Care For Your Life Ltd

Grosvenor Hall Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

This inspection took place on 19 October 2016 and was unannounced. Grosvenor Hall Care Home provides nursing and residential care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 40 people who require personal and nursing care. At the time of our inspection there were 36 people living at the home.

There was not a registered manager in post. An application for registered manager was in progress. 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.

On the day of our inspection people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff knew how to safeguard people from abuse. The provider had systems and processes in place to keep people safe.

Medicines were administered as they were prescribed. Medication administration sheets (MARS) were not always fully completed. Guidance was not in place for as required (PRN) medicines.

The provider did not act consistently in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Best interests decisions did not detail what decisions people required support with. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. Risk assessments were completed in the residential home. People had access to healthcare professionals such as the GP and also specialist professionals. People had their nutritional needs assessed. People were not consistently supported to eat enough to keep them healthy. It was not easy for people to make choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There was not always sufficient staff to respond in a timely manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered. Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place. Staff had received regular supervision.

We saw that staff obtained people's consent before providing care to them. People were provided with access to activities and leisure pursuits.

Staff felt able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Audits were carried out and action plans were in place to address any issues which were identified. Accidents and incidents were recorded and managed to help prevent them happening again . The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicine administration sheets were not fully completed. Guidance was not in place for as required medicines. Medicines were stored safely.

There was not always staff available to respond to people in a timely manner.

Risk assessments were completed.

Staff were aware of how to keep people safe. People felt safe living at the home.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not receive adequate support at mealtimes to ensure their nutritional needs met.

The provider did not act in accordance with the Mental Capacity Act 2005.

People had access to a range of healthcare.

Staff received regular training and supervision.

Is the service caring?

Good

The service was caring

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had access to activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their plan of care.

Is the service well-led?

Good

The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open culture

Grosvenor Hall Care Home

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.

This inspection took place on 19 October 2016 and was unannounced. The inspection was completed 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help plan our inspection.

We also looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the manager, the registered provider, seven people who lived at the home, three relatives, two activity coordinators, two nurses and two care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We saw that the medication administration records (MARs) had not been fully completed according to the provider's policy and guidance. We found gaps in five of the medicine records we looked at, where it was not clear whether or not medicines had been administered. We also found that it was not clear from the MARs records whether or not people had been offered their as required medicines such as paracetamol. In addition it was not always clear from the record whether medicines were as required or regular medicines. There was a risk that people were not getting their medicines as prescribed.

Where people required as required (PRN) medicines guidance was not consistently in place so that staff understood when it was appropriate to administer these medicines. For example, a person who experienced significant pain due to a medical condition had a care plan in place which detailed what medicines they required and when. However other people did not have a care plan available to indicate when they required these medicines. We spoke with the manager about this who has since our inspection begun to address this issue and put protocols in place.

We observed a medicine round and saw that medicines were administered and handled safely. We observed staff identified people by name and told them what medicines they were being given to ensure that they were receiving the correct medicines. A relative told us, "They're very thorough here. I always see them stay with him." People were asked if they required their as required (PRN) medicines such as painkillers. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control.

Risk assessments were in place for issues such as falls, nutrition and skin care. Where people had specific issues such as a high risk of choking risk assessments had been completed and guidance provided to ensure staff cared for the person safely.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "They've been marvellous, I'm so safe" and another person said, "I'm perfectly safe and have no worries." A relative told us, "[Family member] is very safe, so much safer than when at home too. I've got peace of mind."

Staff told us that there were times such as lunchtimes and medicine rounds when they felt there were insufficient staff. We observed at lunchtime people did not receive the support they required this is dealt with in another part of the report. They told us the medicine round took a long time which meant two members of staff were unavailable to provide support to people or staff had to be disturbed whilst doing the medicine round. People we spoke with told us staff response times to call bells varied. One person told us, "They don't come straight away, it can be 20 minutes or longer, they'll say they'll come as soon as they can." Another person said, "It can be a longer wait at lunch or changeover, 20 minutes max I'd say." One person explained, "The [staff] tell me that they're short at times, and say I'll have to wait 'til they're free." A family member told us, "More would be nicer. I see people left alone for long periods."

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider. The manager told us they rarely used agency staff and this was only for carers not nursing staff so there was always consistent leadership.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. Staff we spoke with were able to tell us how they would report concerns. However one staff member we spoke with was unsure about the process for reporting outside of the organisation, for example, to the local authority. However they knew where they could obtain the information to do this. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood. The plans detailed how to support people both physically and emotionally in the event of an emergency situation.

Requires Improvement

Is the service effective?

Our findings

We observed people were offered a choice of drinks during the day according to their preferences and records of food and fluid intake were maintained appropriately. However we observed that drinks were left with people and people were not encouraged to have a drink. We saw during mid-morning two people left their drink and staff cleared them away without questioning whether or not they wanted an alternative or trying to encourage them to have some fluid. People were at risk of not taking adequate fluids.

Similarly we observed lunchtime in both lounge areas. Meals were served in two lounge areas, the dining room, people's bedrooms and in the entrance hall according to people's choices. However this meant that staff struggled to support people with their meals and observe if people required assistance or not. We saw people were not encouraged with their meal to ensure that they received sufficient nutrition. Where people left meals they were removed rather than staff checking whether or not people wanted an alternative or required assistance. One person was served their meal whilst they were asleep at the dining table and did not wake until 20 minutes later by which time the food was cold. Another person had not finished their main course but staff still served their pudding to them saying it was 'for later' by which time this would also be cold. Since our inspection the provider has informed us they have put in arrangements to address this issue, for example additional support staff at lunchtime. Arrangements were in place to ensure where appropriate people received nutritional supplements to support their nutritional needs.

A menu was not available for people to see what was available and assist them to make choices at mealtimes. People were offered choices the previous day however when we spoke with people they told us they didn't know what was for lunch. We noticed that meals came pre-plated from the kitchen and delivered to the dining areas by carers, which gave a limited opportunity for a person to change their mind on what to eat or request an alternative. One person said, "It's all well cooked and I usually, but not always, get a choice beforehand. I can ask for a special or variation of the main course if I'm not sure I like it. We just get a drink and biscuits in the evening and family have to bring in my fruit." Another person said, "They say we can have anything at all. The meals are pretty good, but I'm diabetic so have to be careful with the puddings."

We observed that people were asked for their consent before personal care was provided. However in the upstairs lounge we observed staff putting aprons on people without asking, before serving lunch. Records included completed consent forms such as consent to photography. Where people were unable to consent this was detailed in the care records.

The provider did not act consistently in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. We observed that best interests decisions were not specific and it was not clear what the decision was for. For

example, a person was able to make decisions about their day to day care but unable to make more complex decisions. The best interests decision did not detail what decisions it related to, which meant there was a risk that decisions were made inappropriately on behalf of the person. Another person required bed rails to keep them safe and was unable to consent however this was not included in the best interests decision. There was a risk the person was being restrained inappropriately.

We recommend that the provider ensures that they are familiar with current legislation in relation to MCA and DoLS.

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. At the time of our inspection two people were subject to DoLS authorisations and applications had been made for 15 other people. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We saw that the appropriate paperwork had been completed and the CQC had been notified of this.

A system was in place to ensure staff received appropriate training. One person said, "They all seem very good. I see new ones shadowing the older ones." A relative told us, "From what I see, they know what to do." Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. Staff received mandatory training on areas such as fire and health and safety and also training on specific subjects which were relevant to the care people required such as dementia care.

The registered manager told us and we saw that there was a system for monitoring training attendance and completion. Records detailed who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications. New staff received an induction and when we spoke with staff they told us that they had received an induction and found this useful. The induction was in line with national guidelines.

Staff were satisfied with the support they received from other staff and the manager of the service. They told us that they had received support and supervision. The manager told us they encouraged staff to request supervision in addition to that planned into the diary if they felt they needed to discuss issues in detail. A member of staff told us they had requested specific training at their supervision to help them to understand people's needs more comprehensively. One staff member told us, "It's good to get feedback on how you are doing."

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment or support was required. Transfer forms were in place to ensure if people were admitted to hospital the information about how to provide their care was available to hospital staff.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for. One person said, "I feel like I'm family here." Another person told us, "The staff are wonderful." A relative said, "I'm friendly with them, one is so good with [my family member] and will sing to them while doing [my family member's] care."

People were involved in deciding how their care was provided and we observed that staff were aware of respecting people's needs and wishes. For example, a care record stated that a person preferred their bedroom door to be left open at night and also detailed the number of pillows they preferred. One person told us, "I can please myself with just about everything day to day, even though I'm in bed."

Another record explained that the person did not wish to be disturbed at night despite the risk to their skincare which had been explained to them. We saw where the decision was reviewed on a regular basis with the person. Another person said, "They always ask me and give me options on whether I'm ready to have something done for me."

People were supported to maintain their independence if they wished. For example, a person said, "I plan my clothes and what to do and can choose my bedtime, then the staff wake me when it's my time to get up." Another person told us, "I get to make lots of choices and go where I like."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, when providing support to people they chatted to them about recent events such as the football which had been on the TV and the planned bonfire party. A person asked for their handkerchiefs and we observed a member of staff offered to fetch their personal box rather than offering a handkerchief from the communal box because they understood this was important to the person. One person told us, "The staff go the extra mile to help me." Another person said, "Anything I want, they sort it and get me help if I need it."

We observed a person struggled to swallow their medicine and staff were patient with them, asking if they were 'ok 'and laying their hand gently on their arm to reassure them that everything was alright.

We observed staff supporting people to move and saw they did this at their own pace. Staff chatted with people to put them at their ease and also explained to them how they could assist and what was happening. For example, they told them when to move forward and where to hold for support.

People who used the service told us that staff treated them well and respected their privacy. We observed staff knocked on people's bedroom doors before entering. One person said, "They're very respectful. They knock and wait for me, and close the door and curtains at wash time." We saw that staff addressed people by their preferred name and that this was recorded in the person's care record. Staff understood the need for confidentiality. Records were stored securely and personal information protected.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. People told us they enjoyed the activities that were available in the home. During our inspection we observed people playing a game in the lounge. We saw that the member of staff leading the game supported people according to their needs so they could participate in the game. Both relatives and staff also joined in the game. In addition another member of staff was carrying out activities on a one to one basis with people in another part of the home and with people in their bedrooms. We observed a staff member go to a person's bedroom to show them herb seeds that they were going to sow the following day for a windowsill planter, and ask if they would like to come and help. We saw good interaction and encouragement given.

A person said, "They'll sometimes tell me what's on and I'll decide if I'm getting up to join in. We had a cinema afternoon with popcorn. I like Bingo and we have a singer comes in now and then." Another person said, "I prefer to stay in my room due to my health. The [activity staff] comes in for a chat and occasional quiz."

Relatives and people who used the service told us that they were aware of their plan of care. We looked at care records for four people who lived at the home. Care records were personalised however they did not consistently include information about people's life history and experiences. This is important because it helps staff to understand people's needs and wishes. The manager told us they had difficulty getting this information for some people and were trying to approach it differently so that records included key events and issues rather than life histories. We saw personalisation had been discussed with staff at a meeting. The minutes recorded, "Everyone to remember we are here for our residents and they should not work around us and our routines."

Care plans had been reviewed on a regular basis and where changes had occurred between reviews this was included. Handovers were carried out at shift changes to ensure staff were aware of any changes in people's needs. A member of staff told us they also carried out a check of everyone who remained in their bedrooms during the day at the start of each shift. They told us that as part of this they checked charts and spoke with people to understand how they were at that time.

Where people were unable to communicate verbally we observed that staff understood how to communicate with them and respond appropriately to their needs. For example a person used gesture and vocalisation to indicate they needed support with their personal care. We observed the person seek out a member of staff and communicate their needs with them which they fully understood.

Relative's told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. A coffee bar had been built in the upstairs lounge where people and their relatives could access drinks and snacks.

A complaints policy and procedure was in place and on display in the foyer area. Relatives and people who lived at the home told us they would go to the manager or person on duty at the home. At the time of our

inspection there were no ongoing complaints. The complaints procedure was only available in a written format which meant that only people who could read were able to access it. Complaints were monitored for themes and learning.

Good

Is the service well-led?

Our findings

There was an internal audit system in place to check the current service. Checks were carried out on areas such as infection control and medicines. We saw that action plans were in place. In addition we saw that where concerns had been raised these had been used as learning points for staff and discussed at team meetings. For example, where there had been a medicine error this had been discussed and the need for additional training with relevant staff had been identified and carried out.
The manager had a good understanding of people's needs and personal circumstances. We observed that throughout the day they interacted with people and their relatives. A system of daily checks was carried out by the manager which allowed them to chat with staff, visitors and people who lived in the home. The manager regularly worked in the home providing care for people so that they understood people's needs and the issues which staff faced.

Members of staff, people and relatives told us that the manager and other senior staff were approachable and supportive. A relative said, "I sometimes see her wandering around. Nice lady." One person told us, "She [manager] comes and says hello when she's on the corridor." Staff said that they felt able to raise issues and felt valued by the registered manager and provider. They told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. Staff told us they felt that since the new manager had come into post things at the home had improved and they felt much more of a team. The manager told us that they encouraged people and staff to come and speak with them at any time and that they had an 'open door' policy. Regular meetings were held with people and their relatives we saw that issues such as training and care had been discussed at meetings.

Staff told us they understood their roles and felt they were supported to carry them out. The manager had introduced an award scheme for employee of the month which recognised when staff had gone the extra mile. They told us that staff could be nominated by colleagues, people who lived at the home, relatives and other professionals.

A number of methods had been put in place to understand people and their relatives' views and experiences of the home. For example, relatives meetings had been held and the manager told us they would like to hold these based on specific issues such as the Mental Capacity Act. In addition surveys had been carried out with people and their relatives to measure their experience of the services. Surveys had also been carried out a week after people's admission by the manager to understand their experience and ensure that any issues were addressed early.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the manager.

At the time of our inspection a registered manager was not in place. An application for the current manager to be registered had been made with CQC. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.