

Soundpace Limited

Groveswood Residential Home

Inspection report

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30 October 2017

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of Grovewood Residential Home on 26 and 30 October 2017. The home provides personal care and accommodation for up to 32 people and 29 people were living there at the time of our visit. The home is in a residential area of Rock Ferry within walking distance of local shops and public transport.

We last inspected Grovewood on 6 and 8 September 2016 when we found that the service was good in four of the five key questions. At that inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014 because the home was not fully compliant with the Mental Capacity Act 2005.

During 2017, CQC received a number of concerns about Grovewood. On 18 October the provider informed us that the registered manager was currently not working at the home pending an investigation. Two other staff were suspended. The deputy manager was standing in as acting manager.

During this inspection we found breaches of Regulations 11, 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014

The home had six double bedrooms. We spoke with two people who were sharing a room with other people. Neither could not tell us who the person was that they shared with. One person complained about the person they were sharing with and the other said it was "another patient".

When we looked at their care plans we found no written consents to sharing a bedroom, and one person's care notes recorded that they liked their own space. Some shared rooms had no privacy screen and the privacy screens in other rooms were dusty, which suggested that they were not used regularly.

On the first day of our inspection there was no cleaner on duty. We saw a very dirty toilet in the en-suite of one of the shared rooms. We saw an overflowing bin in one of the bathrooms. This had no lid and there were used paper towels all over the floor. Carpets needed vacuuming. One shared bedroom was cluttered with far too much furniture which resulted in the fire exit being blocked.

We saw a number of areas that were not adequately maintained. For example a broken window blind in a bathroom; a bedroom with no curtains; an en-suite toilet cubicle that was smelly and the extractor fan seemed not to be working; two toilets without seats; poor carpets in some bedrooms; and rotting window frames at the back of the property. The laundry room was in the basement. New washing and drying machines had been provided but the floor and walls needed attention so that they could be cleaned thoroughly.

Medicines records indicated that people received what was prescribed for them. However, there were some areas where improvements were needed. The medicines room had no hand washing facilities and had an

extractor fan that was very dirty. Handwritten entries on medication administration sheets were not always signed, although most were. There were no administration protocols for medication that was prescribed to be given "as required". This meant that as required medication may not be given consistently. When we looked at stocks of controlled drugs and controlled drugs records, we found two discrepancies involving small quantities.

The acting manager told us that all staff were well trained, but training records had not been maintained to provide evidence of this. Staff supervision and appraisal records were out of date.

We asked to look at staff files for new staff who had been recruited since our last inspection. The deputy manager told us that files were not in place and she was sending for information, including references and a criminal records checks, which should have been in place before the staff started working at the home.

There was a range of quality assurance systems in place to assess and monitor the quality and safety of the service. These had mainly been completed monthly by the registered manager but had not been effective in identifying areas needing improvement which we found during our inspection. We were concerned about the amount of work the deputy manager was currently having to undertake.

Everyone we spoke with was very happy with the care that people received, with the meals provided, and with the social activities available. Satisfaction questionnaires had been sent out in June/July 2017 and returned positive comments. People told us that their dignity was upheld when personal care was provided and that staff were kind and caring.

Care files contained information about people's needs, decision making ability and preferences. Care plans contained good person centred information. From the care files we looked at, we saw that people's support needs and risks to their health, safety and well-being were assessed and planned for. Records confirmed that people had prompt access to healthcare professionals as required. Deprivation of Liberty Safeguards had been applied for when people's capacity to make decisions was in doubt.

The acting manager and the providers expressed their commitment to improving the service and told us that the staff team were very supportive.

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.

The required checks had not been carried out before new staff were employed.

Medicines records indicated that people received what was prescribed for them, however improvements were needed in some areas of medicines management.

There were enough care staff on duty to meet people's needs. The home employed only one cleaner and on the first day of the inspection there was no cleaner on duty and parts of the premises were not clean.

Risk assessments in relation to malnutrition, moving and handling, skin integrity, falls and the person's emotional health were recorded in people's care files with management plans in place for staff to follow. Accidents and incidents were recorded and, where appropriate, actions had been taken.

Staff received regular training in the safeguarding of vulnerable adults and had felt able to report their concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff training records had not been maintained since our last inspection which meant we could not check if everyone's training was up to date. There was a system of staff supervision and appraisal, however we found no records of these being done since our last inspection.

There were no records to show that when people shared a double bedroom, this was by choice.

Parts of the premises were not well-maintained.

People's mental capacity was assessed and Deprivation of Liberty Safeguards had been applied for as needed.

Requires Improvement ●

Everyone we spoke with was happy with their meals and said they had plenty of choice. We observed that people received the support they needed at lunchtime.

Is the service caring?

Good ●

The service was caring.

People told us that the staff were very kind and considerate. Interactions we observed between staff and people who lived at the home were friendly and caring.

People were supported to maintain a good standard of personal care.

There were no visiting restrictions and visitors said they were always offered refreshments.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care files contained information about the person's needs and preferences and their life histories. They were written in a person-centred style and were sufficient in content to enable staff to look after the person in the way they preferred.

A varied programme of social activities was provided and people appreciated and enjoyed the activities.

People told us they would feel confident to make a complaint, however action had not been taken to update the complaints procedure following our last inspection.

Is the service well-led?

Requires Improvement ●

The registered manager was not currently working at the home pending an investigation. The deputy manager was currently fulfilling the roles of manager, deputy, and administrator as well as providing hands-on care. We were concerned about the workload of the deputy manager and the volume of record keeping that needed to be brought up to date.

The registered manager undertook a range of monthly audits to monitor the quality and safety of the service. The audits had not identified or addressed concerns that we found during the inspection.

The providers told us they planned to implement an electronic

information system in the near future to give them better oversight of the service.

Groveswood Residential 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.

This inspection took place on 26 and 30 October 2017 and was unannounced on the first day. The inspection was carried out by an adult social care inspection manager 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 service.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the registered manager since the last inspection. During the inspection we spoke with six people who lived at the home, five relatives, four members of staff and two providers.

We looked at communal areas, some bedrooms and bathrooms, and the laundry. We looked at a range of records including three care records, medication records, staff files and training records, premises records, health and safety and records relating to the quality checks undertaken by the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe at all times. One person said "I feel really safe here as I have no family of my own." All of the relatives we met were happy that their family member was in a safe environment. One relative said "Definitely safe here. She was having falls at home and I worried all the time."

All of the people we spoke with felt there were enough staff on duty day and night. All said they had their call bell answered very promptly. One person told us "The staff are very good and come right away when I ring my call bell, night or day." A visitor said "There's always plenty of staff and if dad rings his call bell they are here right away."

We asked to look at staff files for new staff who had been recruited since our last inspection. The deputy manager told us that files were not in place and she was sending for information, including references and a criminal records checks, which should have been in place before the staff started working at the home. This meant that they could not be sure that the people working at the home were suitable to do so.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19 because the provider had not ensured that robust recruitment procedures were followed including the relevant checks.

The home had a fire risk assessment that had been written in 2014 by the registered manager and the previous proprietor. We did not see evidence that they were persons 'suitably qualified' to carry out an assessment of this complex building. Annual review dates had been recorded but we saw no evidence of any checking or updating of the fire risk assessment. One bedroom we visited was significantly over-furnished which resulted in the fire exit door being blocked. We brought this to the attention of the provider who said they would take urgent action.

People's care files contained personal emergency evacuation plans (PEEPs) to provide staff and emergency personnel with information about the support the person would need in an emergency. We discussed with the deputy manager that, in case of emergency, the PEEPs would not be readily available for emergency personnel and she took immediate action to make this information more easily available.

The home did not employ a maintenance person, however the deputy manager told us that a maintenance team was on-call to attend to any repairs needed. Up to date certificates were in place for the maintenance of equipment and services. However, in the absence of the registered manager, regular in-house safety checks had not been recorded recently.

The home employed only one cleaner and they were not on duty the first day of this inspection. Parts of the home were not clean. For example, we saw a very dirty toilet in the en-suite of one of the shared rooms. We saw an overflowing bin in one of the bathrooms. This had no lid and there were used paper towels all over the floor. Carpets needed vacuuming. The laundry room was in the basement. New washing and drying machines had been provided but the floor and walls need attention so that they could be cleaned

thoroughly.

Medicines records indicated that people received what was prescribed for them. The medicines were stored in a locked room in locked cupboards at a safe temperature which was checked regularly. However, there were some areas where improvements were needed. The medicines room had no hand washing facilities and had an extractor fan that was very dirty. Handwritten entries on medication administration sheets had not always been signed, although most were. There were no administration protocols for medication that was prescribed to be given "as required". This meant that as required medication may not be given consistently. When we looked at stocks of controlled drugs and controlled drugs records, we found two discrepancies involving small quantities.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014: Safe care and treatment.

We looked at staff rotas which showed that there were enough care staff on duty to meet people's needs. Currently some shifts were covered by agency staff. The deputy manager told us that the staff team were very flexible and were willing to cover for each other. Day staff worked until 10pm when most people were settled in bed so that if agency staff were needed she preferred to use them at night. The home employed only one cleaner and on the first day of the inspection there was no cleaner on duty and parts of the premises were not clean. The deputy manager and the providers told us that recruitment was taking place.

Risk assessments in relation to malnutrition, moving and handling, skin integrity, falls and the person's emotional health were recorded in people's care files with management plans in place for staff to follow. These had been reviewed regularly. Accidents and incidents were recorded and, where appropriate, actions had been taken.

The provider had a policy for identifying and reporting safeguarding incidents. Staff received regular training in the safeguarding of vulnerable adults and had felt able to report their concerns. One of the people who lived at the home had made a safeguarding allegation and we saw that this had been responded to appropriately.

Is the service effective?

Our findings

People we spoke with considered that staff were correctly trained and had the skills needed to support them. The deputy manager told us that nearly all of the staff had a national vocational qualification. We saw evidence that staff completed a programme of training on-line and had practical training for fire safety, moving and handling and first aid. However, staff training records had not been maintained since our last inspection which meant we could not check if everyone's training was up to date. There was a system of staff supervision and appraisals, however records had not been maintained and we found no records of these being done since our last inspection.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18 because the provider had not ensured that staff received the support needed to carry out their role.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments were included in people's care plans. Some of the people who lived at the home had a DoLS in place and other applications had been made and acknowledged by the local authority. We looked at three people's care files and saw that people's mental health and ability to consent decisions had been considered in the planning and delivery of their care.

There were six shared bedrooms. At our last inspection we found no evidence that people had formally consented to sharing a bedroom; that they had the capacity to consent to such a decision; or that a sharing agreement was in place. The deputy manager told us that people only shared a bedroom by choice, however this was not confirmed by two people who we spoke with. One person said they did not know who slept in the other bed, they said it was "another patient". A second person told us that the person who shared with them had been unpleasant to them.

We were particularly concerned about this as the two beds were very close together. Also, when we looked at the person's care plan it recorded that they "liked their own space". We discussed this with the provider who agreed that one of these people would be offered the opportunity to move to a vacant room without delay. Two shared rooms had folding portable privacy screens, but these were dusty which suggested that they were not used regularly. Two other shared rooms had no privacy screen or curtain.

These examples were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014: Need for consent.

The provider told us that, in the future, they intended to extend the premises and alter the shared rooms into single rooms. They had plans to refurbish and upgrade the home and some work had already been done, for example replacement of carpets in communal areas and a new washing machine and tumble drier in the laundry. We saw a number of areas that were not adequately maintained. For example, a broken window blind in a bathroom; a bedroom with no curtains; an en-suite toilet cubicle that was smelly and the extractor fan seemed not to be working; two toilets without seats; poor carpets in some bedrooms; rotting window frames at the back of the property; a bed headboard stored in a bathroom next to the toilet.

These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

Everyone we spoke with was happy with the meals provided. A relative said "Dad's put weight on since coming into the home and he always tells me he's enjoyed his meal." Another relative said "The food always looks good and smells nice. There always seems to be an excellent choice on the black board." Two people who lived at the home told us "The food is very good. There is always plenty of choices. I am very fussy but I always get something I like." and "I love the food. I am picky but there's always a good choice and always an alternative. Its excellent quality – can't fault it." A third person said "The chef comes to my room and asks me each day what I want. The food is always good." People also considered that they got plenty of snacks and drinks throughout the day and a milky drink in the evening.

We observed lunch being served. Most people sat in the dining room at the tables. The meals were well-presented, smelled nice, and people appeared to be enjoying what they were eating. We saw attention to people's individual needs. There were varying size portions depending on people's appetite. Staff encouraged people to eat and one person had support to eat their meal. One person had a plate-guard which worked effectively. Another person was served first because staff were aware that they would get up and walk away if their food wasn't there straight away.

Is the service caring?

Our findings

All of the visitors we spoke with said the staff were very kind and considerate to their family member. One said "They treat my Mum very kind considering she can be quite difficult at times." One person who lived at the home said "They staff are great. I could not ask for better. The Queen couldn't get better looked after than I am." Another person said "The staff are all very kind, I love them all." And a third person said "It's good quality because I am well looked after and have a good laugh with the staff."

All of the relatives we spoke with said their family member was treated with dignity and respect. A person who lived at the home told us "My dignity is respected at all times. I have to have bed baths and never feel any embarrassment. I don't mind male or female carers." Another person said "The staff help me wash and dress and always do this with my dignity in mind. I do mind who assists me, I always want a female carer and always get a female."

Visitors said that their loved ones always looked clean and tidy. One visitor said "My Dad looks 100% better than when he was at home. He's always shaven and clean."

The relatives we spoke with all considered that their family member had a good quality of life. One relative said "Mum's quality of life has improved 100% since moving here. She now has far more good days than bad and it was the other way round when struggling at home on her own." Another said "Dad's quality of life has improved tremendously just in the four months he's been here. He had given up on life at home but he's now more like his old self and happy when we visit."

We observed interactions between staff and people who lived at the home in all of the communal areas. All members of staff supported people in a friendly, caring way and made physical contact – holding hands, an arm round their shoulders, always greeting with them by their name. The staff were patient and kind when dealing with repetitive questions. It was evident that the staff were very familiar with each person's likes and dislikes. There was a lot of banter between members of staff and it was clear that they enjoyed working together. A member of staff told us "I decided to come and work here because people have choices, they're not regimented."

There were no visiting restrictions and visitors said they were always offered refreshments.

A service user guide was available on-line to give people information about the home. At the time of our inspection, no paper copies were available but one of the providers said they would make some available.

Is the service responsive?

Our findings

The visitors we spoke with said they had never had a reason to complain but they would not hesitate to complain if they needed to. People who lived at the home said they would tell the staff if they had a complaint. They considered that staff listened to them and acted on what they said. One person told us "I like the peaceful lounge because I like my own company and the staff respect this."

Some relatives said they had been involved with care plans and all knew the names of the staff and the jobs they undertook. Two people who lived at the home said their families were dealing with their care plans and they were happy with this. Another person said Social Services sorted this out. One person told us they were actively involved with their care plan.

People felt they got the right medical care and had a visit from their doctor when needed. Relatives said they were kept informed if their relative had required a doctor or had a fall.

We looked at the care files for three people who lived at the home. These contained information about the person's needs and preferences and their life histories. Care records showed that people's care and support needs were assessed before they went to live at the home to ensure that the service would be able to meet their individual needs. The care plans were written in a person-centred style and were sufficient in content to enable staff to look after the person in the way they preferred. They had been kept up to date with regular reviews.

One person said "I take part in all the activities, I love [activity organiser's name] and all she does for us." We spoke with the activities coordinator who was passionate about her work and the people she supported. We observed an activity session in the conservatory during the morning that 13 people actively participated in. In the afternoon, eight people sat round a large dining table and all took part in making cakes. The activities coordinator told us that she arranged for entertainers to come into the home a couple of times a year, also children from local nursery groups. She also supported people with individual trips out for shopping and recreation.

The home's complaints procedure was not displayed but a copy was printed out for us. At our last inspection we reported that the complaints procedure did not give clear information on who people should contact in the event that they wished to make a complaint. For example, there were no contact details provided for the manager, the provider and no reference made to the Local Authority Complaints Department or the Local Government Ombudsman. This had not been addressed but following the inspection it was addressed quickly by the provider.

The registered manager kept a complaints and compliments folder that contained evidence of complaints and compliments received. The records had not been maintained in any kind of order but there was some evidence to show that complaints had been addressed.

Is the service well-led?

Our findings

All of the people we spoke with knew the deputy manager and said they knew her because she came round and chatted to them. All said she was approachable and all felt she would act if they made a complaint.

One person we spoke with was having a temporary stay at the home. They told us that the whole atmosphere in the home had changed and it was now a friendly place to live. Another person said "It's a very good atmosphere at all times. I am very happy living here. I know all about the staff and their families and they all treat me lovely."

Visitors told us "You can have a laugh and joke with the staff. Nothing is too much trouble for any member of the staff, they are wonderful."; "It's a very homely feel and the staff are very welcoming at all times."; "The staff are always trying to get residents to participate in activities. The home is usually very calm and peaceful."; "Everyone seems to be happy and it always feels calm." and "It always seems peaceful. The staff make the homely atmosphere for the residents to enjoy."

Three of the visitors we spoke with had attended a relatives meeting and felt they were listened to. They had also completed a satisfaction questionnaire. Three people who lived at the home said they had not attended a resident meeting but one person said "I always attend residents meetings, they are for our benefit to say how we feel."

Before this inspection, the provider had informed us that the registered manager was not currently working at the home pending an investigation. The deputy manager was currently fulfilling the roles of manager, deputy, and administrator as well as providing hands-on care. We were concerned about the workload of the deputy manager and the volume of record keeping that needed to be brought up to date.

The deputy manager reported that the provider was visiting regularly and giving support. The providers told us they had established good communication with the staff and were receiving "overwhelming" support from the staff team. No staff meetings had been held but one of the providers told us they had spoken with groups of staff but this had not been recorded.

The registered manager undertook a range of monthly audits to monitor the quality and safety of the service. This included audits of care planning, medication, accident and incidents, infection control, and health and safety audits. The audits had not identified or addressed concerns that we found during the inspection.

We asked to look at the provider's development plan for the home. The plan, dated April 2017, was very brief and generalised. We discussed with provider that the plan needed to be more specific and measurable so that improvements could be monitored. The providers said they were disappointed that an electronic information system had not yet been implemented in the home. This should progress soon and would enable them to have better oversight of the service.

These are breaches of Regulation 17 of the Health and Social Care Act 2008: Good governance

The deputy manager had carried out a satisfaction survey in June/July 2017. The replies received had not been collated but the completed forms were available to look at. There were many positive comments from relatives including "I always find the staff friendly and approachable and they seem to have a good caring ethic."; "Staff always let me know how mum is doing and highlight if there have been any problems."; "I believe staff do a wonderful job" and "Mum is always clean and safe, never thirsty, staff always talk to her and listen." Two people had indicated they were not aware of the home's complaints procedure.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that this had been done.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed those notifications that had been submitted by the registered provider and found that this was being done.

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 11 HSCA RA Regulations 2014 Need for consent There were no records of consent being obtained in relation to people who were accommodated in shared bedrooms.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a way that ensured the premises were safe; the management of medicines was safe; and the risk of infection was adequately controlled.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment used were not always clean or properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place did not enable the registered provider to effectively assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Safe recruitment procedures had not been followed and the required information about new staff was not available.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.