

Avon Care Limited

# Grosvenor Hall

## Inspection report

2a Grosvenor Road  
Scarborough  
North Yorkshire  
YO11 2NA

Tel: 01723373615






Date of inspection visit:  
05 September 2019

Date of publication:  
18 October 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Grosvenor Hall is a residential care home providing personal care to people with dementia. The service can support up to 23 people in one adapted building. At the time of this inspection, 16 people lived at the service.

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

Governance systems had been developed and improved since the last inspection. Further work was needed to ensure these were fully embedded and effective in identifying all shortfalls and areas where the service needed to improve. Checks the provider completed to ensure the service was providing good quality care, needed thorough recording. We have made a recommendation about governance systems.

Medicines had not always been stored safely and recorded appropriately. We have made a recommendation about the management of medicines.

People told us they liked living at the service and felt safe. Support was provided by a consistent team of staff who had a good understanding of people's care and support needs. Staff were visible around the service and it was clear positive, caring relationships had been developed. Improvements had been made to the support and training staff received and a safe recruitment process was now operated.

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.

People's needs had been assessed and improvements had been made to the information recorded in people's care plans and risk assessments. The service was clean and tidy throughout and cleaning schedules were now in place.

People and staff spoke positively of the registered manager. The registered manager was passionate about ensuring people received person-centred care. They were committed to improving the service although acknowledged that the process had been slower than expected.

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 (and update)

The last rating for this service was requires improvement (published 14 February 2019) and there was a breach of regulations. 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.

The service remains rated requires improvement. This service has been rated requires improvement for the

last four consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Grosvenor Hall

## 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

The inspection was carried out 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

Grosvenor Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection. 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.

#### During the inspection

During the inspection, we spoke with five people who used the service and three relatives. We spoke with four members of staff, which included care staff and the registered manager.

We viewed a range of documents and records. This included three people's care records and twelve medication records. We looked at two staff recruitment and induction files, four staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also contacted a further two staff to request feedback.

# 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 requires improvement. At this inspection, this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicine were not always stored appropriately. Temperature checks of the medicine room and fridge were not recorded. Staff did not know how to do this.
- Medicine records were not always clear. Records that provided details of people GP's, any allergies and a photograph of the person were missing for some people.
- Medicine records were not accurate. Carried forward balances were incorrect, and medicines had been signed for when they had been refused.

We recommend the provider consider current guidance on the storage and recording of medicines and take action to update their practice accordingly.

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

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- Staff had received training and demonstrated an awareness of their responsibilities. Refresher training was due for most staff to ensure they kept up to date with current best practice guidance.
- People told us they felt safe. One person said, "I feel very settled and safe here."

### Assessing risk, safety monitoring and management

- Risks were assessed to ensure the service was safe.
- Regular checks on the environment were completed and any shortfalls addressed. However, at the last inspection, we identified a window that posed a risk to people due to height and size. The registered manager had addressed this but had failed to assess all other windows within the service. We found at least one other window that required additional safety measures installing. The registered manager addressed this.
- Risks associated with individuals were in place and provided thorough guidance to staff. These had been regularly reviewed and updated when changes occurred.

### Staffing and recruitment

- Improvements had been made to the recruitment process.
- Action had been taken to address the shortfalls at the last inspection in relation to health questionnaires and right to work pre-employment checks. These were now in place.
- The provider recruitment policy required updating. It did not include all pre-employment checks the

provider should be completing before staff commenced employment.

#### Preventing and controlling infection

- An infection prevention and control policy was in place and followed by staff. Cleaning schedules were followed to ensure equipment and the environment were cleaned on a regular basis.
- The registered manager had taken action since the last inspection to ensure all pressure cushions were named to reduce the risk of cross contamination.

#### Learning lessons when things go wrong

- Accidents and incidents were now recorded and signed off by the registered manager. A monthly analysis was completed; further work was needed to identify and respond to any trends.



# 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 requires improvement. At this inspection, this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service ensured they could meet people's needs. Pre-admission assessments were completed before a person was admitted to the service.
- Professional advice and guidance had been considered when planning how best to meet people's needs.

Staff support: induction, training, skills and experience

- Staff had received training to ensure they had the skills and knowledge to support people. A training plan was in place to ensure refresher training was provided at regular intervals.
- Staff received support from management. Supervisions were now completed on a regular basis.
- We received mixed feedback from staff regarding the support they received. Comments included, "[Registered manager] is great. I can go to them for anything" whilst some staff felt less supported stating, "I don't feel fully supported." We discussed this feedback with the registered manager who told us they would address it.

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

- People were supported to eat and drink regularly. Staff encouraged regular fluids throughout the day
- People spoke positively of the meals on offer. Comments included, "The food is lovely. We have a good cook. You can ask for anything and they will sort it for you."
- Where people required their food and fluid to be monitored, this was not always recorded accurately. The registered manager said they would address this.

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

- People received effective, timely care. Care records detailed other professionals involved in people's care and support.
- Staff sought advice from professionals when needed and this was acted upon.

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

- Refurbishment work had been completed since the last inspection. Communal areas had been decorated and people had been consulted regarding the colour choices.
- The signage and design of the environment was sufficient to meet the needs of the people living at the service.

- People's bedrooms had been personalised according to their individual likes and interests. There were communal areas and safe outdoor spaces for people to use.

#### 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.

- A tracker was used to record when DoLS had been requested. This was not up to date. The registered manager provided us with an up to date tracker following the inspection.
- Care plans showed staff had considered when people may not have the capacity to make certain decisions; mental capacity assessments and best interest decision were now recorded.
- Observations showed people were offered choice and encouraged by staff to make their own decisions.

# 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 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

- Staff were attentive to people's needs. There was a relaxed atmosphere and positive, caring relationships existed between people and staff.
- People told us they were all treated as individuals and felt there was no discrimination from staff. One person told us, "Staff are very good. I have no complaints."
- Staff demonstrated a friendly approach which showed consideration for people's individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and acted on their requests in a timely manner.
- People responded positively to staff; they smiled, laughed and joked with them showing us they shared positive caring relationships with them and valued their company.

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

- People were supported to make decisions; staff routinely offered people choices.
- People told us they were in control of their care and support. Advocacy services had been used where needed.
- Staff understood people's communication needs and body language and provided support when required. For example, if this indicated a person was becoming anxious.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves to promote their independence. Staff provided verbal prompts and offered reassurance when needed.
- Staff respected people's privacy and dignity; people told us doors and curtains were closed during personal care and they were never made to feel uncomfortable by staff.
- People were encouraged to maintain relationships and build new friendships. Relatives told us they could visit the service whenever they wished and this was never a problem.

# 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 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

- People received person-centred support. Staff understood people's needs and what was important to them.
- Care plans contained detailed information about people's likes, dislikes and preferences. Relatives had been involved in discussions where relevant.
- Life history documents were in place. Where people lacked capacity to provide information, relatives had been asked to contribute.

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.

- People's communication needs were known by staff.
- Care plans were being updated to ensure they captured people's communication needs and any support they required.
- The registered manager had begun to develop easy read versions of policies and picture menus to further support people who were living with dementia.

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

- Activities took place, which staff encouraged people to participate in.
- Records of future planned activities were lacking. The registered manager said this was an area they were developing.
- People told us they were happy with the activities on offer. Comments included, "I am happy with them [activities]. I wouldn't join in if I wasn't."
- People had access to a large lounge where they could socialise with staff and each other. Plans were in place for the home's minibus to be used for outings into the local community. A relative told us, "People could do with more stimulation. Staff do try but outings would be a good idea."

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints.
- A complaints policy was in place and available in easy read. The policy required updating to ensure it

made reference to the Local Government and Social Care Ombudsman. This organisation is the final stage for complaints when people are unsatisfied with previous investigations.

#### End of life care and support

- Records were in place, which recorded people's preference and choices with regards to end of life care and support. These reflected people's spiritual and cultural needs.

# 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 requires improvement. At this inspection, this key question has remained the same. 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

At our last inspection, the provider had failed to assess, monitor and improve the service and keep complete and contemporaneous records. They did not have effective quality assurance processes in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, systems and process needed fully establishing and embedding into practice.

- The quality assurance process in place had improved since our last inspection. Regular audits to monitor the quality and safety of the service were now in place. However, they were not always effective in highlighting all shortfalls and some needed further development. For example, medicines not being managed appropriately and window audits not checking all areas associated with window safety.
- The provider visited the service on a regular basis and they had introduced an audit to evidence these visits. However, these remained basic in details and did not thoroughly check the service was delivering good quality care.

We recommend the provider seeks further support and guidance from a reputable source, about effective systems to monitor and improve the service.

- At the last inspection, we were concerned as the registered manager had limited support structures in place to enable them to deliver the changes and improvements needed. The provider had sourced an independent company to complete audits within the service to identify any shortfalls. Further plans were in place for the registered manager to receive additional support. The registered manager felt this would be beneficial.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a person-centred culture to improve people's quality of life. Improvements had been made to people's care records to ensure they contained person-centred

information.

- The registered manager was committed to continually developing the service. They showed genuine concern for people's well-being and quality of life.
- People and relatives spoke positively about the registered managers approach, commitment to the service and improvements they had begun to make. One person said, [Registered manager] is lovely. They have time to chat with me."

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 was responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong. They had been responsive to the shortfalls found at the last inspection, although admitted that progress had been slower than they would have liked.

Continuous learning and improving care

- The registered manager worked hard to improve the service and learn from mistakes. Most of the shortfalls found at the last inspection had been addressed and they were clear about the areas that needed further improvements.

Working in partnership with others

- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance.
- The registered manager recognised the importance of community involvement. A local vicar and choir visited the service on a regular basis. Outings to local café's took place. Plan were in place for the home's minibus to be used. The registered manager said, "We finally have a minibus, which will make such a big difference to people."