

# Hyde Crook Nursing Home Limited

## Grove Lodge

### Inspection report

Hyde Crook  
Frampton  
Dorchester  
Dorset  
DT2 9NW

Tel: 01300320098  
Website: [www.hydecrook.com](http://www.hydecrook.com)

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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 ●

# Summary of findings

## Overall summary

Grove Lodge is a residential care home for up to 22 older people with dementia and mental health needs. The building offers accommodation over two floors with lift access to each floor. People have access to communal lounge and dining areas, an accessible garden and outside space. There were 16 people living at the home at the time of inspection.

Grove Lodge is a 'care home'. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from the risks of abuse because staff understood the potential signs and how to report concerns. There were sufficient numbers of safely recruited staff available to meet people's needs and staff knew people well and understood the risks they faced and how to manage these. Accidents and incidents were reported, recorded and learning shared with staff. People received their medication safely and these were recorded accurately.

Pre-admission assessments were undertaken before people moved to the home and included information about physical, religious, emotional and mental health needs to ensure that these could be effectively met. There were assessments of capacity and decisions made in people's best interests where required. Meals were prepared fresh at the home, this was a change since the last inspection in response to feedback from people. Feedback about this change was positive and people had choices about what they ate and drank. Staff received support through supervision and had access to relevant training opportunities to provide them with the correct skills and knowledge for their role.

People were supported by staff who were kind and compassionate in their approach. We observed the use of gentle, tactile contact and staff communicating with people in ways which were meaningful for them. People were offered choices about how they spent their time and were supported with respect by staff who protected people's dignity and promoted their independence. Visitors were welcomed whenever they wished to visit and were encouraged to feedback through informal discussions, resident and relative meetings and surveys.

People's care records showed that their support was reviewed at least monthly and was therefore responsive to changing needs. People were supported by staff to engage in a range of social opportunities which included some group activities, one to one time with staff and a range of visits from external providers. People and relatives were aware about how to raise concerns if needed and felt that these would

be listened and responded to. End of life care was person centred and planned with people to ensure that wishes and preferences were understood and respected.

Feedback from people, relatives and staff was that Grove Lodge was well managed. Everyone spoke positively about the registered manager who used an open door approach and was approachable and responsive. Staff were clear about their roles and responsibilities within the service and communicated well to ensure that they were responsive to people's needs. Feedback was gathered and used to drive changes at the home and audits were used to identify any gaps or trends to continually improve the service people received.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Grove Lodge

## 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 22 September 7 June 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information prior to the inspection.

During the inspection we spoke with four people who used the service and two relatives. We also spoke with five members of staff and the registered manager. We gathered feedback from three professionals who had knowledge about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of records during the inspection, these included five care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments and meeting minutes. We looked at three staff files, the recruitment process, training and supervision records.

Following the inspection we asked the registered manager to send us some policies, the training matrix, staff meeting minutes and contacts for external professionals who had knowledge of the service. These were sent to us as requested via email.

## Is the service safe?

### Our findings

People were protected from the risks of abuse by staff who understood the potential signs to be aware of and their responsibilities to report. Staff told us some of the signs they might look for and comments included "if certain behaviours were present when certain residents are nearby, I would consider this", "If someone was aggressive, verbally or physically and this was out of the ordinary".

People received safe care and treatment. We observed that staff were responsive when people walked who were at risk of falls and gave verbal and physical guidance and reassurance to assist people to sit and stand safely. A relative told us "I'm happy, I can't say more than that". They explained that they did not worry about their loved one because they felt that they were safe at Grove Lodge.

People were supported by staff who understood the risks they faced and their role in managing these. Care plans included personalised risk assessments which explained the risk and what actions were needed to manage these. Examples included signs and symptoms where a person was prone to chest infections, guidance for staff about the risks for a person who had a catheter in place and provision of pressure relieving equipment when a person became at increased risk of developing pressure areas. Staff were confidently able to tell us about the risks people faced and understood how to manage these safely.

Some people presented behaviours which could be challenging towards staff or the service. We found that care plans were in place, up to date and in line with best practice. These plans included possible triggers for people to become upset and gave staff clear guidelines on approaches to use to support people. Staff were able to explain how they supported people if they became upset in ways which ensured that the person, staff and other people were safe.

People were supported by sufficient numbers of staff to meet their needs and spend time with them. We observed that where people used call bells, these were answered promptly and where people needed increased supervision, this was provided. The registered manager explained that they monitored the staffing levels and used feedback from staff and observations to determine whether this was sufficient. Grove Lodge was nearly at capacity at the time of inspection and the registered manager had discussed staffing levels with the provider to ensure that this reflected the numbers and dependency of people at the home. Comments from people included "If I need anything they (staff) come quickly and also at night" and "They (staff) always come when I call".

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. If agency staff were used, information about their DBS and experience was checked and the registered manager explained that they only used the same few agency who had been to the service before.

Staff ensured that people received their medicines as prescribed and we saw that recording and disposal

systems were in place. Where some medicines required additional checks, these were in place and records complete. Where people had medicines prescribed 'as required', staff asked people whether they wanted these and recorded in their Medicine Administration Record (MAR). Where people had prescribed creams, these were applied by staff and recorded accurately. We observed staff checking with people whether they wanted pain relief and where people could not consistently communicate pain, staff understood the physical signs to be aware of to ensure that pain relief was given.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities and hand sanitising dispensers throughout the building and staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. We observed that all areas of the home were kept clean which provided a safe environment for people. One person told us "someone came in this morning and cleaned, it's always clean". A relative explained that the home was clean when they visited and there was no malodour. A professional advised that there were always supplies of PPE and hand sanitising lotion available when they visited.

Fire evacuation procedures were in place and each person had a Personal Emergency Evacuation Plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were regular checks of the fire alarms, fire doors and fire safety equipment.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. The registered manager explained that they discussed incidents as a staff group and considered any actions needed. For example, following an incident where a person had been challenging, staff discussed whether there had been any signs or triggers. An action from this had been to speak with the person's GP and agree regular monitoring for any signs of infection.

## Is the service effective?

### Our findings

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.

Where people were unable to make decisions in relation to specific areas of their care and treatment, assessments of capacity and decisions in people's best interests had been made. MCA assessments were decision specific and included explanations of how decisions had been made. Best interests decisions included those important to people and again, evidenced how decisions had been made. A professional explained that one person had required frequent reviews of their MCA decisions and that the service had completed these.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Where people required consideration of DoLS, applications had been made to the Local Authority to assess these. The registered manager monitored when authorisations were in place to ensure that further applications were made in a timely manner when existing DoLS were due to expire.

People were involved in pre-assessments which considered their physical, social, religious and mental health needs before moving to Grove Lodge. These assessments formed the foundation of people's care plans and identified what support people required and how needs were met effectively. The registered manager explained how they considered the care and treatment needs, staff skills and also dynamics at the home, before deciding whether they would be able to meet someone's needs.

Staff had the correct knowledge and skills to support people and received relevant training and development opportunities for their roles. Staff told us that they received enough training to provide them with the knowledge they needed to support people. Training was provided in some areas the service considered essential, these included fire safety, moving and assisting people, infection control, dementia and safeguarding. The registered manager explained that they received some face to face training from local external professionals and other training was provided through workbooks. Other training areas staff had undertaken included dignity and respect, challenging behaviour, death, dying and bereavement and coping with aggression in the workplace.

New staff completed an induction and probation period at Grove Lodge. The induction included time spent getting to know policies and procedures, understanding their role and shadowing more experienced staff. The induction followed the national standards set out in the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

A staff member explained that they had been able to shadow a more experienced staff member and had found this useful.

People were supported to have a balanced diet and where people needed foods prepared in a certain way to eat safely, this was accommodated. People had choices about their meals and staff gathered this information for the chef on the day. If people did not want either choice offered, the chef explained that they would make an alternative for the person. People requiring assistance were helped in a manner which respected dignity and demonstrate knowledge of individual dietary and food consistency needs. For example, we saw that food was cut up in line with a person's care plan.

People could choose whether to have their meals in their own rooms, the communal dining or living area or the quieter lounge. We observed staff confirming that one person had chosen to stay in the quiet lounge to eat." A person explained that they preferred to eat in their room, and this was respected.

Grove Lodge had moved away from a food delivery company since the last inspection and were using more fresh food which was cooked on site. The registered manager explained that this change had been made following feedback from people and had been well received. The chef explained that one weekly meal was still delivered as this had been a favourite for people, but all other meals were now prepared on site. Comments from people and relatives included "the food is improving. ....it tastes better", "I like the food" and "the food is really good, they (staff) invite me to stay for a meal when I want".

People had 'transfer forms' in their care plans to ensure that important information about their care and treatment needs was shared if they were admitted to hospital. Details included how people preferred to communicate, support people needed to mobilise and contact details of those important to them. This information was kept in a separate file which was accessible for staff and also included any medical decisions about end of life care.

People were supported to receive prompt access to healthcare services when required. People's records included details about referrals to health professionals and information from anyone visiting people at the home. We saw that visiting professionals included chiropody, District Nurses, Dieticians and Opticians. Grove Lodge had regular visits from the local GP surgery and records showed that they communicated effectively about people's changing needs and were proactive in seeking advice if people were unwell. Professionals feedback was positive with comments including "referring appropriately and in a timely way....receptive to input and recommendations" and "(staff) always phone with any issues, they are proactive in seeking advice and follow this".

People were able to access all areas of the home and go out into the grounds if they wished. Bedrooms were split across two floors and there was lift access to the first floor. Grove Lodge had accessible outside space to the front and rear and relatives explained that they walked with their loved ones outside when the weather was nice. People were supported to find their way around the home with pictorial signs. For example, for the toilets, lounge and dining rooms. People were able to personalise their rooms with their own furniture and decorative items. A person explained that they had brought their own furniture in with them. A person told us "you can go out if you want and I can go where I like". Another person explained that they preferred to spend time in the quieter lounge and this was respected.

## Is the service caring?

### Our findings

People and relatives spoke positively about the staff team and told us that they were kind and compassionate. Comments included "The staff are lovely really...they've got to know me well", "Staff are very nice and will do anything for you", "staff are marvellous, treat (name) like a person, not a patient" and "the staff are very helpful, we have a laugh". During the inspection there was a relaxed and calm atmosphere in the home, we observed moments of friendly banter and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, one person was walking around the main lounge area. A staff member spent time walking with them, holding their hand and gently chatting and offering options of what the person might like to do. Another staff member explained "It feels like you are at home caring for a grandparent". A professional told us "staff are all quite good and interactions are compassionate".

People were offered choices about their care and treatment and the home was flexible in its approach to ensure that support was person centred. Examples included one person who chose to have their meals at a different time to the main mealtimes and a person choosing to have a different bedroom because they wanted a quieter area with more space. We observed staff offering people choices about their day throughout our assessment, choices included what to wear, where to spend their time and what to eat and drink.

Staff communicated in ways which were meaningful for people and we observed that interactions were relaxed and punctuated with moments of laughter. People responded positively to staff speaking with them, staff used tactile contact to connect with people and we observed that staff spent time chatting with people in communal areas. One person was more anxious when they were on their own and we observed that staff were reassuring and tactile with them to help to calm them. A professional told us that they had suggested a different method of communication for a person and staff had been receptive and produced visual cards for the person.

Staff were respectful of people's privacy and dignity and a person explained that staff always knocked before coming in to their bedroom. People were offered choices about whether they would prefer male or female staff who support them and this was respected. Where people were visited by their loved ones, they were offered choices of where they spent time with them and given privacy in their bedrooms if they wanted. One relative explained "we have spent time in private when we have wanted to". We observed relatives spending time with their loved ones in the quiet lounge at the service and saw that staff ensured that they were able to sit together and provided trays of hot drinks.

Visitors felt able to visit whenever they chose and told us that they were always welcomed. Comments included "I can come whenever I want" and "they(staff) invite me to stay for a meal when I want...they(staff) ring me and tell me straightaway if (name) has a fall". Feedback was positive about communication and relatives explained that they were kept up to date by staff.

We found that people's cultural beliefs were recorded in their files and that they were supported to attend

services and meetings of their choice if requested. The registered manager explained that no-one currently chose to receive support to access any services within the community but that they had previously supported people in this way. The service held a regular communion service for people.

People's independence was promoted because staff encouraged people to do what they could for themselves. Examples included a staff member assisting a person to hold cutlery so that they were able to eat independently and closely observing a person who was at high risk of falls, but was able to mobilise independently. A person told us staff "don't interfere with you...I can do what I want myself".

## Is the service responsive?

### Our findings

People's care plans reflected their individual needs, wishes and preferences and enabled staff to understand what was important to people. Details included people's previous occupations, those important to people, places they had visited and where they had grown up. This information was important because it enabled staff to interact with people about topics in which they had an interest.

Care plans were responsive to people's changing needs. For example, one person had experienced some falls. Staff had discussed how to respond to the increasing risks and the person's bedroom had been moved around to reduce the risks of the person falling. This was reflected in the person's care plan and in the staff communication book to ensure staff were aware of the change. Another person had deteriorating health and was being supported in bed. Staff considered the person's view as they were lying in bed and had altered the person's room and used mobiles and decoration to provide a more stimulating and interesting environment for the person. A professional explained that they had visited one person whom the service had already referred to their GP and also the local rehabilitation team in response to the person's changing needs.

Communication between staff was effective and meant that staff could be responsive to people's changing needs. Handovers took place twice daily and handover records showed the information for a week for each person. This meant that if staff had not been in for a few days, they could effectively update about any changes for people. Staff communicated well together verbally throughout the shift to ensure they provided responsive care for people. Examples included the chef advising staff when lunch was running a little late and staff discussing who needed assistance with their meal at lunchtime.

People had call bells available to ask for staff assistance when needed and other technology was used by staff to alert them if a person got up to walk, if they were at an identified risk of falls. We saw these in place as described.

People were encouraged to engage in social opportunities at Grove Lodge. Some external resources visited regularly and other activities were arranged by staff. People were able to be involved in areas in which they had an interest. For example, one person lived to paint and showed me some art work which they said they found relaxing to do. Another person made mobiles to hand around the home and for some of the staff and other residents. The activities co-ordinator ensured that the person had the supplies they needed and the mobiles were displayed in the home. The activities co-ordinator had compiled scrapbooks of activities people had been involved in and the registered manager explained that these were used as a basis for conversation and reminiscence with people. People had enjoyed a recent visit from owls and had other animal themed visits planned. People told us that they had enjoyed this.

The registered manager told us that newsletters were produced regularly and we saw that these included lots of photos of people engaged in different activities. These were also sent to some relatives who enjoyed seeing what their loved ones had been involved in. The registered manager explained that they had implemented a training course for staff to focus on the wellbeing of people through activities. This had

already started at the time of inspection and had been well received by staff. A professional explained "there are always activities going on which they (staff) are good at. ....engaging people".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them. The registered manager explained that information could be provided in large print or audio version for people if this was needed. We observed that text was set up on the main television and that two people used this. The service also had large print books available for people.

People and relatives told us that they would be confident to raise any concerns if they needed to and felt that these would be listened to and acted upon. There was a complaints policy in place which included details of the process for complaints to be investigated and responded to. We saw that where complaints had been received, these had been recorded, investigated and responded to and outcomes recorded. One relative explained "If anything isn't right, I can speak to (registered manager) and they will take action".

People were supported with end of life care and preferences were recognised, recorded and respected. Care Plans included any end of life medical decisions and staff ensured that these were understood and followed. The registered manager explained that they provided support for families when people were approaching end of life and after people passed away. Grove Lodge had a forget-me-not garden which was planted when a person passed away with a flower in their favourite colour. Relatives, staff and other residents were able to spend time in the garden and the registered manager explained that some families of previous families visited annually and used the remembrance garden. A compliment from one relative stated 'heartfelt thanks .....especially those who dealt with (name's) passing so sensitively'.

## Is the service well-led?

### Our findings

Grove Lodge had a registered manager who had been in post since 2015. 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.

Feedback was consistently positive about the registered manager from people, relatives and staff. The registered manager had an open door policy and ensured that they were available and visible at Grove Lodge. Comments included "the registered manager is charming...comes and speaks to me about how things are", "we have chats with the registered manager and they are very supportive" and "the registered manager is lovely, we can converse at any time".

The registered manager explained that the ethos at Grove Lodge was that "It's a home, people shouldn't do anything different here to your own home". They told us that they placed an emphasis on staff ensuring that they "focus on providing the care" and that this did not need to be hurried or rushed and to spend time with people in ways they wanted. A staff member explained "It's (Grove Lodge) such a welcoming and warm home...everyone has more time for each other".

Staff understood their roles and responsibilities within Grove Lodge. The registered manager was supported by a team including an administrator, senior and health care assistants, housekeeping staff and chefs. Staff were clear about their roles and responsibilities and felt that their views were listened to and that they were valued. The registered manager was in the process of advertising for a deputy manager to further strengthen the governance of the service.

The registered manager told us that they received regular support from the provider and also had links with other registered managers through local meetings and online resources. The service worked to drive continuous improvement by changing the training provider used to support learning and development of staff. The registered manager had evaluated the existing training provision and had sought advice from other managers about best practice when they were deciding which training provider to choose. They had used this feedback to inform their decision making.

People, relatives and staff were involved and encouraged to feedback about the service through informal discussions, meetings and surveys. The registered manager sent out surveys to people, relatives and staff. Responses were reviewed and used as a basis for changes. Examples of how feedback had been used included changes to the food provision for people and changes to the layout of the dining room to better meet people's needs.

The service also encouraged feedback through an online resource and leaflets were available in reception for people to complete. There had been four reviews using this system since August 2018 and all were positive about the care received. Comments included 'There are plenty of staff at hand if needed, whose compassion and care is reflected not only in the faces of the residents but by the display of the art and craft

activities and photo gallery of the residents enjoying activities in their beautiful garden' and 'I have peace of mind knowing that she is lovingly cared for and I now have quality time with her when I visit. I am so glad that I chose Grove Lodge.'

The registered manager had spoken with staff about the new General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. This means that people at the home will have more say over the information that the home holds about them. We saw that information about the GDPR had been discussed at staff meetings and there were posters reminding staff about how this affected them on display.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The registered manager completed observations of staff which ensured that any areas for improvement were identified and acted upon.

The service worked in partnership with other agencies to provide good care and treatment to people. We saw evidence of staff working with a range of other professionals and saw that advice and guidance was regularly sought from external agencies including mental health teams, GP's and the Clinical Commissioning Group. The registered manager explained that they often rung the Local Authority safeguarding team to discuss any potential concerns and seek advice.