

Grove Place Village Limited

Grove Place Retirement Village

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 

Overall summary

Grove Place provides a personal care service to people who lived in private apartments or bungalows within the retirement village. Whilst not all people needed any personal care or support, those that did could either choose to make their own arrangements or use the personal care service provided by staff who were situated within the village. When we visited twenty people were using the service. Others who lived at Grove Place could receive care and support should they need it in an emergency.

Additional facilities on site included a licensed restaurant; a coffee lounge; a bar; a games room; a shop; a library with IT facilities; a swimming pool; a gym; a hairdressing salon and a beauticians. A minibus was provided for regular shopping trips and for visits to the GP surgery.

There was a registered manager in post. 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

Summary of findings

the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care provided included assistance with washing and dressing, preparing drinks and snacks, providing reassurance, assisting with medicines and liaising, when this was requested, with health. Care professionals

People said they felt safe and said they received a consistently good standard of care and support. Staff had a good understanding of how to protect people from avoidable harm such as from potential abuse and any risk to people's health or wellbeing was assessed and actions were taken to minimise them. Staff recruitment processes were robust and staff were employed in sufficient numbers to meet peoples' needs. Where staff assisted people with their medicines this was managed consistently and safely.

There was appropriate training to ensure staff could effectively meet people's needs and preferences. People were always asked to give consent to their care and support. Staff had a good understanding of the Mental

Capacity Act 2005 and put this into practice to ensure people's human and legal rights were respected. People's health care needs were discussed with them and when requested staff liaised effectively with health care professionals on people's behalf.

Staff had developed trusting relationships with people who used the service and cared about their wellbeing. They understood and respected confidentiality. People's independence was promoted and they were regularly consulted about their needs, choices and preferences and about how these should be met. Staff provided a flexible service by providing more care and support when people were unwell or when they were upset or distressed.

The service had a positive culture and everyone using or involved was encouraged to provide feedback to develop it further. Managers and senior staff were available to staff for guidance and support. Quality assurance arrangements were robust.

Summary of findings

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.

People were protected from abuse and avoidable harm because risks to their wellbeing were identified and assessed.

The service followed safe recruitment procedures and there were sufficient numbers of staff to meet people's needs.

There were clear procedures which were followed for managing medicines.

Good



Is the service effective?

The service was effective.

Staff had effective support and training to help them to meet people's needs.

Consent to care was always sought in line with legislation and guidance.

People did not receive support with meals and drinks but the service had a restaurant for those who wished to have meals provided.

Most people managed their own healthcare but the service liaised with health care professionals when this was necessary.

Good



Is the service caring?

The service was caring

Staff showed concern for people's wellbeing and respected their privacy and dignity.

People were involved in making decisions about their care and given the information they needed to exercise choice.

Good



Is the service responsive?

The service was responsive.

People received care and support which reflected their needs.

People were encouraged to provide feedback about the service they received and knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well- led.

The service had a clear vision and values which staff understood and followed.

There was a registered manager in post who understood their role and responsibilities.

Thorough quality assurance processes helped to ensure the quality of care and support remained good.

Good



Grove Place Retirement Village

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 23 September 2015 and was unannounced. A further visit took place on 25 September 2015 to meet with people who used the service. The inspection was carried out by one inspector.

Before we visited we reviewed all the information we held about the service. This included notifications about changes, events and incidents the service is required to notify us about.

We spoke with four people who used the service. We also spoke with five staff and the registered manager to obtain their views about the quality of the service provided.

We reviewed three people's care records, two staff records and looked at other documents such as incident reports, staff training records, staff rotas and quality assurance questionnaires.

Is the service safe?

Our findings

People said they felt safe when they received care and support and told us there were enough staff to meet their needs.

People were protected from abuse and avoidable harm. Safeguarding adults was part of the mandatory training programme and staff confirmed they had completed this. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. They were confident if they reported any suspected abuse, appropriate action would be taken to keep people safe. There was always a senior member of the staff team available to contact if staff needed further advice. Staff had also received information and understood their roles and responsibilities about whistleblowing. Whistleblowing is when a worker reports wrongdoing at work.

People's personal risk was assessed in terms of their general health and mobility. Where a risk to a person's health or wellbeing had been identified staff had taken appropriate action. For example, they were monitoring a person who had started to lose weight and had liaised, with the person's permission, with health care professionals to ensure they maintained optimum health. If a person had fallen, the reason for the fall was considered, if this was known, and action was taken where possible to reduce the risk of this occurring again.

There were arrangements in place for foreseeable emergencies. Staff held a key to apartments and bungalows to provide access in the event of a person not being able to answer their door. These arrangements had been made with the agreement of the people concerned. The service had purchased two defibrillators recently which staff had been trained to use in the event of a medical emergency. The registered manager said staff pagers were regularly checked to ensure they always had a full battery. The nurse call system was tested every day to ensure it was fully operational. There was a computer log kept of all calls made by people. This showed response times of staff and this was checked by the manager.

There were sufficient numbers of staff deployed to keep people safe and meet their needs. Staff were on site 24

hours a day, seven days a week. The service employed a total of 13 staff. There were bank staff to cover temporary vacancies, such as, annual leave or sickness. This meant people knew the staff providing support. A minimum of three staff were on duty every morning and two staff were on duty for the rest of the day. Staffing numbers reduced in the afternoon because people had less care and support needs after lunchtime. Two staff were on duty each night. Staff said they generally had sufficient time to support everyone and were able to provide additional support if someone needed it, for example if they were unwell. The service employed a nurse who visited every Wednesday. They helped to assess people's health needs and liaised if necessary with the GP surgery to arrange an appointment for people. Staff said this arrangement worked well.

The service followed safe recruitment procedures. Staff files contained documentary evidence of checks made to help to establish potential staff were of good character. Records included a satisfactory Disclosure and Barring Service check (DBS). DBS checks enable employers to check for criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults. There were two references; where possible, one of these was from the person's previous employer. An application form detailed people's previous experience and qualifications and there were copies of certificates of training which had been completed on file.

The service had suitable arrangements in place to manage medicines safely. Most people managed their own medicines but the service had secure storage facilities which they used to store medicine when people did not want to keep their prescribed medicines themselves. Staff had information about any allergies people receiving the service had and knew about potential side effects of medicines. When staff assisted people to take their prescribed medicines they signed a medication administration record (MAR) to confirm the person had taken it. Records we saw showed people were receiving medicines as prescribed. Where people needed staff to assist them with topical creams, there was a diagram in their records to show staff where this needed to be applied. This helped to ensure staff were applying creams appropriately.

Is the service effective?

Our findings

People we spoke with were very complimentary about the staff team. Whilst they didn't always know who was coming to support them, they said that they knew and liked them all. New staff were always introduced to people before they started to assist them with care and support. People described staff as more like “friends” and staff described the “good rapport” they had with each other and with the people they provided support to.

People did not need help to eat and drink. Some used the on-site restaurant and spoke highly of the quality and choice of food available. People could also have meals from the restaurant brought to their apartments and bungalows if this was their preference. There was a range of snacks and smaller meals for people who did not want a full meal and the restaurant could provide meals suitable for people with specific dietary requirements, such as for people who had diabetes.

Staff had knowledge and skills they needed to carry out their responsibilities. Staff said the training provided was very good. Training needs were discussed during supervision sessions and during staff meetings. Staff had completed training in key health and safety areas. Fire safety training was completed every six months by staff who covered daytime shifts and every three months by staff who covered the night shifts. Staff were also trained in other key areas such as; infection control; food hygiene; safe moving and handling and the Mental Capacity Act 2005 . As staff were supporting some people with their medication they also had received training to help them to manage this effectively and safely. There was some specific training about medical conditions such as diabetes and stroke awareness which helped staff to understand some people's particular needs. Most staff had obtained a National Vocational Qualification (NVQ) in care. Others were working towards the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff said they had received good support when they started working at Grove Place, which for one staff member meant they had “settled in straight away.” Staff had effective support because they had received a thorough induction, and had received information to ensure they understood the needs and wishes of people they were going to support. New staff shadowed experienced staff so they had an additional opportunity to understand the support needs of people they were going to be working with. Staff had supervisions at least once a month, they completed annual appraisal and they attended regular staff meetings. The registered manager said as the staff team was relatively small it was easy to speak informally with individual staff if they needed additional support . Staff said they had found this support to be very helpful . Staff were observed in their practice from time to time to ensure they were providing effective care in line with people's needs.

Staff received training in the Mental Capacity Act 2005 and they were able to describe the principles underpinning this. Staff said everyone using the service had capacity to consent to their care and support. They said they always asked for people's consent before assisting them with personal care and people we spoke with confirmed this was the case. Staff said people could change their mind about the timing of the care and this would be respected, for example if they did not want a shower at an agreed time, staff would return to help them with this at an alternative time of their choice.

The service employed a nurse one day a week. They did not provide any treatment, but were available to provide assessment, advice and support of healthcare needs to people who lived at Grove Place. The nurse liaised effectively with medical staff, such as district nurses and GPs when this was required . District nurses provided training where necessary, for example to ensure staff were aware of people's catheter care needs. People said they generally arranged any hospital appointments themselves but staff could assist if necessary. For example, staff intervened to assist a person who was waiting for hospital transport which had not arrived.

Is the service caring?

Our findings

People were treated with kindness and respect. One person said “I think of staff as friends.” Another said “We have a good laugh.” People said staff were polite and the care provided maintained their dignity. One person said “The carers don’t rush. They are kind and caring.” Another said “The best thing about the place is the people.” Staff said “You get to know them and they get to know you. It’s the way trust is built.” Staff checked how people preferred to be addressed and they respected this.

People told us they were involved in planning of their care and care records we saw showed evidence of this, as people had signed to confirm they had agreed with the amount and sort of support they were provided with. This was reviewed regularly to ensure it was still what people wanted and expected. Care schedules were kept in people’s apartments and bungalows so they could check what had been discussed and agreed upon. Staff showed a good understanding of the need to respect people’s confidentiality and records held by the service were securely stored.

The service provided discrete care and staff were mindful about how to provide support to people in a way which was acceptable to them. All staff received training in maintaining people’s dignity. Principles of diversity, equality and inclusion were part of the agencies induction programme. This helped to ensure staff understood how to respect people’s privacy, dignity and human rights. Staff gave descriptions about how they ensured people’s privacy

and dignity was respected. For example by always covering a person whilst assisting them to wash. People were asked their preferences about the gender of the care staff they wanted to support them and staff said their preferences were accommodated. Staff cared about people and described how they had visited a person in hospital to check on their wellbeing.

Staff described the great care they took to help people to settle when they moved in or to settle in again when a person returned following a spell in hospital. They were also mindful of when people needed additional emotional support, for example following a bereavement and they ensured they provided this when people wanted and needed this support from them.

People were given information about the service to help them to make decisions about their care and support and they confirmed they had all the information they needed to make informed choices about their care. There was information about the fees charged. They had a copy of the fee agreement and had signed to confirm this had been discussed and agreed. People were sent an updated letter containing information about hourly rates at the start of each financial year to keep them informed of any possible increase in charges. There was information in the hallway of the main house which provided details about which staff were on duty that day and night and of daily menus. People who did not visit the main house were supplied with daily menus in their apartments or bungalows so they could decide whether they wanted to have a restaurant meal that day.

Is the service responsive?

Our findings

People said they had not had to make a complaint although they knew how to do so. Any 'minor gripes' had been discussed with staff and staff had responded and taken any necessary remedial action. Records showed that no complaints had been recorded since our last inspection.

People said the service responded to their needs quickly. One person said "they come running any time of the day or night". Another person said staff had attended very quickly to a medical emergency. People confirmed staff provided the support they expected and had agreed to, at the time they expected.

People's care and support needs were assessed before they moved in to Grove Place. This helped to ensure the service could provide them with the care and support they needed. After people moved in a care plan was devised. This helped staff to understand what was important to people and ensured the service they provided would be appropriate and would meet their care and social needs.

Staff said care plans provided sufficient detail to ensure consistent support. Plans were updated where necessary, at least every month, to ensure they remained an accurate reflection of people's needs and wishes. Staff knew people well and understood what preferences they had. Care planning information prompted staff to ensure people maintained their independence, for example, by describing where staff should leave people's clothes so they could put them on with ease after having a wash. All staff read people's plans of care and signed to confirm they understood what support they needed. This helped to ensure a continuity of care.

The service was flexible; staff described how they supported one person more regularly following their discharge from hospital but, in consultation with the person concerned they were gradually reducing the support provided as the person was regaining their independence. Staff visited people in hospital to assess what care needs they would have on discharge. This helped to ensure they could respond to the person appropriately when they returned to Grove Place. Staff described how they remained to support a person "for as long as it took" when they were unwell. One said "If it takes an hour, that's ok."

Staff said they were always up to date with any changes to people's needs. They had a daily handover between each shift and a communication book which they read when they came on duty. This meant they knew of any immediate changes to a person's wellbeing, for example if they had fallen or if they were unwell. Staff were confident that "nothing was missed."

Everyone had an emergency call bell in their apartment or bungalow and staff responded very quickly when an alert was raised. Staff said they responded to people in an emergency within two minutes. Staff said the restaurant staff would also contact them if someone had made a reservation and had not arrived. Care staff would then contact the person to ensure all was well.

Where people used other domiciliary care services in addition to the Grove Place service there was good liaison to ensure they received consistent and co-ordinated care.

Is the service well-led?

Our findings

People said the service was “Really wonderful” and “In a word; excellent.” Another said of the service “I cannot fault it.” Another said “I’m a happy customer.” People confirmed they were regularly asked their views about the quality of the service and if they had any ideas on what could improve. There was an open culture and people said they were encouraged and felt able to discuss their care and support needs and wishes with staff.

There was a registered manager in post. They continued to update their skills, for example, they had had just completed a two day safeguarding training course to refresh their knowledge. The registered manager had met all people at Grove Place who were receiving the personal care service and we observed they had a friendly and respectful relationship with them. One person says “(the registered manager) always stops to have a chat with me”. There had been a recent meeting for everyone who lived at Grove Place, both for those who received the personal care service and for those that did not, to give everyone an opportunity to hear about the service provided.

Staff were motivated to do a good job. The registered manager said “I do the very best I can and I always try to make myself available. My door is always open.” Staff felt valued and the registered manager ensured they thanked staff for work well done. A staff member said “I love getting up in the morning and thinking I am coming here to work.” Staff described morale as “really good.” One staff member said, for example “Everyone’s a team player” and another said “We are happy staff.”

The aims and objectives of the service were to provide a non-discriminatory, flexible service respecting each resident’s rights to privacy, dignity and choice and respecting confidentiality. Staff were aware of the vision

and values. Staff said “we care what we are doing.” Staff described one of the key values of the service as promoting independence and described how they helped people to be as independent as possible.

Staff kept up to date with the changes in legislation, for example they knew about the duty of candour. The intention of this regulation is to ensure that providers are open and transparent with people who use services. It also sets out some specific requirements that providers must follow when things go wrong with care, including informing people about an incident, providing reasonable support, providing truthful information and an apology when things go wrong. Staff were able to explain what the duty of candour was and their responsibilities to ensure this was met.

There were a number of quality assurance systems in place which helped to ensure the service was effective. People’s records contained a checklist to ensure they had been provided with key documents such as a contract, and to check they had given consent for staff to provide support, for example to assist them with their medicines. Care records were regularly audited by the registered manager and by senior staff to ensure they contained accurate information. People were asked regularly whether they were satisfied with the service and whether they could suggest any improvements. There was also an annual questionnaire so people could comment on the quality of care and rate the service in terms of their satisfaction. The most recent questionnaire we saw showed people were happy with the service provided.

Incidents and accidents were recorded and reviewed by the manager who took action where necessary to minimise risk of reoccurrence. This information was sent to the organisation’s head office who also reviewed the information to ensure appropriate action had been taken and to look for any potential trends.