

Warmest Welcome 3 Limited

Grosvenor House Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Grosvenor House Care Home is a residential care home providing regulated activities of personal and nursing care to up to 30 people. The service provides support to older adults, people with a physical disability or people with dementia. At the time of our inspection there were 16 people using the service.

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

People felt safe and received good quality care from a consistent staff team. Staff were recruited safely and had regular training and supervision. Staff told us they felt supported in their role.

Staff had a kind and caring nature and provided care in a respectful and dignified way. Staff ensured people were kept safe from avoidable harm and received their medicines safely.

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

There was good oversight of the service. People, staff and relatives told us the registered manager was approachable and fair. The provider had effective governance systems in place.

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

Rating at last inspection

This service was registered with us on 13 December 2021 this is the first inspection.

The last rating for the service under the previous provider was good, published on 14 June 2019.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Grosvenor House Care Home

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 Health and Social Care Act 2008.

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 completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Grosvenor House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grosvenor House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service to complete a visual inspection and to talk with people. We spoke with 5 people and 8 relatives. We reviewed paperwork relating to the health and safety of the service and staff files. We used electronic file sharing to enable us to review documentation. We reviewed care records relating to 3 people, including their medicines records. We sought feedback from 2 visiting professionals who regularly visit the service. We spoke to 9 staff members including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection, under the previous provider, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm by staff.
- Staff had received safeguarding training and were able to identify and respond to any concerns raised.

Assessing risk, safety monitoring and management

- People felt safe. One person said, "Staff make me feel comfortable and safe always."
- Relatives also told us they felt their family member was safe.
- Risks had been identified and mitigated against appropriately. Risk assessments were in place to guide staff on how to safely support people.

Staffing and recruitment

- People were supported by safely recruited staff.
- Enough staff were deployed to safely meet people's needs, although some people said they had to wait for support at busy times, particularly on weekends.
- People and their relatives told us there was a consistent staff team which meant staff knew people's needs well. One health professional commented, "One of their greatest assets is that they have good retention of nurses. This results in the staff having good knowledge of the residents and their needs."

Using medicines safely

- People were supported to take their medicines safely and as prescribed.
- Registered nurses were responsible for people's medicines. Their competency was checked regularly to make sure their practice was safe and maintained to a high standard.
- The registered manager completed regular audits of how medicines were received, stored, recorded and administered. Any issues identified were investigated and addressed to help make sure medicines were managed and administered safely.

Preventing and controlling infection

- Staff were effective at managing infection. They had received training regarding infection control and could demonstrate this in practice.
- The service was clean.

Learning lessons when things go wrong

- People received timely care and support if they were involved in an accident or incident. Staff reported

any issues and helped people to seek medical attention if needed.

- The provider had systems in place to ensure learning from incidents was shared promptly with all staff. For example, where any resident had more than one fall in a month; a 'root cause analysis' was completed, documented and shared with staff weekly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection, under the previous provider, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff provided good quality care which resulted in people achieving a good quality of life and people's health improving. For example, pressure sores healing and reduction of prescribed medicines.
- Staff worked collaboratively with other health professionals to support people to maintain good health and access other services.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff knew people exceptionally well and supported them to achieve consistently positive outcomes. People commented on the "strong and stable" staff team.
- People's needs were assessed, and detailed care plans were put in place to support and guide staff to deliver effective care.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their roles and confident with their responsibilities.
- Staff received a robust induction and were assigned a "buddy" to support them through their first weeks at the service. Staff commented on how good the induction programme was.
- Regular supervisions and annual appraisals, alongside observations and competency checks helped the registered manager monitor and make sure staff had the skills and experience necessary to provide effective care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to ensure they ate and drank enough.
- There was a varied menu available, with suitable alternatives provided for people with a specialised diet.
- People were very complimentary about the food and many people told us the portion sizes were very generous.

Adapting service, design, decoration to meet people's needs

- People benefited from a large and homely environment. People were happy with their bedrooms and many had chosen to personalise their spaces.
- Relatives commented the building was old and tired, but also acknowledged they had been informed of plans to update the décor.

- The new provider had begun renovation of the service and had an extensive plan in place to improve the appearance of the building. Improvement works were already underway at the time of the inspection.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were involved in decisions about their care; staff sought and recorded people's consent to the support they provided. Where people were unable to make certain decisions for themselves, appropriate protections were in place to help make sure decisions made on their behalf were in their best interests.
- People's human and legal rights were protected as appropriate applications had been made when necessary to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection, under the previous provider, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were attentive and kind in the way they spoke with and supported people. We observed staff ensuring their hands were warm before supporting a person and always asking for consent and providing choice.
- Overall, people and their relatives told us, staff were very kind in their approach. One relative said, "Staff are kind and caring in their approach. [Relative] beams at them. If they become distressed, they sit with them and hold their hand. They're so kind and look after them well."
- Staff supported people to celebrate birthdays and special occasions. For example, a special wedding anniversary celebration was prepared for one person and their relative. They had private dining of their favourite meal, flowers, a cake and card organised by staff and were very happy to be able to celebrate their anniversary.
- Staff showed the same kindness and respect to people's friends and families as they did the people they cared for. For example, one member of staff surprised a relative by knitting them gloves after they had said they often had cold hands when visiting.

Supporting people to express their views and be involved in making decisions about their care

- People had been given a platform to express their views and shape how the service ran. People regularly attended residents' meetings where they provided feedback about their experiences of the care provided.
- People's care plans reflected their wishes and views and showed they had been encouraged to make decisions and be involved in planning their care. One person told us, "If I ask any questions about my care then I would get an answer straight away."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained by the kind and respectful staff. One person said, "The nature of their job means it is very intrusive and they don't make it more difficult than it already is."
- Staff respected people's privacy and personal space; they knocked on their bedroom doors before entering people's room.
- Staff monitored people's needs via an electronic system which discreetly alerted staff to people who required support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection, under the previous provider, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, people told us they felt they had choice over their care needs. Some people we spoke to were not aware they could have more choice over how their care was provided. For example, people said, "I think I would like more showers" and "I would prefer to use my own toilet, but staff use the commode; it just happened that way."
- Care plans contained person-centred information to guide staff on how best to support each person. The care plans were regularly reviewed to help make sure staff had up-to-date information about people's care and support if their needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans which informed staff how people could be supported to best express themselves. The provider's electronic system identified people who required information in different formats.
- The provider was prepared for adaptations which may be required and produced pictorial menus and photo aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to take part in a wide range of regular and meaningful activities. One relative said, "Activities are good. A good base of activities. There is craft, cooking, entertainment, singing and seasonal things to do. It has absolutely enhanced their life."
- People who had chosen not to join in with group activities, or were not able to, had 1:1 time with the activities co-ordinator to do something they enjoyed such as knitting.
- Staff supported people to maintain relationships with people closest to them, making use of technology to facilitate contact. One relative said, "It's a big plus for the home to have people competent with Zoom. It helps people to keep in contact; I have visible contact with my relative who is living with Dementia."

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- People had personalised care plans which detailed their preferences for the final stages of their life. People and their relatives had been involved in this care planning. One relative said, "They've prepared me, they know [Person's name] and me and talked funeral plans with us."

Improving care quality in response to complaints or concerns

- The provider welcomed and acted on feedback received by the home. Complaints investigations were thorough, lessons were learnt, and improvements were made where possible.

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 our last inspection, under the previous provider, we rated this key question good. At this inspection, the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Staff and the management team were aware of the importance of developing a person-centred culture in the service. People and their relatives commented on the relaxed atmosphere at the service. One person said, "It's like a home from home."
- The registered manager understood their responsibilities to be open, honest and apologise if things went wrong.
- All staff we spoke with told us the management team were approachable and supportive. The provider supported staff to maintain their wellbeing and had put schemes in place such as free meals and 'employee of the month' to ensure staff felt valued.
- Feedback from relatives about the management of the service was positive. A relative told us, "The home is managed well. Any concerns are dealt with straight away. The manager is accessible and approachable."

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

- The provider had robust quality assurance systems used to monitor the quality of the service and drive improvements.
- People's care plans were detailed and guided staff on how to manage risk effectively. There was a clear pathway of escalation for staff.
- The registered manager had notified CQC of events which occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sent a newsletter to staff as an alternative way to share information.
- Surveys and regular meetings were used to share information and continually seek feedback and suggestions on any improvements that could be made.
- The provider had recently introduced a 'heads of department' meeting, to ensure all staff teams were made aware of any changes or learning within the home following an incident. The registered manager told us they felt this had improved learning and team morale.

Working in partnership with others

- Staff liaised efficiently with external agencies such as healthcare professionals where appropriate. This

meant people received timely and effective care.

- A health professional commented on the clear records kept and provided by staff when required. This meant people received efficient and consistent care.