Grove Care Limited

The Grove Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

We carried out an unannounced focused inspection of this service because we had received some information of concern. We have only looked at the areas of Safe as the concerns sat within these areas. This report only covers our findings in relation to this specific area. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Grove Residential Home' on our website at www.cqc.org.uk.
The Grove Residential Home is registered to provide residential and nursing care for up to 36 people living with dementia (maximum 35 as one shared room used by a single person). At the time of our inspection there were 34 people in residence.

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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were safe. Staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if concerns were raised and who to report the concerns to. Any incidents that occur within the service were reported to the safeguarding team at South Gloucestershire Council. However one that had happened in November 2016 was not reported. The service had put measures in place to ensure all incidents were discussed with, or referred to the safeguarding team and improvements had been implemented by the registered manager to prevent this happening again.

Any risks to people's health and welfare were assessed and well managed in order to reduce or eliminate the risk. The service had taken the appropriate steps to reduce or eliminate the risk of people falling. If however people did fall, the reasons why were analysed and action taken to prevent a reoccurrence. The service had a pro-active approach to falls management but recognised that sometimes people fell.

Where people had been assessed as at risk of malnutrition, the service had measures in place to monitor their body weights and recorded food and fluid intake were required. The service liaised with the GP and would involve other healthcare professionals as necessary.

The service had measures in place to ensure the premises were safe and people were not placed at risk. As a result of an injury sustained by one person, the provider had subsequently taken action to remove the risk. The provider had reviewed the whole home to ensure the risk was not present in other places, as well as to eliminate the risk. There was a programme of weekly and monthly checks in place to check the safety of the home.

The staffing numbers on duty each shift were calculated to enable each person's care and support needs to be met.

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.

People received care from staff who safeguarded them from coming to harm and would take the appropriate action if their safety was compromised.

Any risks to people's health and welfare were well managed. Where new risks had been identified the provider took immediate action to eliminate that risk.

Staffing levels were appropriate and enabled them to keep people safe.

The Grove Residential Home

Detailed findings

Background to this inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check on information we had received and to see if the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At the previous inspection in September 2015 we found no breaches in the regulations.

We undertook a focused inspection of The Grove Residential Home on 11 January 2017 because we had been provided with information of concern and we wanted to check to make sure that people were safe and the service was not in breach of any regulations. We inspected the service against one of the five questions we ask about services: is the service safe? The inspection was undertaken by one inspector.

We looked around the home and looked at specific care documentation. This documentation included risk assessments and management plans, staff meeting notes, accident and incident records and staff rota's. We spoke with the registered manager, a senior member of the care team and one care assistant.

Good

Is the service safe?

Our findings

At our last full inspection of this service in September 2015 the service was rated as good in this area. We had looked at how the service protected people from avoidable harm, how risks to individuals were managed, how people's needs were met by sufficient numbers of staff and how medicines were managed.

At this focused inspection on 11 January 2017, we checked the arrangements in place and looked at any lessons that had been learnt as a result of the two incidents included in the information of concern that we received. We did not re-look at how the service managed people's medicines because no concerns had been raised in this area.

We spoke to a senior member of staff, one care assistant and the registered manager. They were each aware of their responsibilities to safeguard people and if they had any doubts about whether an incident should be reported to the local authority, would telephone the safeguarding team for advice. The registered manager shared with us examples of recent care records (one dated June 2016) where they had done this and the advice that had been given by the safeguarding team was recorded. However, in November 2016, following one incident, the service had not reported the event to the safeguarding team.

Lessons had been learnt and the senior team had reflected on their practice to ensure all incidents were always discussed with, or referred to the safeguarding team. Improvements had already been implemented by the registered manager to prevent this happening again. Handover information sheets completed at the end of shifts now required a greater level of detail to be recorded and included prompts about notifying the safeguarding team and family, where appropriate. A revised accident form and a critical incident reporting form had to be completed and follow up action was then recorded by the senior member of staff and signed off by the registered manager.

A range of risk assessments were completed with each person and then reviewed on at least a monthly basis. These risk assessments included moving and handling, falls, the likelihood of pressure damage, nutrition and the use of bed rails for example. Person-specific risk assessments were completed where required. Risk assessments resulted in the risk being rated as high, medium or low. Management plans were written and amended whenever there was a change in the person's care and support needs and we were shown examples where this had been completed. This ensured the care team could take the appropriate action to reduce or eliminate the risk.

Where people had been assessed as at risk of malnutrition, the service had measures in place to monitor their body weights and recorded food and fluid intake were required. For one person who was losing weight but had a good food and fluid intake, the staff had been unable to measure their body weight because the person chose not to allow staff to do this. The registered manager had however liaised with the family and the GP and the person was being monitored regularly by them. Although the home had not continued with recording how much the person was eating, the previous records had indicated they were eating sufficient quantities of food. The registered manager described the person has having a health appetite. The registered manager told us the GP was of the opinion the weight loss was as a result of the person's

dementia condition (recorded in care notes).

We spoke with a member of staff who was the falls champion. Their remit was to reduce the number of falls people had. They told us every fall that happened was reviewed and "a mini root cause analysis" done. This enabled them to identify reasons why the fall had happened and make any necessary changes. Falls reduction meetings were held on a weekly basis plus the registered manager said they talked about falls in their weekly manager's meeting with the provider and other registered managers. The registered manager told us they analysed the prevalence of falls to look at the how, why and what (can be done to reduce the likelihood of falls). It was evident the service had a pro-active approach to preventing falls although these still did occur.

We checked what measures the service had in place to ensure the premises were safe and people were not placed at risk. As a result of an injury, the provider had subsequently taken action to remove the previously 'guarded' and unidentified risk. The provider had undertaken a programme of reviewing accessible hot water pipes and radiators, where risks had been identified pipes had been boxed in, whilst others had lagged securely. Where new risks had been identified the provider had taken immediate action to eliminate the risk.

We discussed with the registered manager the arrangements in place to ensure the home was a safe place to live. The maintenance staff completed a monthly audit of the whole home. Each bedroom was checked. These checks included the bed, furniture, the call bell system, lighting, plumbing and paintwork, toilet roll holders and towel rails. Infection control audits were completed on a three monthly basis, the exterior of the home, the gardens and grounds were checked on a monthly basis. There was also a programme of weekly, monthly and quarterly checks of the fire safety procedures, hot and cold water temperatures and all equipment, for example hoists and the weighing scales.

The registered manager said the service was fully staffed and they continued to not use agency staff. Any sickness or holiday cover was covered with their own staff team and this included those occasions when a person was anxious and agitated and required one to one support for a period of time. Shifts were worked 8am-2pm, 2pm-8pm and 8pm-8am. Based on the needs of the people in residence at the time of this inspection, there were five care staff on duty during the day and two waking night staff overnight. In addition other staff were on duty. This included activity staff, catering and housekeeping staff, maintenance, the registered manager and the deputy manager. The deputy manager continually monitored the staff rota's to check staffing numbers and staff had to clock-in and clock-out of their shifts.