

Four Seasons (JB) Limited

# Grove Discharge Unit

## Inspection report

Ward M3, Clatterbridge Hospital  
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### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Grove Discharge Unit is based within Clatterbridge Hospital. It provides short term nursing or residential care to up to 30 people who have been discharged from hospital and require a period of further assessment or rehabilitation. At the time of the inspection there were 26 people staying in the unit.

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

There were systems in place to seek and record people's consent to their care. However, when people were unable to provide their consent, the practices in place did not always reflect the principles of the Mental Capacity Act. We made a recommendation about this.

There were regular systems in place to monitor the quality and safety of the service. Although these covered many areas of the service, they did not identify all the issues we raised, such as the recording of people's consent. The registered manager did not have oversight of the areas of the service the hospital trust was responsible for. We made a recommendation about this.

Staff were supported in their role through induction, supervisions and an annual appraisal. Staff had undertaken training in several areas, but further update were required and the registered manager was arranging this. Meals were provided by the hospital trust and people told us they enjoyed them and there was always a choice. Staff were aware of people's specific dietary needs and preferences. The unit is based within a hospital ward, which meant there were some restrictions in adapting the service, such as the lack of laundry facilities or a dining room.

Feedback regarding the management and quality of service people received was very positive from both people receiving support and their relatives. People told us they would recommend the service to others and staff said they enjoyed their jobs and were well supported. The registered manager and staff were clear about their responsibilities and worked together in providing a good level of care and support.

People told us they felt safe whilst staying in Grove Discharge Unit. They were supported by sufficient numbers of staff who had been safely recruited. Staff were knowledgeable about safeguarding procedures and risk to people had been assessed and measures put in place to minimise identified risks. Medicines were administered safely and stored securely. People told us they received their medicines when they needed them. The unit appeared clean and well maintained and staff had access to personal protective equipment to help prevent the spread of infection.

Staff treated people well, with kindness and respect. One person told us, "Quite simply, staff deserve ten out of ten." Staff knew people well and we observed positive, warm interactions between staff and people staying on the unit. People were supported to make decisions regarding their care and were involved in the creation of their care plans. Support was provided to people to help them regain their independence and do as much for themselves as possible before leaving the unit. People told us staff always protected their

dignity and privacy.

Individual plans of care were in place and most provided up to date information regarding people's needs and preferences and had been reviewed regularly. People's communication needs had been assessed and staff knew how best to communicate with people. Although nobody raised any concerns regarding activities, there was no activity coordinator in post and people spent their time listening to the radio or watching television. Friends and relatives visited during set hours and were made welcome by staff. Complaints received were managed well, and although people told us they knew how to raise any concerns, they had not had any need to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 8 January 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality and safety of the support provided. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Grove Discharge Unit

## 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 Care Act 2014.

#### Inspection team

This inspection was undertaken by two inspectors 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 Discharge Unit is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

Before the inspection we reviewed the information we held about the service. We also contacted the local authority, safeguarding team and CCG to gain their feedback of the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with six members of the staff team. This included the registered manager, the regional manager and four other members of the care team.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We received further information and clarification regarding areas raised during the inspection, such as training.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we made a recommendation about the management of medicines. This was because temperatures of storage areas were not monitored, and medicines were not dated when they were opened. During this inspection we found that improvements had been made and the recommendation had been met.

- Medicines were stored securely, and the temperature of the clinic room and fridge were monitored regularly and within recommended ranges.
- Regular stock balance checks were made to help ensure accuracy.
- Medicines were administered by trained nurses who had their competency assessed.
- People told us they received their medicines when they needed them. A relative told us, "It is reassuring to know that the nurses are always careful to ensure that my [relative] takes her tablets."

### Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures, had undertaken training and a policy was in place to guide them in their practice.
- Referrals had been made appropriately to the local safeguarding team.
- A whistleblowing policy was in place and staff told us they would not hesitate to raise any concerns they had.

### Assessing risk, safety monitoring and management

- A contract was in place with the hospital trust that stated the hospital were responsible for the safety and maintenance of the building and equipment. This included things such as gas and water safety, electric and fire safety checks such as fire alarms and firefighting equipment. The registered manager had no oversight of these checks and agreed to request written confirmation of the safety of the building.
- Risk to people had been assessed and measures were in place to reduce any identified risks, such as regular repositioning for people at risk of developing pressure ulcers and sensor equipment for people at risk of falls.
- Staff were aware of emergency procedures. Personal emergency evacuation plans were in place that informed staff what support people required in the event they needed to evacuate.
- People told us they felt safe whilst staying at Grove Discharge Unit; their comments included, "Of course this place is safe, it is also comfortable, pleasant, homely and happy" and "This is a beautiful place to be, you are safe, secure and well looked after."

### Staffing and recruitment

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered employment.
- Registrations to professional bodies were checked on a regular basis.
- People told us that staff were always available to meet their needs and there were always enough staff around to help. They told us, "The staff are brilliant my call bell is answered straight away which makes me feel safe" and "Staff often come and sit with us and importantly they seem to listen."

### Preventing and controlling infection

- The unit appeared clean and well maintained. One person told us, "Every day this place is kept very clean."
- Staff had access to personal protective equipment to help prevent the spread of infection.
- Bathrooms contained liquid soap and paper towels in line with infection control guidance. Hand gel was also available at several points around the unit.

### Learning lessons when things go wrong

- Accident and incidents were recorded and reviewed to look for ways of minimising further occurrences.
- Records showed that appropriate actions had been taken following incidents.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- When able, people provided their written consent to the care they received. This included their consent for specific decisions, such as the use of bed rails.
- However, when people were unable to provide their own consent, we found that the systems in place did not consistently reflect the principles of the MCA. For instance, one person's friend had signed consent forms on their behalf but did not have the legal authority to do this. Staff had applied for a DoLS for a person, but there was no capacity assessment completed to establish whether they had the capacity to consent to staying in the unit. Action was taken to address this by the end of the inspection.

We recommend the provider reviews and updates its practices to ensure all people's consent is sought and recorded in line with legislative requirements.

- Staff had completed training in mental capacity and DoLS, but the registered manager told us they felt additional training and guidance in the application of the MCA would be beneficial. Following the inspection, they confirmed further refresher training had been arranged.
- People told us staff always asked for their consent. One person said, "[Staff] are so nice to me and will always ask if it is alright before doing anything."

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

- Prior to a people transferring to the unit, they had their needs assessed by health and social care staff within the hospital. Staff used this information to create comprehensive plans of care for people.

- People had access to occupational therapists and physiotherapists whilst staying on the unit. They provided ongoing treatment and assessment to ensure people received the right support as their needs changed.
- Staff had access to best practice guidance to help support them in their practice.

#### Staff support: induction, training, skills and experience

- Staff told us they felt well supported in their roles and were able to raise any issues they may have.
- New staff completed an induction when they commenced in post and all staff received regular supervisions and an annual appraisal. Staff also completed competency assessments in areas such as catheterisation and wound care.
- Staff told us they completed regular training to enable them to meet people's needs. The training matrix reflected regular training in a variety of areas. However, it showed several staff had not completed fire safety or infection control training. The registered manager told us this was usually provided by the hospital and recent training dates had been cancelled due to unforeseen circumstances. Staff we spoke with were very knowledgeable about fire safety and how to prevent the spread of infection within the unit.
- People told us staff knew how to meet their needs. One person said, "The carers are very good and seem to know exactly what to do."

#### Supporting people to eat and drink enough to maintain a balanced diet

- Meals were provided by the hospital trust and people told us they enjoyed them and there was always a choice. A relative told us, "Mealtimes seem to be enjoyed, they certainly have when we have stayed on to help."
- People's dietary needs had been assessed and staff were aware of people's specific needs.
- When there was concern about a person's intake, this was monitored and recorded to help ensure they ate and drank enough, and their weight was reviewed regularly.

#### Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked in liaison with other health and social care professionals to ensure people's needs were met effectively.
- The local GP or nurse from their practice visited the home each week as part of a local initiative. A consultant from the hospital also visited each week to help maintain people's health and wellbeing.

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

- Grove Discharge Unit is based in a hospital ward. This meant there were some restrictions in adapting the service. For instance, there was no dining room for people to eat their meals together and there were no laundry facilities. People staying on the unit did not raise any concerns regarding this.
- Technology and equipment were used effectively to meet people's care and support needs. For instance, call bells were available at each bedside and fall sensor equipment was in use to help alert staff when people at risk of falls were mobilising.
- Bathrooms were adapted to ensure they could be accessed by all people. There was some pictorial signage in place to help people living with dementia find their way around the unit.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were happy and treated well by all staff. Their comments included, "Staff are brilliant, they put themselves out", "The staff are fantastic I have absolutely nothing but praise for them", "Quite simply and staff deserve ten out of ten."
- Relatives were also very positive about the support their family members received. They told us, "I am entirely satisfied that my wife's healthcare needs have been met, they really seem to care in this place" and "I don't think they could do any more than they do, clearly [staff] are kind, thoughtful, caring workers."
- Staff knew people well including their preferences regarding care and it was evident from their interactions with people that positive relationships had been formed.
- An equality and diversity policy was in place. This helped to ensure staff understood the importance of treating people as individuals and not discriminate against people.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to share their views about the care provided.
- A leaflet was provided to people when they first came to the unit. This provided information about the unit and what people could expect during their stay there.
- People and their relatives told us they were involved in decisions regarding their care. Comments included, "It is much appreciated that we have been totally involved in all relevant discussions about [family member]" and "When arrangements have had to be made, they are careful to ensure that all parties are fully informed."
- Advocacy services information was available for people and the registered manager told us that they were used when needed to support people.

Respecting and promoting people's privacy, dignity and independence

- People told us staff provided support in ways that protected their privacy and dignity and we observed this in action during the inspection. Comments included, "Staff are always respectful, very nice" and "Staff always check on me and ask if I want their help or support with anything. Always respectful."
- One focus of the unit is to support people to rehabilitate and regain their independence. People told us, "[Staff] have been very supportive in helping me to walk again" and "The carers really encourage me to get up and work on my knee."
- Equipment was in place to promote people's independence, such as assisted baths, sensor alarms and walking aids.

- Care plans were written in ways that prompted staff to provide care that encouraged people to maintain their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individual plans of care were in place, which were based on an assessment of people's needs and preferences. They included information regarding people's care preferences and Daily routines.
- Most care plans provided up to date information regarding the support people required, however one person's plan required an update due to a recent change in their needs. This was updated by the end of the inspection.
- People knew about their plans of care and all had been reviewed regularly.
- People and their relatives told us staff provided person centred care. Their comments included, "My [family member] has certainly been treated as an individual" and "They have shown that they do know what my [family member] likes and dislikes and are able to provide the care he needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the accessible information standard. People's communication needs had been assessed and were recorded within their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although nobody raised any concerns regarding activities, there were no structured activities available to people. There was a quiet lounge with a television and a small selection of books and board games, but most people stayed by their bedside and listened to the radio or chatted.
- The regional manager told us they were looking to employ an activities coordinator to provide more regular, structured activities for people.
- There were set visiting times on the unit to help ensure people had privacy when receiving care and treatment. We saw that people's relatives were welcomed by staff.

Improving care quality in response to complaints or concerns

- There was a complaints procedure available and people were confident in raising any concerns they had. People told us, "I would have no hesitation in raising a complaint, but I haven't had to so far" and "The response by staff in this place has been excellent, no complaints whatsoever."
- The registered manager maintained a log of any complaints received and records showed they were

investigated and responded to appropriately.

#### End of life care and support

- There was nobody receiving end of life care at the time of the inspection, but staff had undertaken training in this area to ensure they could provide effective care to people during this time.
- The service had a policy for end of life care to help guide staff in their practice.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- There were regular systems in place to monitor the quality and safety of the service. The regional manager had also recently completed a review of the service and identified actions to drive forward improvements.
- We saw that when actions were identified, they were addressed to ensure the service remained safe. However, the systems did not identify all the points we highlighted during the inspection, such as those relating to consent. The registered manager acted to address this straight away and there was no impact on people's care or wellbeing.
- The registered manager did not have any formal oversight of the areas of the service the hospital trust was responsible for. Systems were introduced after the inspection to address this and they were ongoing.

We recommend that the provider reviews the systems in place to monitor the quality and safety of the service to ensure all areas of the service are included.

- Staff received regular support and training for their role to help ensure their practice was up to date and they could meet people's needs safely.
- Responsive action was taken to any issues raised during the inspection.

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

- Feedback regarding the management and quality of service people received was positive. All people and relatives we spoke with said they would recommend the unit to others. Their comments included, "I think the management of this unit is superb", "This place is good and seems to be run well", "We would have no hesitation in recommending this place" and "The staff and management are wonderful, kind, interested, compassionate and will listen to you."
- Staff told us they were well supported in their roles and were positive about the management team. They told us, "The [registered manager] is pleasant, I can go to him with anything and he acts on it" and "He gets involved, is hands on and communicates well."
- Staff were committed to enhancing the experiences of people at GDU, people were empowered and supported to remain as independent as possible.

### 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

- Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a

transparent way.

- Relatives were informed of any accidents or incidents involving their family member.

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

- The registered manager and staff were clear about their responsibilities and worked together in providing a good level of care and support.
- They were aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- Ratings from the last inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager worked closely with other health and social care professionals to help ensure people's needs were met and the service ran smoothly.
- Regular staff meetings were held to engage with staff and seek their views. One staff member told us, "Staff meetings are brilliant, information is shared really well."
- People and their relatives told us they were asked about the service by the provider holding meetings, satisfaction questionnaires and having an open-door policy.