

Ratan Care Homes Limited

# Grove House Residential Care Home

## Inspection report

215 Tamworth Road  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Grove House provides accommodation and personal care for up to 29 older people. At the time of our visit 13 people lived at the home. Accommodation is provided in a two-storey adapted building.

### People's experience of using this service

People felt safe living at Grove House. Personalised care was provided by staff who understood people's needs and were available at the times people needed. Improvements had been made to the management of individual and environmental risks. However, further embedding of quality monitoring systems was needed to ensure all care was provided safely and in a safe environment. Medicines were managed in line with regulatory requirements and best practice guidelines. The manager had created an open culture which encouraged learning when things had gone wrong.

Staff had been recruited safely and received the training and support they needed to be effective in their roles. People had confidence in the skills and knowledge of the staff who provided their care. The manager and staff worked in partnership with other professionals to support people to maintain their health and wellbeing. People spoke positively about the quality and availability of food and drinks which met their nutritional needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People received care and support from staff who were respectful and kind. People's privacy and dignity was upheld, and their independence prompted. Staff practice demonstrated their commitment to providing individualised care and the importance of respecting people's decisions and wishes. People were supported to maintain important relationships.

People's needs were assessed prior to moving into Grove House to ensure these could be met. Detailed care plans provided staff with the up to date information they needed to provide care in line with people's wishes and preferences. Complaints were managed in line with the provider's policy and procedure. People could choose to take part in a range of individual and group activities. Further activities were being planned following feedback from people about their interests and hobbies.

The provider had introduced a range of quality monitoring checks and improvements had been made. However, further time was needed for these to be fully effective and embedded. People and relatives were very positive about the quality of the service provided and the way the home was managed. The manager had a good oversight of the service and had developed an inclusive, supportive and open culture with in the staff team. The manager had led the development of positive relationships with professionals and the local community and encourage partnership working to improve outcomes for people.

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 27 June 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. They also sent us monthly updates on actions taken. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been rated Requires Improvement for the last four consecutive inspections.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Grove House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors and an expert by experience (ExE) with experience of care of older people and those living with dementia. An ExE 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, a manager had been appointed and was planning to apply to register with us.

#### Notice of inspection

This comprehensive inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who

worked with the service. We used all 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

We spoke with six people who lived at the home, a relative and a health care professional. We spoke with the provider, the manager, two senior care workers, a care worker and the cook.

We reviewed a range of records about people's care and how the service was managed. This included four people's care records and medicine records to ensure they were reflective of people's needs. We looked at three staff personnel files to ensure staff had been recruited safely and sampled records relating to the management of the service including quality checks and audits, complaints, staff training data and feedback about the service provided.

# 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risk associated with people's care and the environment was safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, further improvement was needed.

- Previously, we were concerned there was no information to show if air filled mattresses, used by people at risk of developing sore skin, were self-regulating. This is important to ensure mattresses that are not self-regulating are working correctly. At this inspection this concern remained. Despite the manager having sought advice about mattress types and settings, it was not clear if one mattress in use was self-regulating. When we highlighted this the manager contacted the supplier to obtain the necessary information.
- Furthermore, we saw one person's mattress was deflated because it had been unplugged. Whilst the person was not in bed we could not establish from discussion with staff and reviewing records why or when the mattress had been unplugged. We shared our concerns with the manager who took immediate steps to investigate. The day after our inspection we received confirmation of the actions taken to prevent a reoccurrence.
- Other risks associated with people's care had been assessed and regularly reviewed. Records informed staff how to provide safe care. For example, we saw staff effectively used techniques detailed in one person's assessment to reduce their anxiety and behaviours which could cause harm to others.
- An emergency plan was in place if the building had to be evacuated. However, the plan needed further development to include details of the arrangements if people were not able to go back into the home following an emergency, for example a fire.
- Staff had completed fire safety training and knew what action to take in the event of a fire to keep people safe.
- The provider had implemented systems and processes to check the environment and equipment was safe. However, these were not always effective. For example, environmental checks had not identified wardrobes in people's bedrooms were not secured to the wall which presented a risk. We brought this to the attention of the manager. Immediate action was taken to address this.

### Staffing and recruitment

At our last inspection the provider had failed to assess people's dependency levels which meant there were not enough staff available to support people at the times they needed. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People told us staff were available to meet their needs in a timely way. We saw staff had time to sit and chat with people and people clearly benefited from these positive engagements.
- Staff described staffing levels as 'better'. One commented, "Whilst mornings are busy times there are enough staff on duty to provide safe care. The manager will always help us if we need them."
- The manager reviewed people's needs so staffing levels could be changed to reflect these. Housekeeping staff had undertaken appropriate training so they could be deployed into different roles to support people at peak times during the day.
- Staff were recruited safely in line with the providers procedure.

#### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management and administration of medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People confirmed they received their medicines as prescribed. Medicine administration records supported this.
- Significant improvements had been made in all areas of medicine management which meant medicines were managed, stored, administered and disposed of safely.
- Staff had completed medicines training which included how to apply prescribed creams and lotions safely in line with best practice guidance.
- Effective management processes were in place to ensure medicines were administered as prescribed and staff remained competent to administer medicines safely.

#### Learning lessons when things go wrong

- The management team monitored and analysed accidents and incidents to identify and address any trends or patterns to minimise the risks of a reoccurrence.
- The manager had developed an open culture in the home which supported learning when things went wrong. They said, "I am supporting staff to have confidence to try different things and not be afraid. We can learn from each opportunity."
- Improvements evidenced during the inspection demonstrated lessons had been learnt.

#### Preventing and controlling infection

- There were systems in place to prevent and control the risk of infection.
- Staff had completed infection control training and used personal protective equipment such as disposable aprons and gloves to help prevent the spread of infections.
- Staff followed cleaning schedules to ensure good standards of cleanliness were maintained.

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

- People told us they felt safe. One person said, "Yes I feel safe, very much so. Everybody here makes me feel



safe. They are ever so good to me."

- Staff had received safeguarding training and understood their responsibilities to keep people safe, including reporting any concerns to the manager. Whilst confident concerns shared would be addressed, staff understood how to escalate their concerns if they were not.
- The manager understood their responsibilities to refer safeguarding concerns to the local authority and CQC as required.

# 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.

Staff support: induction, training, skills and experience

- People told us they had confidence in the skills and knowledge of staff who cared for them.
- When we last inspected Grove House, staff training was not up to date and the provider had not followed induction guidance for staff with no experience of care work.
- At this inspection records confirmed new staff inductions reflected nationally recognised induction standards. Staff were also allocated a mentor and worked alongside experienced staff.
- Staff training was up to date. Staff had also completed additional training specific to the needs of people living at the home. For example, understanding diabetes.
- Staff received support through observations of their practice, individual and team meetings. One staff member said, "I like the group supervisions they are quite new, we can all air our views and it improves communication. I think the manager wants to get the best out of us to make sure residents get good care."

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

- People were supported to eat and drink enough to meet their nutritional needs and maintain a balanced diet. One person told us, "I can have anything I want, when I want it. It's very good."
- Previously, people's experiences at mealtimes was not positive. During this inspection we saw mealtimes were relaxed and unhurried. People chose where they sat and what they ate and drank. Magazines and newspapers were available for people to read whilst waiting for their meal to be served. Staff were attentive and people who needed support received this in a calm and sensitive manner. Meal options reflected people's individual preferences and traditions.
- Staff knew what people liked to eat and drink. The cook told us one person's favourite was cauliflower cheese which they made for the person at lunchtime. The person told us, "[Cook] is wonderful. She knows my favourites and makes me whatever I fancy. She makes me feel special, nothing is ever too much trouble."

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 with appropriate legal authority. 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.

- Previously, we found some people did not receive care in-line with the requirements of the MCA. At this inspection the provider was compliant with the requirements of MCA.
- Staff completed MCA training. They understood and worked within the principles of the Act by gaining people's consent before they provided care or assistance.
- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, plans included details of relatives who had the legal authority to make decisions on their behalf.

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

- People's needs had been assessed before they moved into the home. Records confirmed people and their families had been involved in their assessments to ensure their needs could be met.
- Assessments included information about people's physical needs, health, life history, values and how they wanted their support to be provided.
- Staff were involved in visiting people as part of the assessment process which they described as an improvement. One staff member said, "It's really important as we are the ones who will be providing care. The manager welcomes our point of view. If we feel we cannot meet someone's needs the manager listens."

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

- People's bedrooms were personalised with treasured items that were important to them. A relative told us, "[Name] has photos, a radio... It is a lovely room"
- The provider had taken steps to ensure the design and adaptation of the home met people's assessed needs. Directional signage supported people to move around their home and corridors and doorways were wide enough to accommodate mobility equipment and walking aids. The garden was well maintained and accessible.
- The provider had identified areas of the home which needed updating. A programme of refurbishment was underway. New furniture had been provided in the dining room which had been decorated. Further work was planned which including the installation of a wet room.

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

- People had access to a range of health and social care professionals when needed. One person told us, "If I need the GP the staff will sort it for me. I have seen the GP a few times. The optician came in and the hearing aid man.
- A health care professional told us people were kept well and avoided admission to hospital because staff were 'very good' at recognised the warning signs that a person may be unwell and sought advice. They added "We have a good relationship. Things have significantly improved since the new manager took up post. They are very approachable and open to suggestions."

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

### Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people's right to privacy and dignity was promoted and upheld. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People's privacy and dignity was respected and promoted. One person told us, "They [staff] shut my curtains and they shut the door, when they attend to my personal needs."
- Staff understood the importance of upholding people's privacy and respecting their decisions. When one staff member knocked a bedroom door we heard the person ask them to come back later. The staff member respected this and did not enter their room.
- Staff promoted people's independence. For example, staff encouraged people to use their walking frames so they could move around independently.

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

- People and relatives described staff as respectful, gentle and kind. One person told us, "I am well looked after. Staff are wonderful, I couldn't be more thankful, they are a great team."
- Staff enjoyed their jobs and spoke fondly about the people they cared for. One staff member said, "I love all of our residents... they get good care. We all care about each other."
- The manager cared about people and staff. This was confirmed by a visiting health care professional who described how the manager has promoted the benefits of staff having the flu vaccine to protect themselves and to reduce the risk for people living at the home by preventing a flu outbreak. The health care professional added, "I have now vaccinated about 99% of staff... it's really pleasing."
- Staff had completed equality and diversity training and understood the importance of learning about, and respecting people's differences to ensure person centred care was provided.

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

- People told us they made day to day choices, including when they got up and went to bed, when and how often they had a bath or shower and what time they got up or went to bed.
- Staff encouraged people to make decisions and they respected the decisions people made. People made

daily choices such as, what type of drink they wanted. One person chose to spend a lot of time in bed. They said, "Staff respect my wish." Staff respected another person's decision not to remove their dentures at night time because their personal appearance was important to them. This was reflected in the person's oral hygiene care plan.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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 told us staff were available at the times they needed. One person said, "They [staff] come quickly, when I press the call bell."
- Staff understood and were responsive to people's needs. We saw a staff member noticed a person's drink was out of reach and promptly moved the drink closer to the person. Another person liked to wear makeup to maintain their appearance which was important to them. Staff knew this and explained how they supported the person to apply and remove their makeup each day.
- People were involved in planning and reviewing their care. Care plans were personalised, detailed and up to date.
- Staff used people's care plans to understand their care needs and how best to support the person in line with their choices, protected characteristics, cultural and spiritual needs.
- Staff attended a handover which ensured they had up to date information about the care people needed.

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 had access to some information in different formats for example, audio. The manager told us more formats were being developed.
- Staff understood how to communicate effectively with people.

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

- A variety of activities were provided which people told us they enjoyed. One person said reading was their favourite pastime and staff ensured they always had 'piles of books'. Other people were eager to tell us about the homes bonfire party which one person described as 'beautiful. A staff member said, "There was real buzz. We all loved it. It was fun."
- We saw new activity resources were available to people including magazines, board games and art and craft materials. A volunteer visited the home once a week to spend time talking with people and playing games of their choice such as dominoes.
- People's relatives and friends could visit at any time and were invited to join in social events.

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt comfortable to do so. One person told us, "I know how to complain. I would talk to the manager."
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.
- Complaints were managed in line with the providers procedure.

#### End of life care and support

- People's end of life wishes were documented if people had chosen to share information. One person had shared their wish 'to listen to quiet music, with fresh flowers close by.'
- Staff had completed end of life training and worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death. A staff member said, "When people are poorly or dying we want them to feel loved. People deserve to die with dignity and be free from pain."

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant that whilst improvements had been made, further time was needed to demonstrate these had been embedded and would be sustained when occupancy at the home increased as it was currently low.

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

At our last inspection the provider had failed to take action to address regulatory breaches and establish or embed effective quality monitoring and improvement systems. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Management oversight and monitoring of the service had improved. A range of quality monitoring audits and checks had been introduced. For example, an effective system was in place to determine people's dependency needs and flex staffing levels to ensure these were met. An environmental audit identified areas in need of upgrading and work was being planned.

However, other checks were not effective. For example, checks to ensure airflow mattresses were correctly set. The provider told us, "Audits are still work in progress as they now need to be embedded."

- The home did not have a registered manager. The new manager had been in post since April 2019 and was in the process of submitting an application to register with CQC.

- Despite the short time the manager had been in post they had addressed the key concerns we found at the last inspection. They had gained the confidence and trust of staff and had a clear plan to support continued improvement.

- All staff spoke positively about the manager and her leadership style. They told us, "The manager is really interested in us and the residents.", "We have better systems, better paperwork, better communication. Things are good now. Staff are happier, so morale is sky high." and "The new manager leads by shining example."

- The provider understood their regulatory responsibilities. The homes latest CQC rating was on display in the home so it was accessible to the public. The provider told us their website was being updated and would include the link to their latest report once this work was completed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives were very satisfied with the service provided and spoke highly about the manager.



Comments included, "The care I get is excellent." "I love living here. We are like one big happy family" and "It's excellent how they manage the home."

- Our discussions with the manager demonstrated their passion and commitment to ensuring the service provided was of a high standard which was personalised. They told us, "I have spent time with staff so they understand why we need to do things in a certain way. We have broken away from taking a task focused approach and replaced it with person centred care."
- The provider understood their responsibility to be open and honest when things had gone wrong. Learning had been used and shared with staff, to prevent reoccurrence.

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

- The manager had met individually with each person to discuss their preferences, wishes and choices. For one person this resulted in them being supported to attend church, which was important to them.
- People's feedback was encouraged and used to drive improvement. For example, during a residents meeting people had been asked about the types of activities they would like and the activity programme was being further developed to reflect people's feedback.
- The provider was exploring new ways to obtain feedback from relatives because attendance at relatives' meetings was low. Despite this a relative told us they felt able to provide feedback to the manager at any time as they were, 'always available.'

Working in partnership with others;

- The manager had forged links with other professionals to support people to maintain and improve their well-being. Occupational therapy students from a local university were supporting people by delivering gentle exercises classes and relationships were being forged with Age UK, the Alzheimer's Disease Society and managers from other homes in the local community to support the development of friendship groups with people who lived at Grove House.
- The home had developed good links with the local community and were supportive of community projects and services. The home had hosted a coffee morning to raise funds for the MacMillan cancer charity and plans were in place to invite school children to visit the home to sing carols as part of the festive celebrations in December.
- Throughout our inspection the provider and manager were open and honest. They welcomed our inspection and feedback. The manager told us, "I am proud of what we have achieved and the high standards we have set." They added, "I am looking forward to the coming months and the positive impact we will have on the people who live here."