Ratan Care Homes Limited

Grove House Residential Care Home

Inspection report

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Date of inspection visit:
02 March 2017

Date of publication:
07 April 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this inspection on 2 March 2017 and it was unannounced.

Grove House provides care for up to 29 older people in Coventry. At the time of our inspection there were 23 people living at the service. Some people stayed at the service on a short term basis for rehabilitation, following discharge from hospital. Some people were living with dementia.

A registered manager was in post and had been for two years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous visit in February 2015 the service was rated as good overall. However, the service was rated as requires improvement in 'effective,' as mental capacity assessments had not always been completed for people who lacked capacity to make decisions. Also, people were not always referred to health professionals in a timely way.

At this visit we found that mental capacity assessments had been completed, however people had not been referred to the local authority for the appropriate assessments when their liberty may have been restricted. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. Consent was obtained before staff supported people with their care.

Staff had an understanding of what constituted abuse and knew what actions to take if they had any concerns. However, we found referrals had not always been made to the local authority safeguarding team, when there were concerns about potential abuse.

People were assisted to manage their health needs, with referrals to other health professionals where this was required. However, we identified referrals for some people continued to not be made in a timely way.

People received their medicines from staff who were trained to do so, and this meant their medicines were administered correctly. For medicines taken 'as required' (PRN), guidance was not always recorded to tell staff when people needed this. Medicines were not always stored correctly.

People told us they felt safe. Risks to people's safety were identified by staff and ways to manage and reduce these risks were documented to ensure a consistent and effective approach was taken.

Care records were up to date and contained information for staff to help them provide personalised care.

There were enough staff to care for the people they supported. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service. Staff received an induction into

the organisation, and they completed training to support them in meeting people's needs effectively.

People and relatives told us staff were caring and had the right skills and experience to provide the care people required. People were respected and supported to maintain their dignity. Staff encouraged people to be independent.

People had enough to eat and drink during the day, were offered some choices, and enjoyed the meals provided. Special dietary needs were catered for.

Some people had enough to do to keep them occupied and there were some social events arranged which people and their families enjoyed.

There were some processes to monitor the quality and safety of service provided to ensure staff were following the provider's policies and procedures.

People were given the opportunity to feedback about the service they received through surveys. Meetings for people and relatives were held.

People knew how to complain and told us they did not have any complaints. The registered manager was aware that complaints should be recorded and responded to in a timely way.

People, visitors and staff had positive views about the management of the service. Staff felt managers were approachable and if they raised concerns these would be listened to. There were some formal opportunities for staff to feedback any issues or concerns at team and one to one meetings.

Checks of the environment were undertaken and staff knew the correct procedures to take in an emergency.

We had received some notifications to enable us to monitor the service and the registered manager was able to tell us which notifications we were required to receive. The previous CQC rating was displayed in the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff had a good understanding of what constituted abuse, however, referrals had not always been made to the local authority to investigate concerns. People received support from staff who understood the risks related to their care. People received their medicines from staff who were trained and most medicines were administered correctly. However, some improvements were required around storage, and we could not be sure that people who needed PRN medicine would receive them consistently. There was a thorough staff recruitment process and enough experienced staff to provide the support people required.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. However, some people had not been referred to the local authority when there were concerns their liberty was being restricted. Staff were trained to ensure they had the right skills and knowledge to support people effectively. People were supported with their nutritional needs. Managers referred people to other professionals if additional support was required to support their health or social care needs. However, this was not always in a timely way.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and compassionate. Relatives told us staff were caring and respected people's dignity and privacy. People were encouraged by staff to be as independent as possible and were offered choices about how they spent their time.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their personal preferences. Care records contained information about people's likes, dislikes and routines. People enjoyed some activities and social events were arranged which people and their families enjoyed. The registered manager was aware that complaints should be recorded and responded to in a timely way. However had no received any complaints. People told us they had no complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were positive views from people, visitors and staff about the management team. Systems to review the quality and safety of service provided were not always effective in identifying issues and improving the service. People told us managers were approachable. There were opportunities for staff to discuss any issues or concerns at meetings. People living at the service had opportunities to feedback any issues by completing surveys and attending meetings.

Grove House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 March 2017 and was unannounced. We visited the service early in the morning following some concerns raised about the care at night. This enabled us to speak with night staff.

The inspection was conducted by two inspectors and an expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of care service.

Before our visit we reviewed information we had received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from relatives and visitors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had some information about the service in relation to Deprivation of Liberty Safeguards (DoLS) and in relation to updating some policies.

During our visit we spoke with six people and six relatives. We also spoke with three visiting professionals. We also spoke with nine staff including five care staff, the cook, a laundry assistant, the deputy team leader and the registered manager.

We reviewed three people's care records to see how their care and support was planned and delivered. We checked two staff files to see whether staff had been recruited safely and were trained to effectively deliver the care and support people required. We looked at other records related to people's care and how the service operated, including safety records and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

Staff told us they understood the importance of keeping people safe, however the correct actions had not always been taken to protect people. We found on some occasions people had not been referred to the local authority when there had been a concern about possible abuse. This meant we could not be sure allegations of abuse were being investigated correctly to keep people as safe as possible. For example, one person had a pattern of unexplained bruising and a referral had not been made to investigate this. We saw some further incidences of unexplained bruising for this person.

One person living at the service had caused harm to another person and there had been another incident of this nature involving two people living there. Both incidents occurred in a communal area. These incidents had not been referred to the safeguarding team for investigation. We raised this with the registered manager who told us some people living at the service had been upset witnessing these incidents, and had asked to leave the area as they felt frightened. However, they told us action had been taken to protect people and referrals had been made to other health professionals in relation to the person involved. They assured us they would refer all further incidents of this nature to the local authority safeguarding team. Following our visit we received confirmation that these referrals had been made.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Staff told us they had received training in safeguarding people. For example, staff told us they would be observant for signs that would indicate people felt worried or concerned. Comments included, "I would look for mood changes, any suspicious marks, not eating can raise alarm bells or residents' behaviour. I think you just have to look for anything that is out of the ordinary for that particular person."

Staff told us they would report their concerns to their managers and told us, "I know they would act on it, but if they didn't, I would go higher." Staff told us they could also report concerns to the provider and that they were approachable.

Staff were aware of what 'whistleblowing' meant (raising concerns about other staff if they witnessed poor practice). We saw posters were displayed which encouraged staff to raise any concerns. Comments included, "If there was anything I was concerned about and a resident was at risk, I would do what I have to do." Staff said they would not hesitate to report poor practice in the home, "I would tell [Managers]. I would say to the member of staff you have to talk with somebody about more training."

We looked at how medicines were managed and found they were administered correctly, however some improvements were required around the storage and documentation of these. One person told us, "I am given my medication on a regular basis and they never miss giving it to me." A relative told us that staff gave their family member medicine when they should.

We observed staff administering people's medicines correctly. Staff wore a medicine 'tabard' to show other

people when they were completing this task to reduce the risk of them being distracted, when an error could be made. We observed staff explained to people what their medicines was for. Staff only signed medicine records when they had observed that people had taken their medicines.

Some Medicines should be stored within specific temperature ranges, so it remains safe to use. Fridge temperatures were checked twice a day by staff, and we found the fridge had exceeded the required temperature for seven days in a period from February 2017 to March 2017. In February 2017, the room temperature had also exceeded the required temperature for six days. We raised this with the registered manager who told us this would now be addressed.

Medicines were stored in a locked trolley and the date of opening was recorded so staff could ensure they remained effective. Controlled drugs are medicines which required additional checks and storage. We found these were kept as required with the correct checks were completed. For example, two staff signed when these were given.

Some people had medicine 'as required' (known as PRN) for when they were in pain. People were asked if they required any pain relief and staff recorded the time this was given to ensure a safe gap was maintained between each dose. One person took PRN Oromorph, however there was no protocol in place for when this should be given and the person could not tell staff. We asked a staff member about this and they told us, "We give it when [Person] is in pain or distressed. We know when they are in pain because they whimper and their tone changes." Staff knew the signs that the medicine was required, however this was not recorded, so we could not be sure staff would give this to the person consistently. Some people used pain relief patches, however body maps completed to tell staff where these need to be applied onto people's skin and to ensure they were rotated, which meant that people may suffer unnecessary side effects.

Care records contained a photograph of people to reduce the risks of medicine being given to the wrong person. Many of the medicine administration records (MAR) were handwritten. A senior staff member told us this was due to the pharmacy not sending printed charts. We saw when these were completed by staff they were not always countersigned by a second member of staff to confirm the record was accurate. This increased the likelihood of an error being made. The registered manager told us this would be followed up with the pharmacy and whether MAR's could be pre-printed.

Senior staff who administered medicines had received training, and competency checks were carried out to ensure staff remained safe to do this. One staff member told us, "I have attended the medication training and I give painkillers." Staff told us this training gave them the confidence to give people their medicines safely.

Staff understood the potential risks when providing people's care and how to support people safely. One staff member told us, "Everybody is at risk of something, it is knowing the individual." Risk assessments were documented for areas such as falls, moving people and behavioural changes. Risk assessments were reviewed monthly or as people's need changed. For example, some people had risks related to their skin. Staff told us, "We make sure they have got their mattresses and cushions. We encourage them to relieve the pressure by getting them to stand and move."

Staff told us how to reduce risks when people walked, "Keep areas clutter free with no trip hazards. If they are a bit unsteady, we always accompany them." "Make sure they always have the buzzers in the lounge." "We go and make sure they have their frames near them so if they want to get up, the frames are there for them." One person was at very high risk of falls. A referral had been requested to a falls clinic, where specialist advice would be given. Care staff were to closely monitor them when walking and ensure they had

a Zimmer frame at all times. A falls evaluation sheet was completed after each fall and it had been identified that ongoing infections had contributed to their falls.

People told us they felt safe at Grove House and were happy with the care they received. Comments included, "I feel safe because there are people around me" and "I feel safe because if I need someone I ring my buzzer and someone comes." One person told us if they did not feel safe they would talk with the manager, who was approachable. One relative told us that their family member felt safer with two care staff supporting them, and two staff always did this.

Staff told us why people were safe at Grove House, "The carers we have got are very good, very caring carers. I have worked with most of them and you can tell by their attitude." "There is a good level of care. I don't find anybody trying to cut corners. If they need two carers (to walk safely), they always have two carers."

The provider's recruitment procedures minimised the risk of unsuitable staff being employed. Prior to staff starting work at the service, the provider checked their suitability to work with people who lived there. Background checks were obtained and references were sought. We checked two staff files and found the required checks had been completed. One staff member who had been recently recruited told us they had to wait for their Disclosure Barring Service check and references to arrive before they were able to start work. The Disclosure Barring Service is a national agency that keeps records of criminal convictions.

Most people told us there were enough staff available to meet their needs and at the times they preferred. One person told us, "Sometimes you have to wait 10 or 15 minutes, most times they come straight away, it's normally very good." Another person told us, "Staff stay long enough to look after my needs." One relative told us, "Yes I do there is enough staff. [Person] does have one or two issues with night staff. I think sometimes they ring the buzzer and they don't come quickly enough."

Staff told us, "The days are quite good. Sometimes on the evening shift, if something goes wrong it can set us back a bit, but it is never a problem." Another care worker commented, "Yes there is enough staff, it varies, some nights are busy but not always."

There were three part time care staff vacancies at the time of our visit. Agency staff were used occasionally however the registered manager told us they tried not to do this and if they did, this was usually during the day time. In the previous week one night shift had been covered by an agency worker and four day shifts.

Accidents and incidents were documented for each person and some analysis of these had taken place to identify any trends or themes which might prevent these from reoccurring.

Staff were aware of the procedures to follow in an emergency. For example, if the service required evacuation. Personal emergency evacuation plans were up to date and detailed people's care and support needs in the event of a fire. Fire safety audits and checks had been completed and fire drills, a recent one in February 2017. A fire evacuation book contained each person's plan, an evacuation register, map of premises and staff list.

Safety checks of the environment were completed such as gas safety, electrical, water testing and call bell checks. Equipment had been serviced to ensure it remained safe to use. Staff told us they checked equipment before using it. One care worker told us, "We check the hoist is in working order and the slings are in good condition. We check them for wear and tear," and "We check the sling to make sure there are no rips or tears and we always make sure the hoist is charged."

Requires Improvement

Is the service effective?

Our findings

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 Act 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met.

At our previous inspection we found mental capacity assessments had not always been completed correctly. At this inspection, assessments had been completed, however we found seven people living at the service who may be being deprived of their liberty, and the required applications to assess this had not been made. For example, one person lacked capacity to make a decision's around the type of food they could eat, due to a health condition. The person frequently asked for a particular food but staff would not allow them to have it. There had been no best interest decision or a least restrictive option considered around this decision.

Another person lacked capacity to make a decision around leaving the service safely, however repeatedly asked to go 'home' and we observed they did this during our visit. We were aware of other people who lacked capacity, were under continual supervision of staff and were not free to leave the service, however no applications had been made for these people to a 'Supervisory Body' to assess whether their liberty was being restricted. We asked the registered manager about this and they told us this was something they were considering and they had listed people who this might be relevant for. The registered manager told us, "I have done all the MCA assessments, it's a grey area. I should have done a DoLS assessment for each person." They were not always clear when an application was required for DoLS. Following our visit they confirmed that they had made applications to the local authority for all the people we identified.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Staff had received training in relation to mental capacity and told us they understood what this meant and the implications for people. Comments included, "A few people do (lack capacity) and a few don't. Most have capacity for everyday decisions, but not major decisions." Staff understood that people's capacity could fluctuate, "An infection can alter someone's way of thinking. They behave differently so their capacity is different. Medication can also affect a person's judgement."

Staff sought consent from people before supporting them with care. We observed people being supported by staff with their medicine, and their consent was obtained. Consent forms had been completed by people

where they were able to consent, for example to photographs being taken.

Staff told us actions they would take if a person refused support with their care. Comments included, "You can't force them. Go on to something else and then come back with a different approach. Moods can be changeable. They may feel different later in the day," and "I wouldn't force them but I would try and persuade them."
Do not resuscitate forms (DNA CPR) were completed on people's care records. We saw these had been completed correctly and people had been involved in making decisions about this.

People told us they were happy with the care they received at Grove House and staff had the skills and knowledge to meet their needs. One relative told us, "We are very pleased here, we have grown more and more confident about the care." A professional said they felt people were happy with the care at the home and liked the food. However, one relative told us that some staff were good, but not always the night staff or some agency staff who were not always as responsive.

Staff received an induction when they first started working at the service. One care worker who usually worked at night told us, "I was shown around the home, I worked on a day shift and I 'shadowed' (worked alongside other staff). Training included manual handling and fire but I have done loads before." Another member of staff told us the induction gave them confidence to be effective for their role, "I came in and shadowed one of the carers for two shifts. I was always working closely with a senior member of staff until I found my feet and got to know people."

Overall people told us they felt staff were trained and competent to do their jobs. However one relative commented, "Sometimes a few of the staff do not know what they are doing, it's mainly some agency staff."

Staff received training suitable to support people with their health and social care needs. Staff comments included, "It is good. You can't fault the training," and "It is nice because we talk about personal experiences and the trainer will give examples which help you remember it more." Another staff member told us, "There is some done at Lamb Street, but we have a man come in to do the majority of the training. Fire training is cool because you get to practice with the extinguishers, so we are all really good with that."

Some staff had received training in supporting people with dementia. One care worker told us, "There are so many different types of dementia and if you can understand the different types you can understand the person better." Training was planned for staff to attend in March 2017 for 'equality and diversity' and in May 2017 for nutrition. The registered manager was completing further training in health and social care at NVQ level 7. One staff member told us the registered manager was encouraging them to take further qualifications also.

A 'handover' meeting was held each day as the staff on duty changed where information was shared by staff about people's health or well-being, so people could be supported consistently. In relation to changes in people's care needs one staff member told us, "You get to know the person and you notice any deterioration. I make [Manager] aware first, and it would be discussed in handover."

People's nutritional needs were met with support from care staff. Positive comments included, "The food is good and we have a choice" and "I have no complaints at all about the food." People told us there were plenty of drinks. One person told us they liked a certain food, but previously the home had run out, so the registered manager sent someone out to get this for them.

The meal time experience was positive for people. Condiments, tablecloths and flowers were on tables and

music played in the background. Staff served people efficiently, and were attentive to their needs. We saw staff talking to people sitting, at their height, so people could hear them clearly.

Food menus were rotated every four weeks to ensure variety. The cook told us, "We have a very good range of food, we get fresh fruit and veg." People were offered two choices and the cook told us alternatives would be provided on request. We observed them speaking with people individually in the morning to obtain their food choices for that day. On the day of our visit, one person was given an alternative dessert they particularly liked, on request. Snacks and drinks were available throughout the day and staff told us they could access food for people at night if they were hungry.

People who had special dietary needs to maintain their health were supported and staff had a good knowledge of their nutritional needs such as people who were diabetic, people with allergies and people who required a softened diet. For people who required a fortified diet, the cook was able to tell us about this, for example one person was given larger portions and 'full fat' options for their meals. Other people had special drinks to increase their calorie intake.

People were supported to manage their health conditions and mostly had access to professionals when required. One person told us, "The doctor, chiropodist, optician and dentist visit." One relative told us, "[Person] had a fall, their response was very good, they rang me, they had an infection, the GP has seen them, they were very good with the communication." Staff told us that if people were unwell they were referred to the doctor 'straight away'.

A visiting professional said they had no concerns about the service and told us, "It's very good, it's one of the better homes." They told us the registered manager had identified that sometimes communication between staff about people's mobility needed to be improved, so a chart with people's mobility status was now displayed. Information was documented for each person should they be admitted into hospital. This meant hospital staff would be aware of their individual care and support requirements.

Some people had not been referred to professionals in a timely way. One person was on a food and fluid intake care plan from May 2016, where staff were instructed to weigh them monthly and report any concerns. The person was assessed as being at 'high risk' of malnutrition. In July 2016 their weight had been recorded as 50.55kg. Their weight had decreased gradually to 39.7kg by February 2017. Staff had weighed them monthly and recording this, however a referral had not been made to the dietician for support until January 2017. We discussed this with the registered manager who agreed that the referral should have been made sooner and that they tried to refer people as quickly as possible.

Good

Is the service caring?

Our findings

People told us staff were kind to them and caring. One person told us, "I am very happy. They are all very good and friendly." Comments from relatives included, "I love it here, we looked long and hard, we saw some nice homes but they had a clinical atmosphere, it's friendly and nice, very good," and "The home has a lovely feel to it. All the staff are lovely with the residents and it feels like their home."

Professionals told us staff were friendly and approachable. One professional told us, "[Person] is always well presented, I get the sense people are treated with dignity and respect." They went on to say that whilst staff were busy, they found them to be very accommodating to people as well as visitors.

Staff told us a lot of the people who stayed on respite at the service said they would like to come back permanently. Other staff comments included, "I couldn't work anywhere there wasn't a caring atmosphere," and "Your heart has got to be in it. You need to be a caring person to work in a care home." One staff member told us that what many people wanted was 'someone to hold their hand and give them a hug sometimes,' and that is what they did.

Staff understood they needed to adjust their communication styles to ensure people could understand them. One staff member explained, "We just make sure we explain everything well, make sure they can understand and wait for a response." Photos of staff were displayed in the entrance to the service so visitors would be able to recognise and identify the staff.

During our visit we saw lots of visitors in the home which generated a social atmosphere. Staff were cheerful and welcoming and appeared to communicate well with each other. We observed one member of staff sitting with a person in their bedroom. They were chatting with the person but at the same time encouraging them to drink their tea.

People made choices about how they spent their day. There were different areas of the home where people could choose to sit.

We observed staff supporting people with kindness during our visit, being respectful and encouraging to people. There were occasions where knowledge of the person and their preferences were displayed. One staff member explained they originally came from the same local area as one person, and this gave them something in common to chat about. For people's birthdays, the cook baked cakes and a buffet tea was provided to celebrate this.

People's rooms were individualised, contained their own personal items and people were encouraged to make these comfortable to suit their needs and preferences. One relative told us, "The carers speak a lot with [Person] especially now that we have put their photos up. They ask them about their family." During our visit we saw some people had their bedroom doors open and others had them closed, depending on their preference. Staff knocked on people's doors and waited before entering.

Staff supported people ensuring their privacy and dignity. One staff member told us, "Some people will go in the toilet and leave the door open and I say 'I'm just going to close the door'. Sometimes they don't want it shut, so I stand outside to keep other people away." One professional told us that staff made sure people's privacy was upheld should they need to speak with someone, or provide them with any treatment. However, in one instance we saw one person described on a care record as 'naughty' for trying to eat some food. We raised this with the registered manager who agreed that this was not a respectful way to describe this person and they would address this.

People were encouraged to keep in touch with their families and there were no restrictions on visiting times. One relative explained they visited the home regularly with their dog and their family member enjoyed this. Other relatives told us, "I've been offered food, cups of tea, [Person] loves it, they really like the food and they can be critical about food," and "We can come and visit at any time and the staff make us welcome".

People were encouraged to be independent and to care for themselves where possible. One person told us, "I am supported to be independent; when I take a bath the carer might wait outside, and let me have a nice soak. I know they keep peeping in to make sure I am okay." Staff told us, "People don't like to feel they have lost their independence, but we find a way to support them."

Good

Is the service responsive?

Our findings

People spoke positively about the care they received. One person told us, "If I want something they (staff) will try to get it for me. They are very good, the best I have had."

People were assessed before coming to the service to ensure that their care and support needs could be safely met. The registered manager told us that they ensured people would be compatible with other people living at the service as much as possible, otherwise there could be a negative effect on everyone from this.

Information was obtained about people's family histories, likes and dislikes from people and their families. One person told us, "The staff know my likes and dislikes, especially when it comes to what I like to eat." Care records contained information about routines and preferences. We saw information about what was important to people and people were involved in writing their care plans.

Care records were 'person centred' and contained information which enabled staff to get to know people. Staff told us about people and their backgrounds and this showed us they knew people well. For example, staff told us about the work one person did during the war. Staff knew it was important to know about people in order to respond to their social and emotional needs. One staff member told us, "That memory is what has made them a person, their experiences. It is their past and their life. It gives you an insight into people. It makes them who they are." Other comments included, "It is knowing people on a personal level. It makes them feel more comfortable and know that you are not just there to do a job and go, but that you are interested in their life."

Care records were divided into specific areas such as support with personal care, sleep and communication. Records were detailed and up to date. A folder contained key information about people, which was a 'snap shot' of information staff could refer to, which told them all about the person. One staff member told us they found this particularly useful. For example, one person's information stated, 'I can sometimes forget my frame, so if you see me without it, please get it for me' and 'Please take time to explain things to me.'

For one person who became anxious at times, there was no care plan in place about how their behaviour could be managed or what actions staff should take to distract them or provide reassurance. However, we saw the doctor had been involved and the person had been referred to a memory clinic for further support.

Care records had been reviewed where people's needs changed. Relatives told us they were involved in reviews and changes to people's care. One relative said, "They always contact us if there is anything wrong, they keep us up to date." Another relative told us, "[Person] was not eating so they did a food chart so that we knew what was happening." They went on to say the person was now eating a lot better.

People told us there were some activities to keep them occupied; these were mostly in the afternoon. An activities co-ordinator worked four days a week. One relative told us, "There is bingo, keep fit, we have been involved in bonfire nights, they invite the families. They are really friendly and it is a pleasure to come in." Other relatives told us "We are always invited to take part in events, there is always some activities going

on." An exotic animals afternoon had been arranged previously which people told us they had enjoyed. Social events such as a summer fete had been organised and a pantomime at Christmas. The registered manager told us there were quizzes, skittles, people had their nails done and massages were offered.

Staff told us they spent time chatting with people. One staff member said,, "It is nice just to sit and have a talk because sometimes people don't get visitors." Another staff member told us that a lot of people chose not to be involved in activities, "We have activities mainly in the afternoon, but we do try to do activities during the morning also but often they don't want to."

We looked at how complaints received about the service were managed by the provider. People told us they would not have a problem in complaining. Comments included, "I have no problem raising a concern to the manager," and "I did complain before about a night carer rushing to put me to bed, the manager made enquires to other residents and many had similar incidents with the same carer, she said that no resident should be treated like that, and let the carer go, the carer did come and apologise to me before they left."

Relatives comments included, "We've had no complaints, [Person] used to have a small room upstairs and we asked for a better room, this was arranged." Relatives told us staff were approachable and staff confirmed they would support people to make a complaint.

A copy of the provider's complaints procedure was displayed. The registered manager told us no one had made any formal complaints. We were not aware of any, however we discussed with the registered manager that any concerns should also be documented, with actions taken to address these. One person told us they had raised a concern about some agency staff previously and staff not always being available. They told us that this had been addressed by the registered manager. A comments book was kept in a communal area, however this did not contain any comments. Several compliments had been recorded.

Requires Improvement

Is the service well-led?

Our findings

Although people were positive about the management of Grove House, we could not be sure the management team understood the legal requirements and their responsibilities to protect people. We found that applications had not been made to the local authority when there were concerns people were being deprived of their liberty. The registered manager was aware of this requirement and had intended to do this, however it had not been actioned, which meant some people could be being unlawfully deprived of their liberty.

The correct actions had not been taken by the management team to protect people where there had been concerns about potential abuse. Although people had been supported by other health professionals, investigations had not always been carried out by the local authority safeguarding team, which meant people could have remained at risk from abuse and improper treatment.

People and their relatives were positive about the management of Grove House. Comments included, "I would not like to be anywhere else," and "[Registered manager] and [deputy manager] are both brilliant, they keep us well informed. They are both very approachable." Relatives told us there was always someone available to answer calls if they telephoned to enquire about their family member.

Health professionals told us it was a well - run home. One professional told us, "We knew [Registered manager] when they were a deputy, it is nice to see them progress."

The management team consisted of the registered manager, the deputy manager and the provider. Staff told us they felt supported by the management team, one staff member said, "The office door is always open and I find it really easy to talk to the managers." Staff told us they enjoyed working at Grove House and one staff member told us, "It's nice, I do enjoy it," and "We all get on, we all gel."

Staff felt there was an open culture in the home and said if anyone made a mistake they said they would 'hold their hand up' straight away. Staff described the registered manager as 'understanding'. A staff member told us, "I get on alright with [Registered manager]. If you are straight with them, they will be straight with you. If they have got an issue, they let you know. They are fair."

Staff told us they felt the standard of care provided was high. Staff members told us,"This is one of the better homes," and, "I genuinely think it is a really good home." Another staff member told us in the past it has been the paperwork that had sometimes let them down, but they felt this had improved.

The registered manager had a detailed knowledge of each person's physical, mental and emotional needs. They sometimes worked alongside care staff and told us, "I feel as a manager you should do care work. I strongly believe you can't know about a person if you haven't cared for them yourself."

Staff had formal opportunities to meet at team meetings. Staff told us, "We have senior meetings and staff meetings. They are informative. If we have any issues it will be brought up and written down and sorted out."

Staff meetings were three monthly with senior staff meetings held monthly. At one meeting in November 2016, staff had discussed delegation of tasks and paperwork. In December 2016, they discussed installing a new call bell system and checking medication. A meeting has also been held with night staff where staffing levels were discussed. Staff had an opportunity to discuss ideas for improvements.

Staff told us they received regular one to one meetings (supervision) with managers. One staff member told us about this, "They are beneficial because if you have got any niggles, you can always bring them up," and "I think they are useful because they will ask if you have something to express and it is nice to know how you are doing as well." Appraisal meetings were held annually and gave staff the opportunity to review their roles, and look at their training needs and goals.

People had an opportunity to feedback about the service and meetings took place for people and their relatives. One meeting had been held in October 2016. People discussed meals and upcoming events, and suggestions were followed up by the registered manager. A newsletter was produced and displayed with information about activities and any changes at the service.

Questionnaires had been sent out in 2017 to obtain some feedback about the service and 16 responses were received. Positive comments included, that people felt welcomed, were happy with and involved in the care and knew who to talk with if they had any concerns. Negative issues raised were that communication could be better, and there was one concern about some damaged laundry. One person raised a concern that a health issue could have been attended to more regularly by a visiting health professional and this was followed up by the registered manager.

A resident's monthly survey in January 2017 showed mainly positive comments. One negative was that staff did not always return to people when they said they would, and people did not think they could ask for food at night. There was a negative comment in November 2016 about agency night staff. The registered manager told us all the issues raised had been discussed with people and addressed.

The registered manager completed quality assurance checks to ensure that staff were following policies and procedures. These were of care plans, medicines and of staff practice. Checks were also carried out during the night and the last check completed was in February 2017. Other observations had been completed in February 2017 of staff practice when moving people. The registered manager told us when they had completed these checks they had not found any concerns. A new system was being introduced which would enable them to monitor the call bells and the time it took to answer these.

The registered manager told us about the service and what they were proud of. They told us they were proud of getting some paperwork in place and getting on well with families. They told us they had an 'open door' policy at the service, and welcomed people.

Staff felt there had been improvements in the environment recently. The home was being refurbished and en-suite bathrooms added to some rooms with decoration planned for the dining room.

A staff member told us, "It is getting improved all the time. Rooms are getting decorated and bedrooms refurbished. It is a lot brighter and a lot more homely as well." The registered manager told us they were recruiting some more part time staff which would give them a bit more flexibility with staffing levels. A website was also being developed. The registered manager told us about some challenges for them and these were around better delegation to staff.

The local authority commissioning team had visited the service earlier in the week of our visit. The registered

manager told us they had identified that DoLS had also not been completed and suggested they improve the complaints policy, as the current one was more formal. They had also suggested they update their safeguarding policy which the registered manager intended to do.

The provider understood their responsibilities and the requirements of their registration. They were aware what notifications they were required to send us, such as serious injuries, safeguarding and changes in management. The provider had displayed their ratings of our last inspection.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users must be protected from abuse and improper treatment. Systems and processes must be established and operated effectively to prevent abuse of service users. A service user must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.