

# Venetian Healthcare Limited

## The Grove

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The Grove is a care home which offers care and support for up to 38 predominantly older people. At the time of the inspection there were 34 people living at the service. Some of these people were living with dementia. The service occupies a detached house over three floors with passenger lifts to support access to upper floors.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 and associated Regulations about how the service is run. The service is required to have a registered manager and at the time of the inspection there was a registered manager in post.

This unannounced comprehensive inspection took place on 11 and 12 October 2018. The last inspection took place on 14 and 15 November 2017 when the service was not meeting the legal requirements. The service was rated as Requires Improvement at that time. There were concerns with the quality of the records held at The Grove. Staff did not always record the care provided and care plans did not always provide staff with the direction and guidance to meet people's needs. There was no regular auditing of the records completed by staff relating to the care and support provided to some people. Information relating to the evacuation needs of people living at the service in the event of a fire was not up to date. Records held relating to the stock of medicines held at The Grove, that required stricter controls, were not accurate. There were no audits being carried out of medicine administration and management which would have identified the concerns found.

Following the November 2017 inspection the registered manager sent in an action plan to state what action they were taking to address the concerns identified. This inspection was carried out to assess what improvement had been made to address these issues at The Grove. However, we have again identified a number of similar failings at this inspection and the service has again been rated as Requires Improvement.

Improvements were identified at this inspection. The registered manager had taken action regarding the staffing levels at specific times of the day, the quality of the records completed by staff and the monitoring of pressure relieving mattresses to ensure they were always set correctly for the person using it. The Personal Emergency Evacuation Plans (PEEPS) had been reviewed for each person, staff had received regular supervision and training was up to date.

However, some concerns identified in November 2017 remained a concern at this inspection. Medicine audits commenced since the last inspection were not robust. People received their medicines as prescribed.

However, the system for monitoring people who self administered their own medicines was not always effective. Some creams and liquids had not been dated when opened. Staff were not following manufacturers guidance when applying pain relieving patches.

Care plans were in the process of changing to a new format. They were well organised and contained information to direct and guide staff. However, the guidance provided did not always match with the care and support people required, or that care staff were providing. This was a repeated concern from the last inspection. Records purported to demonstrate that care plans had been reviewed regularly, but we found that where people's needs had changed their care records had not been updated to reflect these changes.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. However, such monitoring charts were not being robustly monitored to ensure people had the amount of food and drink they required. This was a repeated concern from the last inspection.

Quality assurance systems in place to monitor the standards of the care provided were not always robust. Audits carried out were not always robust. Concerns from the last inspection remained.

Risks in relation to people's daily lives were identified. Some risk assessments had indicated further risk management was required, such as fall risk assessments. Falls risk assessments were not part of the new care plan format. This meant the opportunity to reduce the risk of falls, whilst helping people to be as independent as possible, may have been missed.

People who lived at The Grove were invited to meetings to put forward any ideas and views they may have. However, we saw that many of the suggestions made at the meetings in March and June 2018 had not been taken forward. Such as a questionnaire being circulated for people's views on activities and food had not taken place. This is because the activity co-ordinator had been taken from their role to join the management team in the office. A new activity co-ordinator, who had not done this work before, had begun just before this inspection. People were supported to go out with staff, to attend appointments, have coffee or visit local attractions. However, plans to access a minibus to take groups of people out in to the local area had not taken place.

At the November 2017 inspection we identified that people's bedrooms displayed a number and a small name plate displaying their name in small print. This was not easy to read for people with poor sight and did not help people with dementia to find and recognise their own room independently. We found this concern had not been addressed at this inspection. Some people did not have their name on their bedroom doors.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. People told us, "I am very happy here, we are all spoilt" and "I have no worries at all here." One relative told us, "My mother is very happy at The Grove, so I am happy, there is a lovely atmosphere there and it is always clean and fresh." The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

The premises were well maintained. There were people living at The Grove who were living with some early dementia and who may require additional support with recognising their surroundings. The service had clear pictorial signage to help people recognise bathrooms and toilets. The premises were regularly checked and maintained by the provider. Equipment and services used at The Grove were regularly checked by competent people to ensure they were safe to use.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had staff vacancies at the time of this inspection. The vacancies were being covered by regular use of agency staff until the posts could be recruited to.

Technology was used to help improve the delivery of effective care. Staff carried pagers so that they knew when people had called for assistance.

Staff were supported by a system of induction training, supervision and appraisals.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

The registered manager was supported by the provider and a team of motivated and happy staff. The staff team felt valued and morale was good. Staff told us, "The manager is very supportive and we can approach her at any time" and "They (the management team) have been very good to me, when I have had a few problems."

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 entirely safe. Care plans identified some risks in relation to people's care. However, some people had been identified as being at risk of falls but did not have this specific risk assessed. People's changing risks were not always reviewed in their care plans.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Agency staff had been used appropriately to ensure there were sufficient numbers of suitably qualified staff available to meet people's needs

Medicines records had not been accurately maintained. There were not sufficiently robust systems in place to support people to manage their own medicines safely.

**Requires Improvement** 

### Is the service effective?

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

**Good** 

### Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

**Good** 

### Is the service responsive?

The service was not entirely responsive. People received personalised care and support which was responsive to their changing needs. However, some care plans did not always reflect people's changing needs and contained conflicting information.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to a variety of activities.

**Requires Improvement** 

### Is the service well-led?

The service was not well-led. There were systems in place to assess, monitor and improve the quality of the service provided but these were not robust.

Action plans developed in response to the findings of our previous inspection had not enabled the service to achieve compliance with the regulations.

There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported.

People were asked for their views and experiences of the service provided. However, opportunities to respond to such views and experiences were missed.

**Requires Improvement** 

# The Grove

## 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 11 and 12 October 2018. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the service. Not everyone we met who was living at The Grove was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with 11 staff, the registered manager and the clinical director. We spoke with three external healthcare professionals and one relative. Following the inspection we spoke with three more external healthcare professionals.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at The Grove, medicines records for 34 people, four staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and relatives told us they were confident the service was safe. Comments included, "Yes I feel safe with the staff I know, which is much of the time" and "I get everything I need here, there is no problem."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager investigated these issues. This meant people were safeguarded from the risk of abuse.

Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Risk assessments were in place for each person for a range of circumstances including moving and handling and nutritional needs. The service was in the process of moving care plans to a new format. The contents page of the new format care plans stated it included a falls risk assessment. Some people's moving and handling assessment had identified them as being at risk of falls. We saw reports that four people had recently fallen and some had needed to go to hospital for treatment. The moving and handling assessment directed that when a person was at risk of falls, a falls risk assessment would be required to be completed. The next section of the moving and handling assessment asked, 'what can be done to reduce the risk of falls?'. This section was blank in two people's new format care plans and there was no falls risk assessment document present for staff to complete. The registered manager and the clinical director were asked about this and they confirmed the absence of a specific falls risk assessment. This meant that the opportunity to mitigate and reduce the risk of further falls was missed.

People were given the opportunity to self administer their own medicines if they wished. Medicines held in people's rooms were not stored safely, and in two cases we saw they were kept openly in people's rooms when the person was not present. This meant the medicines were not kept securely and could be accessed by other people.

Some people required pain relieving patches to be applied regularly. Staff did not make clear records of where each patch was applied on each application. It is important that pain relieving patches are applied and removed in accordance with the manufacturers instructions, to help reduce the risk of unnecessary side effects. A record would have meant that if a patch came off accidentally, staff would have known where it could be safely applied.



We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were not always signed by two staff and had not always been witnessed by a second member of staff in accordance with medicines management policy. This meant that the risk of potential errors was not reduced and did not ensure people always received their medicines safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recorded doses of medicines given on medicine administration records (MAR) for each person. The service did not keep accurate records of controlled medicines (CD's) that were kept in stock. For example, the records did not always tally with the stock held at the service. When controlled medicines were returned to the pharmacy for destruction, the service did not always make a record of this and the records still showed the CD's as being in stock.

We found some prescribed creams and liquids were in use in a trolley and in the fridge. These items had either not been dated when opened or the date had expired and the items should have been removed and replaced. This concern was identified at the last inspection and despite some auditing having been put in place of specific aspects of medicines management, these concerns remained. This meant the auditing of medicine records was not effective.

This contributed to the repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Further concerns relating to this breach of the regulations are covered in the Well-Led section of this report.

The Grove were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated.

Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised. The audit showed actions had been taken to help reduce specific events in the future.

Care records were stored securely but accessible to staff and visiting professionals when required. The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours.

The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The registered manager understood who they needed to contact if they needed advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedures at the service.

The service held personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the deputy manager. There were appropriate records held and these were regularly audited.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. Whilst the service had vacancies for care staff these posts were being covered by agency staff. There were three agency staff on duty during this inspection. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively.

We saw from the staff rota there were five care staff who worked during the day and an additional carer from 5pm – 7pm. This additional staffing in the early evening was added in response to people's comments and the findings in our last report. There were three staff who worked at night. Shifts were supported by senior care staff. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive.

The registered manager was approachable and always available for staff, people, relatives, and healthcare professionals to approach them when needed. Staff told us if they had concerns the management team would listen and take appropriate action.

## Is the service effective?

### Our findings

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were regularly visiting people with nursing needs. Other healthcare professionals visited to see people living at The Grove when required. We saw people had seen their optician and podiatrist as necessary.

People were encouraged to be involved in their own healthcare management. One person managed their diabetes and staff supported them to check their blood sugars to help ensure they stayed within safe limits. Other people were supported to be independent in their own medicines administration. Some people came in to The Grove for a short stay and they were encouraged to continue to manage their own medicines as they did at home. When people were visiting hospital the service ensure that records of people's medicines travelled with them along with a summary of their care plan.

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, The Grove provided pendant call bells for people who moved around to ensure they could call for assistance at any time. Pressure mats were used to alert staff when people were moving around to ensure staff could support them in a timely manner. Staff carried pagers to alert them when people needed assistance.

The service was well maintained, with a good standard of décor and carpeting. Some people living at The Grove were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was pictorial signage which clearly identified specific rooms such as toilets and shower rooms. People's bedrooms displayed a number and a small name plate containing the name of the person in small print. This was not easy for people to read. We observed some rooms did not display the person's name. We had highlighted this issue at the last inspection. This meant opportunities to support people to independently identify their own bedroom had been missed.

Training records showed staff were provided with mandatory training for their roles. The registered manager monitored staff training requirements and ensured that updates were regularly provided.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service. Meetings were regularly held for each group of staff such as night staff, catering and housekeeping.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "We are often provided with training, they are good at that" and "I have had quite a bit of training."

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. Staff had been provided with equality and diversity training.

People told us, "I am very happy here, we are all spoilt" and "I have no worries at all here." One relative told us, "My mother is very happy at The Grove, so I am happy, there is a lovely atmosphere there and it is always clean and fresh."

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake. However, the records kept by staff were not always totalled, monitored and checked to ensure people had sufficient intake. We have expanded on our concern with this matter in the Well Led section of this report. We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The service had applied appropriately for some people to have restricted care plans authorised. There were no authorisations in place at the time of this inspection.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. Where people were unable to consent themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The registered manager was aware which people living at The Grove had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves. However, these people were not always clearly recorded people's care files to help ensure staff were aware who to involve in care plan decisions and reviews.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and when they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was

provided by staff.

# Is the service caring?

## Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. We saw people were treated with kindness, respect and compassion.

During our inspection staff had time to sit and chat with people. We saw many positive interactions between staff and people living at The Grove. People, relatives and healthcare professionals told us staff and management were kind and caring.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time.

People's dignity and privacy was respected. For example, people were provided with a key to their bedroom so that they could lock it when they wished. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

We spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and staff sang and laughed with people. People told us, "I come here regularly to give my family a break, it is very nice. The staff have changed but they seem nice" and "I am very happy here I get everything I need."

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. Staff were able to tell us about people's backgrounds and past lives.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and had their nails painted by staff.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. A care plan was then devised over the first few days of them living at the service.

The Grove was in the process of changing the format for people's care plans. We looked at care plans in both old and new formats. The old format care plans consisted of print-offs of the computerised care plan system which was used for a short while. The new format was a stand alone paper based care plan with sections relating to different aspects of care and support, incorporating assessments. The service were employing a number of agency staff at the time of this inspection, to cover vacant posts. There were three agency staff on duty during this inspection. It is important that temporary staff are provided with accurate guidance and direction on how to meet people's needs. The care plans did not always provide this information.

Care plans were reviewed regularly, although the process of doing such reviews was not person centred. Several subsequent reviews of the older format printed care plans were only evidenced by a handwritten date and a signature up the margins. We had some concern about the robustness of care plan reviews. As detailed in the Safe section of this report, we identified that people who were administering their own medicines, had not had their competency assessments reviewed at the same time as the care plans. There was no evidence of the person being involved in their own care plan review. We found several reviews had not taken the opportunity to ensure the guidance for staff was correct and up to date.

Care plans had discrepancies in the information provided for staff. For example, one care plan stated, 'weigh monthly' in one area and then in another section stated, 'twice weekly weights'. We reviewed this person's weight records and found neither instruction had been complied with as their weight had been recorded on 31 August, 6 September, 28 September and 29 September. These records showed the person had lost weight. There was no records of the action taken to address the recorded weight loss. Information in this person's care plan in relation to their skin integrity was also contradictory. As in one section it stated 'two weekly skin bundle' while in another part of the care plan stated, 'skin bundle to be completed daily.'

A further care plan stated a person had a wound that needed a dressing applied to it. We checked with the person and they told us this wound, 'had healed several weeks ago.' This same care plan directed staff to check the person's skin condition monthly, when records showed staff did this daily. It went on to direct staff to weigh the person monthly, when staff did this weekly.

One person's care and support needs had changed during the week prior to this inspection, they were now being cared in bed at all times. Their care plan had not been updated to take account of this significant change in their needs. This person was at risk of developing pressure sores but staff had not been provided with appropriate guidance on how this risk should be managed and what support the person required with repositioning. The records showed staff had moved this person roughly every two hours over the past few days, although there were some gaps in these records. During this inspection we visited the person at 10.30 am. They told us their bottom was painful and sore. We checked the records in their room. The last entry on

the repositioning chart was 4 am. Staff confirmed this was the case, and said it was due to, 'an oversight.' This meant the person had not been moved for six and a half hours.

On the 10 September 2018 this person's records stated that they had red skin in a particular area. On 26 September 2018 the records stated that there were pink marks on a different part of their body, which "looked like a pressure sore." The only comment after this was, "Monitor and observe." The body map indicated where the skin damage was on the 27 September 2018. There were no further records to show what action had been taken to address these two concerns, other than noting a change of pressure relieving mattress had taken place. This person's care plan made no reference to re-positioning. This meant there was no clear guidance for staff to follow in relation to known risks to their skin integrity. This meant that people's care plans were not accurate and did not provide staff with sufficient guidance to enable them to meet people's current care needs.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met but this was not always effectively recorded in the care plans.

Since the last inspection the registered manager had overseen the implementation of a new skin condition recording sheet, known as a skin bundle. This sheet did not allow for staff to comment on specific areas of the body when checked. Staff were required to record a 'Y' for yes, that they had checked the person's skin, or an 'N' for no, that they had not. Staff were recording observed skin changes on specific parts of people's bodies, but doing this in different places, such as daily notes, body maps and handover sheets. This meant it was not possible to see if any action was taken as a result of the observed changes in skin condition as information was not held in the same place. The district nurses told us they did not feel that the current documentation gave them the information they needed. It did not provide accurate information in one place, that could be assessed over time, so any changes to specific areas of the person's skin could easily be identified. Healthcare professionals told us, "We have asked them several times to use the old forms, but they will not."

This contributed to the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

There was no evidence in the new format care plans of the involvement of people, or if appropriate their legal representative, in the creation and review of their own care plans.

People and their relatives were very positive about living at The Grove and the staff and management. People had attended residents meetings where their views and experiences were sought. However, limited action had been taken in response to the feedback provided. Minutes of the residents meeting in March showed questionnaire had been suggested as a good way for people to state their views and experiences of all aspects of the service, and this was planned to go out to people following the March 2018 meeting, but these surveys were not completed. People asked, during these meetings, for some activities to be arranged at weekends but people told us this did not happen. There had been no survey of people's views about the food provided, despite issues being raised about the food at these meetings. A person who had previously lived at the service had left provision for people to go out in a minibus as a small group, in to the local area. This had been minuted at the March and June 2018 meetings. This had not taken place.

This meant that people's views were not listened to and opportunities to improve the service for people had



been missed.

The new care plan format did not hold completed end of life care plans which outlined people's preferences and choices for their end of life care. The staff consulted verbally with the person and, where appropriate, their representatives about their wishes but this was not always recorded.

This failure to act on feedback provided contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. We checked these mattresses and they were all set correctly. There was a regular check of these mattresses to ensure they were always safe for use.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. Printed handover information provided for staff on the first day of our inspection, did not include the name of a person who had been staying in the service on respite for several days. This was amended by our second visit. Handover information should provide accurate information to staff to help ensure there is a consistent approach between different staff. This is especially important when temporary staff are being used regularly as they do not know the people living at the service.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We saw concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. There was one complaint waiting to be resolved at the time of this inspection.

People had access to a range of activities. Recently the activities co-ordinator had changed roles to work with the registered manager in the office. A new activities co-ordinator was employed who was very new in post and who did not have any previous experience of being an activities co-ordinator. This new person was being supported by the previous co-ordinator who had organised a programme of events including music, church services, board games and visits from entertainers. People were supported to go out with a member of staff in a car.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. We did not see any records in care plans of one to one activity provided for people who stayed in their rooms. One person told us that they did not have any activities brought to their room.

We recommend that the service take advice and guidance from a reputable source regarding the provision of meaningful one to one activities for people who are being cared for in bed, or who choose to remain in their rooms.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses or hearing aids and any support they might need to understand information. Other people had limited communication skills and there was guidance for staff on how to support people. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for meals. Staff were seen sitting with people going through the menu to help people to make a choice.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

## Is the service well-led?

### Our findings

The registered manager completed an action plan following the last inspection in November 2017. It stated, "All food and fluid charts will be collated and analysed by the senior shift lead at the end of each shift, whereby any issues can be flagged up and responded too. All food and fluid charts will be audited on a monthly basis." At this inspection we asked to see the past few days of food and fluid charts. They were not totalled each day and had not been analysed to ensure people had sufficient food and drink to meet their specific needs. One person's care plan stated they should have a specific amount of liquid each day. It was not possible to quickly establish if this had been given as the charts were not totalled. The registered manager asked the head of care when they last did this monitoring and they said, "Oh a few weeks ago now." The registered manager subsequently confirmed these checks were not regularly taking place.

The action plan also stated, "A full audit of all medication would be put in place on a monthly basis." Concerns raised at the last inspection were regarding handwritten entries on to the MAR not always being signed by two staff, a number of medicines requiring stricter control still showing as stock held after having been returned to the pharmacy and some prescribed creams and liquids not always having been dated when opened. At this inspection we continued to find these issues to be a concern as detailed in the Safe section of this report. We asked the head of care about the monthly medication audit and told them about our findings. They told us they did not audit handwritten entries on the MAR charts or check the trolleys and medicine refrigerator for creams and liquids being dated when opened.

The last inspection report raised concerns that care plans did not always contain accurate information for staff. We also found that any deterioration in a person's condition was communicated verbally by staff appropriately but the action taken was not always recorded. At this inspection we continued to find these issues remained a concern. For example, where staff had identified a change in a person's condition they did record it, but there was no recorded action taken to address it. For example, where changes in a person's skin condition had been identified.

At the last inspection we identified that people's bedrooms displayed a number and a small name plate displaying their name in small print. This was not easy to read for people with poor sight and did not help people with dementia to find and recognise their own room independently. We were assured by the registered manager that this would be addressed. This had not been actioned. Some people's bedrooms did not have their names on at all.

This meant that monitoring and audits carried out at The Grove were not effective and the action plan had not been implemented or monitored.

In the Responsive section of this report we have reported on the specific concerns we identified at this inspection regarding the use of a new skin bundle recording sheet. Staff were not required to detail or document on this new skin bundle sheet when they saw changes to a person's skin only that they had checked them. This meant that information relating specific changes to people's skin integrity were not clearly recorded in one place, and it was not easy to find details of the change and what action was taken to

address this. The registered manager accepted our findings in relation to the use of this new recording sheet but had not identified this concern prior to our inspection. After the inspection the registered manager told us they would return to using the standard detailed skin bundle records.

Residents meetings had been held in March and June 2018. Several suggestions were put forward such as having evening entertainment, meeting up with people from another care home for companionship, the use of a minibus to take people out in a group, and having a themed 1940's party. A questionnaire was planned to be sent out to people following the March meeting. We spoke with three people who had been at the meetings and they confirmed that none of these suggestions had been taken forward. The registered manager told us this was due to having taken the activity co-ordinator from their post to help work in the office as a deputy business manager. At the time of this inspection a new activity co-ordinator had been in post a few days. Following the inspection we were told by the registered manager that there was a residents committee which met every month. However, none of these meetings were minuted.

There was no evidence of the registered manager monitoring the implementation of new recording methods, or responding to the views and experiences of people living at the service. This meant that opportunities to improve the service provided to people were missed.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service is required to have a registered manager. 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. The service had a registered manager in post.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access to the files to help ensure the care plans were kept up to date with changing situations

People, relatives and staff told us the registered manager was approachable and friendly. Everyone was positive about living at The Grove. The registered manager spent time within the service so was aware of day to day issues. They believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. Staff told us, "The manager is very supportive and we can approach her at any time" and "They (the management team) have been very good to me, when I have had a few problems."

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered manager was supported by a deputy manager, head of care and senior care staff. There had been improvements in several aspects of the service provision highlighted in the last inspection report, such as pressure mattress monitoring, daily records kept by staff and personal emergency plans for people. However, some concerns remained and had not been effectively monitored and addressed by the registered manager.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I

am happy here" and "I feel this is a good place for people, I would like my family to be cared for here."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Senior care workers, night staff and housekeeping also had regular team meetings.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

People, their relatives and staff had been given a survey to ask for their views on the service provided at The Grove in October 2017. A new survey was due to go out in the next few weeks.

Staff felt valued and enjoyed their work, they responded by saying, "There have been some difficulties with being short of staff but we have agency to help us and some are regular faces so we all get along ok" and "The staffing issues have improved recently."

There was a system of audits to ensure specific aspects of the premises were checked, maintained, and where necessary improved. There were staff with responsibility for the maintenance and auditing of the premises. The environment was clean and well maintained.

The service had an open and transparent culture. Some issues identified at this inspection were addressed a few day after the inspection. For example, full skin bundle records were implemented.

Lessons were not always learned by events. The service had not addressed many concerns from the last report. The registered manager accepted that the concerns found at this inspection were a fair judgement of the service at this time. They recognised they were in a period of transition with the new format of care plans and that further work would take place in the near future to ensure all concerns were addressed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure that the service provided to people was of good quality and safe. The action plan sent to CQC following the last inspection had not been monitored and actions had not been taken to improve the service. The service did not act on feedback from people, for the purpose of continually evaluation and improving the service.</p>