

HC-One No.1 Limited

Grosvenor Park Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grosvenor Park Care Home is a residential care home providing personal and nursing care to up to 57 people. The service provides support to older people with nursing needs. At the time of our inspection there were 51 people using the service.

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

The registered manager had recently identified issues around the reporting of wound care and support for staff. Improvements needed had been identified and work had begun on improving things, however, more time was needed to ensure improvements and changes were sustained and embedded into practice. The management team were working to ensure changes were implemented effectively and building up the morale of staff. Systems to monitor the quality of the service and the support provided to people had recently been reviewed, improving oversight at the home.

There were enough staff to keep people safe, but recruitment was ongoing to ensure people received the level of engagement, interactions and activities that they requested. This had been identified by the management team and plans were being put into place to increase staffing levels and outside activities such as gardening and trips out. Staff were recruited safely and knew people well.

Risks to people were safely assessed and managed. People received their medicines in line with prescribing instructions by staff that were trained to give them safely. The home was clean and hygienic.

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

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

Rating at last inspection

The last rating for this service was good (Published 23 May 2019).

Why we inspected

We received concerns in relation to wound care and staff support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. However further time was needed to ensure improvements were embedded into practice. Please see the well led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grosvenor Park Care Home on our website at www.cqc.org.uk

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Grosvenor Park Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and a regulatory officer.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service and information received since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with 14 people that lived at the home and 3 people's relatives about the care and support provided. We observed staff supporting people and spending time with them. We spoke with 11 staff which included the registered manager, deputy manager, nurses, nursing assistants, senior carers and carers. We reviewed 6 people's care plans and multiple medicine records. We reviewed documents relating to quality assurance and feedback received by the service from people, relatives and staff. We reviewed 2 staff files in relation to recruitment.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew how to identify abuse and understood the importance of raising safeguarding concerns. Staff were able to tell us about different types of abuse and how they would identify them. Staff knew the provider's whistleblowing policy and understood how to raise concerns externally if needed. Safeguarding concerns were discussed during staff meetings to ensure learning was shared and staff practices improved.
- Lessons were learnt when things had gone wrong. Improvements had been made to the way notifiable events were reported. At inspection we saw that safeguarding concerns were being appropriately raised. Following concerns raised about the monitoring and reporting of pressure sores and wound care, staff practices had been reviewed by the management team and changes made to processes to improve oversight of wound management.

Assessing risk, safety monitoring and management

- Risks to people were safely assessed and managed. Staff knew people well and were able to tell us about people's individual risks and how to protect people from harm.
- People at risk of choking had clear risk assessments in their care plan to reduce this risk. Instructions for staff on how to support people to eat and drink safely were clear. Referrals to the speech and language therapy (SALT) team were made as needed and instructions were throughout people's care plans once advice had been received.
- People that were diabetic had clear risk assessments in place which detailed the impact this condition may have on people and how staff should support people to safely manage their condition. Information included guidance for staff on how to identify if the person was becoming unwell as a result of changes in blood sugar levels. Staff had created 'hypo boxes' to give to people if needed. These were boxes that contained sugary items for a person to have should their blood sugar levels need to be increased.
- People were protected from environmental risks. People had personal emergency evacuation plans (PEEPs) in place which were individual to each person and easily accessible in the event of an emergency. Staff and external contractors carried out regular environmental checks to ensure people's safety.
- Staff completed regular fire drills and fire alarm tests to ensure teams knew how to respond in an emergency. One person told us how staff acted considerately towards them during fire drills. They said, "When the fire alarm goes off, I get panicky and feel shut in, the staff always make sure I'm the first door that they open after the fire drill every week. They always come in to check that I'm okay."

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

possible.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were offered choices throughout their day. We saw that people were in control of what time they got up in the morning, what they ate and drank and how they spent their day. Staff supported people to make their own choices in a range of ways, respecting people's preferred methods of communication.
- Staff were able to tell us the different ways they supported people to be as involved in decision making as possible. One staff member told us, "Some can decide what they want, what food, what clothes. They know what medicine they are taking and what it is for. If they struggle, we change our approach, use short sentence, wait for a response. We might use sign language or show them objects. If the person is blind, we might use sense of touch."

Staffing and recruitment

- There were enough staff to support people safely. However, people told us they preferred to be supported by permanent staff rather than agency staff. Recruitment of staff was ongoing, and plans were in place to continue to reduce the use of agency staff. Where agency staff were used, these were the same members of staff where possible.
- Staff received training in areas that were relevant to people's risks and needs. The management team had recently identified that staff would benefit from further training in relation to wound management and end of life care. This had been sourced and arranged.
- Staff were recruited safely. The provider made checks to confirm people's identities, their right to work, previous experience and conduct as well as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were systems in place to ensure medicines were ordered, stored, and administered safely. People's care plans detailed how people would like to be supported to take their medicines.
- Staff were trained before supporting people with their medicines and received regular checks on their competency. People's medication administration records (MARs) had been accurately completed by staff. The EMar system used by staff highlighted to management if people did not receive their medicines at the right time.
- Some people had been prescribed 'as required' (PRN) medicines. These were only given when the person needed them, for example pain relief or constipation. Staff discussed with people if they required these medicines before they gave them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to have visitors to the home whenever they chose.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- This inspection was prompted in part due to concerns relayed to us by the registered manager. They had identified a failure to report 5 notifiable pressure sores to the local authority safeguarding team or CQC. People had received appropriate treatment for this but reporting processes had not been followed at the time. These notifications were reported retrospectively. Improvements had been made to oversight since these concerns and we saw that safeguarding concerns were being appropriately raised. More time was needed to ensure improvements and changes were sustained and embedded into practice.
- Changes had been made to the governance and management of wound care. This had improved the registered manager's oversight of people with wounds and pressure sores. These processes needed more time to be embedded into the culture of the service to ensure practice was sustained and continued to be effective.
- The provider had recognised that people could benefit from increased staffing levels and was working on recruitment. People, staff and relatives felt that activities and engagement would be improved with additional staff members once in place. One person told us, "I do get bored, staff don't get chance to stay and chat. If I could ask anything it would be more staff." Work was ongoing to increase activities and engagement throughout the home, but further time was needed to improve things.
- The management team had introduced twice daily 'flash' meetings used to ensure that everyone leading the home in various departments were aware of what was going on that day, how people were and what needed to be done. These meetings were used effectively to improve the registered manager's oversight of the home.
- The registered manager completed a home improvement plan which recorded any issues raised by audits. Improvement plans had clear timescales, responsibilities, and a plan for how improvements would be sustained and monitored going forward.

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

- The provider took staff concerns seriously. Following concerns being identified around wound care prior to this inspection, the provider had sent a senior management team in to support the home. Staff had raised concerns about the support put in place and we asked the provider to investigate concerns raised by staff. The provider investigated and made changes to the support provided making sure that senior leader presence was proportionate, not overwhelming and had the right mannerisms to work in partnership with staff.

- Staff told us they would like to receive more support through supervisions. The provider had begun to implement a more robust supervision process, and this needed to be rolled out to all staff. On the day of our inspection, a senior leader was in the home to provide staff with the opportunity to meet with them and share any concerns or feelings they had about working at the home.
- Staff took part in regular meetings to discuss people's needs and give their views. Staff meetings showed that safeguarding concerns and complaints were discussed and used to improve staff practice.
- People were invited to take part in meetings to discuss what activities they would like to do, any suggestions they had for improving the support they received and thoughts on the food. People's views also formed part of the registered manager's daily walk around. People knew who the registered manager was and told us they felt comfortable to speak to them with any questions or concerns. One person said, "The manager has open door policy so we can talk to her."

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

- Staff supporting people were kind and caring. People were positive about staff that supported them. One person told us, "Our care staff are so lovely, they always go the extra mile, nothing is too much. They know everything about me, and we enjoy spending time with each other."
- Staff treated people with dignity and respect. Staff spoke to people about their care needs with discretion. One person told us, "They make sure I'm treated with dignity, when they help me [with personal care], they make sure I don't feel embarrassed."
- Relatives were mostly positive about their loved ones being at the home, although they acknowledged that up until recently staffing had been difficult. One relative told us, "I don't have to worry about [person] when I go home. This place is like a second home to me, and the staff treat me well too. Some of the staff are really, really good."
- Staff made appropriate referrals to other healthcare professionals. We saw staff worked in partnership with the SALT team, physiotherapists, podiatrist, GP and falls team. Where professionals had given advice and guidance to staff, this was reflected in people's care plans and treatment.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities around duty of candour and apologising when things went wrong.
- Statutory notifications, which the provider is required to send to CQC to notify us of events that affect the service had been sent appropriately.