Care for your Life Ltd

Grosvenor Hall Care Home

Inspection report

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Date of inspection visit: 14 January 2015
Date of publication: 01/05/2015

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 04 January 2015 and was unannounced.

Grosvenor Hall Care home provides 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 35 people living at the home.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People told us that they felt safe and well cared for. When we spoke with staff they were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

Infection control risks were not consistently managed and people were at risk of cross infection.

Summary of findings

The provider did not act in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. People had access to other healthcare professionals such as a dietician and GP.

Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs.

People had access to activities and excursions to local facilities. However, people experienced long periods of time without interaction from staff.

People had their privacy and dignity considered.

People were supported to eat enough to keep them healthy. People had access to drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

We saw that staff obtained people's consent before providing care to them.

Staff told us that they felt able to raise concerns and issues with management. We found relatives were clear about the process for raising concerns and were confident that they would be listened to. However, the complaints process was only available in written format and therefore not everyone was able to access this.

Accidents and incidents were recorded and reviewed to ensure trends and patterns were identified. The provider had not informed us of two incidents as part of our notification system

Audits were carried out on a regular basis and action plans put in place to address any concerns and issues. The recent infection control audit did not identify the issues raise at the inspection.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Staff were aware of arrangements to protect people from abuse. The provider had policies and procedures in place to support staff.

Medicines were stored and administered safely.

Infection control arrangements did not protect people from risk of cross infection.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were supported in their role and received appropriate training.

People's nutritional needs were met and people had access to healthcare services.

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

Is the service caring?

Good

The service was caring.

Staff provided care in a kind and sensitive manner. Where people had difficulty communicating staff used non-verbal communication.

People were treated with dignity.

Is the service responsive?

Requires Improvement

The service is not consistently responsive.

Activities and leisure pursuits did not reflect people's personal preferences and experiences,

Care records had not been consistently reviewed and updated

People and relatives were aware of how to make a complaint and raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A process for quality review was in place. Audits did not identify issues raised in the inspection.

Accidents and incidents were recorded and monitored. We had not been informed of incidents as part of our formal notification system.

Summary of findings

A whistleblowing policy and procedure was in place.	

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 14 January 2015 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor in physical health care and an expert by experience. An expert by experience is a person who has experience of relevant care, for example, dementia care.

Before our inspection we contacted the Local Authority commissioners for information in order to get their view on the quality of care provided by the service. 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 and spoke with the registered manager, three members of care staff, three relatives and six people who used the service. We also looked at five care plans and records of staff training, complaints, audits and medicines.

We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. We observed three people for a one hour period.

Requires Improvement

Is the service safe?

Our findings

During our inspection we observed that there was an unpleasant odour in some parts of the home and carpets were stained in both communal and bedroom areas. The registered manager told us that they were in the process of carrying out an intensive clean in some areas. We saw that there were personal toiletries left in two communal bathing areas which would be a cross infection risk if they were used for other people. We also saw that the floor in the downstairs shower room was worn and stained.

Hand gel was available throughout the home however, we observed in two bedroom areas where people required personal care that the gel dispensers were empty. Hand gel is important for staff to use in order to reduce the risk of cross infection. Staff had received training regarding infection control and we observed staff washing their hands and wearing protective clothing appropriately.

Cleaning records were in place and this included filling gel dispensers. Equipment such as a nebuliser and hoists were dirty and there was no record of when it was last cleaned. The registered manager told us that equipment was usually cleaned by the night staff but that records were not maintained regarding this. The recent infection control audit carried out in January 2015 did not identify the issues which we identified at the inspection. In addition at the last staff meeting areas such as personal toiletries and cleaning of equipment were also discussed but these issues do not appear to have been resolved.

There was a breach of regulation 12. Insufficient arrangements were in place to protect people against the risk of cross infection.

People who used the service told us they felt safe living at the home. One person said, “Yes definitely the people around you, you have more than one person, there are good carers so you do feel safe.”

Relatives we spoke with told us that they felt their family member was safe. A relative told us, “Yes I do (think it’s safe), because I think it’s enclosed and he can’t get out on the road.”

Staff that we spoke with were aware of what steps they would take internally if they suspected that people were at risk of harm. However, when we asked them about reporting concerns to external agencies staff were not sure how to do this. They told us that they had received training to support them in keeping people safe. Staff said that information about safeguarding concerns was fed back and that they were kept informed of safeguarding issues. The provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed for people who used the service. The provider consulted with external healthcare professionals when completing risk assessments for people, for example the GP and dietician. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. For example, a person was assessed as requiring a walking aid to support them to walk but they refused to use this. Staff were aware of this and were able to explain how they provided support to the person when they mobilised.

We saw that the provider had difficulties in storing equipment and when we looked in one of the bathrooms we saw that a range of equipment was stored in there. This was a risk as people could enter the bathroom and trip or harm themselves on the equipment because it was in a communal area. In addition, we saw in the downstairs shower room, a toilet without a toilet seat presenting a risk to people.

Accidents and incidents were recorded and investigated to prevent reoccurrence. For example a record of falls was maintained and reviewed regularly by the registered manager. Individual plans were in place for people in the event of an emergency and these were easily accessible for staff and emergency services.

A person who lived at the home said, “Only been here one year, if there were any changes I would like to see more staff to help out.”

One member of staff told us that they felt they were short of staff on occasions. We observed periods during the day when staff were not available in the main lounge area to support and interact with people. The registered manager told us that they had recently recruited to their vacant posts and were in the process of carrying out recruitment checks. They said that when these staff members commenced at the home there would be more flexibility around covering the shifts for sickness. There was an arrangement in place to use agency staff if required

Requires Improvement

Is the service safe?

however, the registered manager told us that rather than do this they would often cover shifts themselves which meant that people were cared for by staff who were familiar with their needs. The registered manager told us that a dependency tool was used by the organisation to identify people's needs but that this did not assist with the staffing numbers.

The provider had a recruitment process in place which was managed centrally and included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they told us that they had had checks carried out before they started employment with the provider. There were two volunteers working at the home and the registered manager told us that they had carried out the appropriate checks before they started to help at the home.

People told us that they received their medicines on time. We saw that medicines were administered and handled safely. 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.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person told us, "Staff are not bad." Another person said, "They [staff] know my needs."

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. They said that they had received recent training in areas such as moving and handling, food hygiene and infection control. We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. The training included sessions relevant to people's individual needs such as dementia care. One member of staff we spoke with told us that they felt they required practical moving and handling training to ensure they were moving people safely. We spoke with the registered manager who told us that this had been arranged for the next month.

The volunteers who worked at the home did not participate in training activities in order to support them in their role. The registered manager told us that they did not usually work unsupervised however, during our inspection we observed that they were left alone with people in the lounge area. We spoke with a member of staff who had recently started employment and they told us that they had received an induction. They said that as part of the induction they were allocated to a member of staff for support and continued to use that member of staff as a mentor. Staff also had access to nationally recognised qualifications.

Staff were also satisfied with the support they received from other staff and the registered manager of the service and told us that they felt supported in their role. They told us that they received regular support and supervision including appraisals.

People who used the service told us that they enjoyed the food at the home. One person we spoke with at lunchtime said, "The chef is very good."

The daily menu was on display in the hall area but this was in words only which meant not everyone was able to access this to inform their choices. We observed staff asking people what they wanted for tea that afternoon however, they did not have any prompts such as pictures to assist people with their choice.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. Where people had allergies or particular dislikes these were highlighted in the care plans. We observed people were offered drinks during the day according to their assessed needs. Care staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately.

Where people had specific nutritional needs referrals had been made to speech and language therapists and dieticians to assist staff in meeting their needs.

One person told us, "The food is alright. Usually they [staff] will do me what I want if I don't like the menu." During our inspection we observed staff providing them with an alternative meal which they had requested.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. The GP surgeries carried out regular reviews of people's care and we saw records of this. The provider made appropriate referrals when required for advice and support for example, to the optician and specialist services such as the Parkinson Nurse Specialist.

Staff received daily handovers where they discussed what had happened to people on the previous shift. They said that these helped them to respond appropriately to people and ensure that they were aware of any changes to their care and health. We observed that the handover related mainly to people's health and medical needs and did not include issues about their wellbeing and personal care needs.

Where people did not have the capacity to consent, the provider did not act in accordance with

the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately.

Is the service effective?

These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are

trained to assess whether the restriction is needed. 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. At the time of our inspection there was no one subject to a DoLS.

In two care plans we looked at we saw that the care records indicated that people lacked the capacity to consent to aspects of their care, for example, the use of pressure mats and bedrails. However, best interest assessments did not fully explain why the decision had been taken. People were at risk of receiving care that was not in their best interests.

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. One person said, "Yes they are brilliant, well if I ask for anything then they usually get it for me." Another person told us, "I think they're very good and very helpful."

A relative told us if their family member was not well the staff kindly checked on them, they said;

"If [my relative] is in bed they go to see if [my relative] is in need of anything from time to time."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. For example, a person became upset when a member of staff assisted them to wipe their hands after lunch. The member of staff reassured the person and explained what they were doing.

People who were unable to verbally express their views appeared very comfortable with the staff who supported them. We saw staff responded to non-verbal communication when providing care to people.

Staff provided support and assistance to people in a sensitive manner. For example, they asked people where they would like to sit to have their meal. One person refused to sit at a table and staff supported them to eat their meal on their knee in an area of their choice.

Another person was involved in deciding his clothing during his personal care and his relative described how he did this, "[My relative] seems to be able to point out what clothes [my relative] would like to wear, sometimes the carers seem to know [my relative] better than I do."

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff explained what they were going to do and also what the person needed to do to assist them. They said, "After three you will go up," and repeatedly asked them if they were alright.

Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. One relative told us, that they felt involved in the care of their relative and were kept informed about their care.

Where people didn't have relatives to support them the home had used independent advocates to support people in making decisions. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on bedroom doors and closed curtains and doors when providing their personal care. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance. We saw that staff addressed people by their preferred name and that this was recorded in the person's care record.

Bedrooms had been personalised with people's belongings, to assist people to feel at home.The home was spacious and there were areas for people to spend time with their families if they wanted to, including the main lounges.

Requires Improvement

Is the service responsive?

Our findings

Relatives were encouraged to visit and support people. We observed a relative providing support to their family member and staff provided assistance to them.

Throughout the day we saw that staff responded appropriately to people's needs for support. We saw that staff always asked people if they wanted support and waited for their consent before providing it. When we spoke with staff they were able to tell us about people's individual needs and preferences. They told us about how they responded in order to meet people's needs.

A relative told us, "[My relative] does get asked to join in activities." During our inspection we observed people taking part in planned activities. For example, one person was participating in making a reminiscence poster and another person was making a card. However, we did not see any activities and leisure pursuits which were linked to people's individual likes and dislikes. One person said that they used to do a lot of cooking but were unable to do so here because of the kitchen facilities. The registered manager told us that the activities staff had copies of people's life histories so that they could try and match people's experiences with activities. On the day of our inspection the lead staff member for activities was not available. One person said, "We go out occasionally." Transport was available for trips once a month and people told us about a trip to a local garden centre.

We looked at care records for five people who used the service. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. We saw that two care records had not been consistently reviewed and updated on a regular basis to ensure that they reflected the care and support people required. For example, one person refused to use bed rails despite the risk of falls but it was not clear from the records that this was the current position as the care plan for falls did not reflect this decision.

One person we spoke with told us that they did not know what was in their care plan. Some people had taken part in a recent satisfaction survey and issues had been raised by two people about not being familiar with their care plans. The registered manager told us that they were currently looking at ways to facilitate people to be more involved in their development and review. However, two people we spoke with told us that they had been involved in a review of their care with their social worker and had been able to express their views and choices. Two of the relatives we spoke with also told us that they had been involved in developing their relative's care plan.

The complaints procedure was on display in the home in a written format. Relatives told us that they would know how to complain if they needed to. A relative told us, "You can raise issues, the only thing I've ever raised is, can [my relative] have anything for his cold." We saw that a recent complaint had been resolved satisfactorily. The registered manager kept a log of complaints and reviewed this on a regular basis in order to identify any trends. At the time of our inspection no trends had been identified.

Requires Improvement

Is the service well-led?

Our findings

Staff said there were good communication arrangements in place which supported them in their role. Staff told us that they would feel comfortable raising issues. They said that they were aware of their roles and who to go to for assistance and support. The registered manager told us that they had recently recruited a deputy manager which assisted them in providing appropriate support to staff.

A staff member told us that they had staff meetings but that they hadn't had one for a while. The registered manager told us that the last staff meeting was held on 09 August 2014. We saw from the minutes that issues such as cleaning of equipment, personal toiletries and documentation had been discussed. These issues do not appear to have been resolved as they are issues which we have also identified at this inspection.

The registered manager worked on the floor on a regular basis in order to understand the issues that staff were facing and to ensure that they were familiar with people's needs. There was also an arrangement in place to share staff between the provider's other home in Lincoln. The registered manager said that they were also looking at new staff having an induction at both homes so that where necessary they could work in either according to need.

Surveys had recently been carried out with some people who used the service. The registered manager told us that they were currently considering how to address the issues raised in particular around awareness of people's care plans.

Audits had been carried out on areas such as accidents and incidences, medicines and infection control. We found that on two occasions we should have been informed of incidents as part of our formal notification system. We discussed this with the registered manager. Where required action plans were in place and these were reviewed on a regular basis with the regional manager to ensure progress was made. An infection control audit had been carried out in January 2015 but this had not identified some of the concerns we found during our inspection.

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 registered manager. One staff member said, "If I had a problem I would be happy raising this with the manager or nurse."

The relatives we spoke with told us that they would be happy to raise any concerns they had. They said that they would go to the registered manager and were confident that they would sort it out quickly. Although relatives meetings were not held on a regular basis an arrangement was in place for a drop in session with the registered manager on a monthly basis.

We observed that the registered manager took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. Throughout our inspection we observed the registered manager interacting with staff, relatives and people who lived at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **There was a breach of regulation 12. Insufficient arrangements were in place to protect people against the risk of cross infection.**