, recruitment and person-centred care.
- People we spoke with were generally positive about the improvements made since the previous inspection. They said, "They have really made an effort to improve things. I go every week and can see the improvements" and "We have come a long way since our last CQC visit, staffing has improved. We now have keen and eager management; the directors are very approachable." Some people told us there needed to be more improvement especially in staffing the service. We shared this with the provider, manager and office manager. They were aware of some of the concerns and had arranged a full staff meeting to help communicate what they were doing to address some of the concerns. This showed the management team were being open and transparent. We have made a recommendation about this in the safe domain of this report.

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

At the previous inspection we found the provider had not taken action to improve the service's governance systems. Communication remained ineffective. Management and staff did not understand the principles of good quality assurance and the service lacked good leadership. This was part of a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found we found action had been taken and the service was no longer in breach of this regulation.

- At the previous inspection relatives had raised concerns that changes in the service had not been communicated well to people. At this inspection a person we spoke with on the inspection and four people following the inspection told us, they had found improvement in how information was communicated with them. Comments included, "I am so happy with everything. No complaints whatsoever," "Extremely happy with the management now" and "They (managers) have taken every step to improve."
- At the previous inspection we found the provider did not have effective systems in place to communicate with all stakeholders. This had resulted in a high level of concerns being received by CQC and the local authority. Staff had told us they were disillusioned with the constant change in management. At this inspection we found improvements had been made. There had been a more consistent management team. They worked together in a coherent way. They were visible and staff told us that they generally felt confident in the changes that had occurred. They told us, "Staff have all got on with all relevant training we have areas of improvement like any place does but the whole atmosphere is a lot better," and "We had a team meeting and (manager) spoke about team work and pulling together and this made me feel more positive about the future of the home and the direction it is going". Some staff told us they would like to see more engagement. We shared this with the provider, manager and office manager, they showed us the upcoming full team meeting. The agenda addressed where the service was in respect of meeting previous breaches of regulations, safeguarding and staffing. Following the team meeting we received positive comments from staff as seen in this report.
- At the previous inspection staff told us they had not had access to essential areas of care plans and care planning information. At this inspection this had improved. Staff told us the transition to the electronic system was generally good but that there needed to be more access to handsets to record information. We discussed this with the management team, and they were aware of this. Action was being taken to increase these numbers as staff undertook the online training available.

We recommend the service continues to ensure all staff have timely access to online training in the electronic care planning system and to ensure there are sufficient handsets to record information.

- At the previous inspection we found people were not receiving person centred care due to fluctuations in the staffing levels and this had resulted in a task orientated approach to the delivery of care and support. At this inspection we found improvements. The staff team were consistent and had increased for each shift. It was recognised there had been occasions when staffing levels had reduced at the last minute due to late notice, resulting in smaller staffing levels for some shifts. Staff told us at these times peoples care and support might be delayed. We had found no negative impact on people when this had occurred. For example, where a person had to wait longer in bed, they were provided with fluids and breakfast in their room. The reasons were shared with people, so they understood. Staff were visible throughout the inspection. Call bells were answered in a reasonable timeframe. Staff used handheld 'walkie talkies' to support communication. There were various wings and floors, so this facilitated effective communication. Staff told us this system was effective but there was a lack of walkie talkies available at times and battery life usually covered one shift. We shared this with the management team. They agreed action was necessary and had considered rechargeable 'walkie talkies'.

We recommend the service ensures there is effective equipment to support staff in communication.

Working in partnership with others

- People's needs, and preferences were assessed prior to a person moving into the service. This helped

ensure the service could meet their needs and that they would suit living with the people already at the service.

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.