

Fidelity Healthcare Grove Hill Ltd

Grove Hill Care Home

Inspection report

Grove Hill
Highworth
Swindon
Wiltshire
SN6 7JN

Tel: 01793765317

Date of inspection visit:
08 September 2022

Date of publication:
28 September 2022

Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Grove Hill Care Home is a residential care home providing accommodation for persons who require nursing and personal care for up to 27 people in an adapted, two storey building. The service provides support to adults living with dementia. At the time of our inspection there were 22 people living at the home.

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

There had been significant improvements since the last inspection. A new registered manager had been in post since January 2022 and had addressed the concerns we found on the previous inspection.

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.

Assessments of people's needs were accurate and up to date. Care plans were accurate and daily care records were completed with enough detail to demonstrate people received the care they needed. Records were legible. Any unexplained injuries were investigated and recorded.

The registered manager monitored the quality of the service. Effective monitoring systems were in place and information from monitoring and audits were used to drive improvements. This included checks designed to keep people safe from harm. For example, repositioning charts, used to reduce the risk of pressure ulcers. These charts were analysed by the registered manager to identify patterns and trends.

Most people living with dementia could give us limited feedback on their views about the service. They did, however, confirm they were happy with the support they received and liked the staff who cared for them. Relatives gave us their experiences of the service and were complimentary about the service.

Staff felt supported by the registered manager. The registered manager had arranged training to enhance staff skills and knowledge. People's individual dietary preferences and needs were clearly recorded, and people were encouraged to eat healthily. People were supported to access health and social care professionals when needed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 and 20 May 2021, in which we found a breach of legal requirements ; Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had made the required improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led which contain those requirements. 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 improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grove Hill 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 effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below

Grove Hill 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.

Inspection team

This inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Grove Hill 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 had received about the service 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 all this information to plan our inspection.

During the inspection

People living in the home were living with dementia. We spoke with five people to seek their views and one visiting relative. We also spoke with the registered manager, the owner, two care staff and the chef. We viewed a range of records relating to people's care and the management of the service. This included four people's care records and three staff files in relation to support and supervision. We viewed a variety of records relating to the management of the service, including; training records, audits, checks and procedures.

After the inspection

We contacted four relatives of people living at the home to seek their feedback. We continued to seek clarification from the provider to validate evidence found.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to Good. This meant the effectiveness of people's health, care and treatment achieved good outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, not all information identified at assessment was included within the care plans. Some people had their freedom and movement restricted. At this inspection we saw improvements had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. Since the last inspection, people and, where appropriate, their relatives, had been involved in reviewing these. People's needs had clearly been identified and care plans consistently reflected these needs. This included where people required support with oral care and needs relating to communication.
- Care plans reflected current guidance and initial assessments.
- We saw relevant referrals had been made where further assessment was required to support people's needs. For example, one person was referred to a speech and language therapist in relation to a specific condition.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager was knowledgeable about the process of assessing people's mental capacity for specific decisions. Where people had fluctuating capacity, we saw a capacity assessment was in place.
- People's right to make their own decisions was respected, staff were aware of and worked within the MCA. People's freedom and movement was unrestricted.
- Staff had completed training in MCA and understood how to support people in line with the principles of

the Act. Staff judged whether people had capacity to make particular decisions whenever necessary.

- DoLS applications were being monitored and regularly followed up to ensure any deprivations were being monitored until they were legally authorised.

Adapting service, design, decoration to meet people's needs

- Best practice guidance about dementia friendly environments had been referred to and people's bedrooms were personalised with pictures and furnishings.
- The communal space had little natural daylight. However, the provider had installed extra lighting making the area bright. Good lighting is particularly important for people with dementia.

Staff support: induction, training, skills and experience

- New staff received an induction and completed training before working independently.
- Staff and the registered manager had completed ongoing training. One staff member told us, "I have found the training really useful. We are well supported here, and the manager is very supportive to us all."
- People were supported by staff who received supervision so they could talk through any issues and look at professional development.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives spoke with us about food and drink at the home. One person told us, "I find the food here to be very good mostly. I think I usually get more than enough to eat and there is always drink on hand." One relative said, "The meals have been very adequate, the portions are always over large."
- People's dietary needs were assessed and outlined in care records. This included special diets, allergies, and people's preferences. The chef and care staff were aware of people's dietary needs.
- We spoke with the chef who told us, "I cater for some special people, so I am always learning new ways to please them. I can make whatever they [people] want."
- People were supported to maintain their health and well-being. Where required, people were referred to healthcare professionals and their needs were reviewed. For example, occupational therapists and district nurses.

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 requires improvement. The rating for this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not always ensured that systems and processes were in place or robust enough to demonstrate that there was adequate oversight of the home. Records were not always accurate, complete and legible. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made and the provider was no longer in breach of Regulation 17.

- The registered manager had introduced a range of checks to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs) and health and safety checks. Action was taken to address any identified issues. For example, audits identified people's weights were not being managed consistently. The registered manager introduced a new system and records confirmed people's weights were managed effectively and consistently.
- Staff understood the provider's vision and values and knew how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect the person's rights and provide good quality care and support. For example, routine checks to keep people safe had been formalised and were monitored to identify patterns and trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- People and their relatives spoke positively about the registered manager and the owner. Their comments included; "I do know the manager and the owner and I know I can contact them", "[Registered manager] is really lovely and the carers are good", "I get several emails from [owner] with information on finances and things and I find that he is very capable" and "The manager is here most days, if you ever want to talk you go to the manager and she lets you in and you can talk."
- Staff felt respected, supported and valued by the registered manager who promoted a positive and improvement-driven culture. A member of staff told us. "I get a lot of support from my manager, she helps

on the floor, she is hands on so she knows the residents [people] and staff really well."

- Staff felt able to raise concerns with the managers without fear of what might happen as a result.

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

- Staff gave honest information and applied duty of candour where appropriate.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. One relative told us, "We get regular questionnaire's about the service and care provided and at least monthly we are asked if we are happy with everything."
- There was positive staff morale with staff saying they felt very well supported in their roles. Staff told us there was effective teamwork and the registered manager set an example by being open and supportive.
- The registered manager had an open-door policy and the people using the service and their relatives were encouraged to visit the office and express their opinions either in person or via telephone.

Continuous learning and improving care; Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider and the registered manager worked closely with other stakeholders to ensure people received good quality care. This included co-operation with health care professionals, commissioners of the service and safeguarding team.