

Pine View Care Homes Ltd

Groby Lodge

Inspection report

452 Groby Road
Leicester
Leicestershire
LE3 9QB

Tel: 01162871970

Date of inspection visit:
30 May 2019

Date of publication:
24 June 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Groby Lodge is a residential care home providing personal care and accommodation for up to 12 older people. There were 10 people living at the service at the time of our inspection.

People's experience of using this service: People felt safe living at Groby Lodge and their relatives were confident they were being looked after by enough appropriately skilled staff. People's risks were identified and managed well by a proactive management team. People were supported to take their medicines regularly in a safe way. People were protected from the risk of infection by the procedures in place. People were cared for by a kind, respectful and dedicated team. People felt comfortable and at ease with the friendly staff at the home. Staff took the time to really get to know people to be able to provide them with personalised care. People were involved in their care and were able to express their views, which were listened to and acted on. People were given choice and were empowered to be independent where possible. People's dignity and privacy was of utmost importance to staff.

People's needs were assessed prior to moving into the home, this included finding out their likes and dislikes. People were supported by staff who were inducted, trained and regularly supervised. People's eating and drinking needs and preferences were catered for in a dignified and caring way. People were supported to access healthcare when they required it, staff were proactive in identifying any health concerns and addressing these promptly.

People were cared for by a kind, respectful and dedicated team. People felt comfortable and at ease with the friendly staff at the home. Staff took the time to get to know people and ensured they received personalised care. People were involved in their care and were able to express their views, which were listened to and acted on. People were given choice and were supported to be independent where possible. People's dignity and privacy was of utmost importance to staff.

People were supported in an individualised way. People's care plans were personalised and gave staff clear guidelines to make sure people received the care the way they wanted it. Staff took a genuine interest in people and got to know them and their families. People had no complaints or concerns but knew how to raise these if they did.

People felt the service was managed well and knew the whole team. People's opinions were actively sought. The registered manager, management team and staff worked effectively together to ensure consistent high-quality service.

Rating at last inspection: Good - last report published 11 October 2016.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to review information we receive about the service until the next scheduled

inspection. If we receive any information of concern, we may inspect sooner than scheduled.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Grobby Lodge

Detailed findings

Background to this 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 carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Service and service type: Grobby Lodge 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: The provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about.

We sought feedback from the local authority who monitor the care and support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with five people living there and one relative. We also spoke with the registered manager, a member of senior management, the care home manager and five members of staff.

We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included four people's care records. We also looked at associated documents including risk assessments and medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for new staff employed at the service. We also looked at a sample of the providers quality assurance audits that the management team had completed.

After inspection: The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. A person explained, "I feel a lot safer here than I was at home. Staff mingle and none of them are rough or rude." Another said, "I do feel safe. Because staff help me to walk about with a walking frame. I've had no falls or bruises from lifting or sitting down."
- Staff had completed relevant training in safeguarding adults and understood how to keep people safe from the risk of abuse, they knew what to do if they had any concerns and were confident management would take appropriate action. Staff explained, "If I feel someone is at risk of abuse or harm, I would follow procedure and go to my manager. I know I can also whistleblow to the council. We are here to protect the service users."
- The management team understood their duties to act on and report any concerns to maintain the safety of people and information on safeguarding was displayed in the home.

Assessing risk, safety monitoring and management

- People's risk had been identified, assessed and recorded in their care plans. They were reviewed regularly and updated when required. Where risks had been identified management had acted, for example some people had bedside rails and sensor mats to reduce the risks of falls and alert staff to people mobilising.
- Management ensured that the environment had been assessed for any risks and were regularly monitoring to keep people safe. For example, checking water temperatures and fire safety checks.
- People had Personal Emergency Evacuation Plans (PEEPS) to assist staff with their needs in the event of a fire or other emergency.
- Staff knew people's needs and were provided with clear guidelines on how to reduce any known risks.

Staffing and recruitment

- People felt there were enough staff to meet their needs. They explained, "There is always someone [staff] in the lounge. There's enough staff and the staff are very good" and "If you need assistance the girls [staff] are there for you. They are so obliging." We saw staff respond quickly to calls for support and staff were proactive in responding to people's needs.
- People were supported by a consistent team of staff. A relative explained, "They keep their staff and the team is regular people who know residents. They have time for everybody."
- Management made sure they followed safe recruitment practices. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring service carry out a criminal record and barring check on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines in a safe and timely way. A person said, "I do take tablets. I know what they are for. They [staff] do help me. Staff come around in the morning with them regularly." A relative explained, "Staff are very professional with his medicines. They have a good system for medicines here. Everything is logged. They are dispensed properly. He has PRN (medicine which is taken as and when required) only when absolutely necessary, when he gets agitated."
- Staff were appropriately trained to administer medicines and completed records to show medicines were given regularly. Protocols were in place for people prescribed PRN medicines, such as pain relief, these gave clear instructions for staff to identify when these should be given and why.
- Medicines systems were organised, and the provider was following safe protocols for the receipt, storage and disposal of medicines.

Preventing and controlling infection

- People told us that their bedrooms were kept clean and staff maintained good levels of hygiene. One person explained, "When staff clean people they always wash their hands before doing anything else."
- Staff used Personal Protective Equipment (PPE) which we saw was readily available throughout the home.
- Staff had received training in infection control and systems were in place to prevent the spread of infection. Procedures were followed to ensure the home was a safe and clean environment to live in.

Learning lessons when things go wrong

- Staff knew how to report incidents. Management had a system in place for recording accidents and incidents.
- Lessons learnt were shared at team meetings, we saw an example of this following a concern which led to a refresher in the infection control policy and a colour coded system put into place.

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

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

- People's needs were assessed prior to moving into the home. These assessments included people's preferences, communication needs and goals for their time in their home such as 'aim for self-importance', 'give light tasks' and 'make feel included'.
- Staff were supported by management and healthcare specialists to deliver care and support in line with best practice guidelines.

Staff support: induction, training, skills and experience

- People felt that the staff had the appropriate skills and training to fulfil their duties. A person said, "Staff help me with getting a shower and they make it jolly. The girls [staff] know what they are doing."
- A relative said, "I think they [staff] divide up the jobs properly. They get the right person for the right job. I haven't seen any bad working. For example, they always have two staff when they move somebody."
- Staff were provided with a comprehensive induction, had opportunities to complete relevant training and had regular supervision. A member of staff explained, "My induction covered everything, I shadowed a member of staff to feel confident in moving and handling. There is lots of refreshing training. If I wasn't comfortable with anything I can approach [manager] and they will reassure me and go through it."

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

- People had access to snacks and drinks throughout the day. People enjoyed the meals provided at the home. One person explained, "The food and drink is second to none. There is always a choice. I get more than I can eat. Sometimes I have two puddings. The food is warm enough for me." Another said, "The food is absolutely magic. Everything is clean. The dinner we had today, it was very good."
- People's likes, dislikes, allergies and cultural needs when it came to food and drink were sought on admission and were updated following feedback.
- We saw menu's displayed, so people knew the options available, however kitchen staff explained that they were happy to make alternatives if requested. We saw an example of this on the day; a person asked for a chicken sandwich instead of the hot meal and this was provided for them straight away.
- Management monitored people's food and fluid intake and had completed nutritional risk assessments for people. Where people had dietary needs identified, such as pureed food, these were supported in a dignified and appetising way.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management work effectively with other agencies to provide people with appropriate care when they require it. One person explained, "When I needed the doctor, he came within an hour." Another said, "I'd ask whoever was on duty if I wanted to see the doctor. Staff are quick enough and the doctor comes."

- People's care records contained emergency admission forms and integrated care plans to ensure that they get the right care and treatment in an anticipated future emergency. Emergency forms, like these, are used to ensure continuity of care when a person is admitted into hospital, they contain vital information a person's health, medicines, allergies and next of kin.

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

- People's rooms were personalised and could be decorated to suit their tastes.
- People could access a garden area from the dining room which was flat and accessible. For those that lived on the first floor there was a lift.
- Throughout the home there was adapted signage to assist people living with dementia, bedrooms doors had different colours and had the person's picture and name, one had a memory box.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare services within the home and in the community. One person explained, "Staff check and clean my glasses. I saw the optician to check my sight and my glasses. Staff ask me if things are alright and asked if the optician checked me well."
- A relative said, "The district nurse comes every week to see non-urgent people and that's how his leg problem got picked up."
- Management had processes in place meaning that people received the correct healthcare in a timely way.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that conditions on DoLS were being met, for an example to provide a person with an advocate.
- We found the service was working within the principles of the MCA, they were clear decision specific assessments, and this told us people's rights were being protected.
- People told us that staff checked with them prior to delivering care and support. One person explained, "They do ask me first before helping. They knock on my door and never make me do what I don't want to."
- There was CCTV in place, there was clear signage for this and the manager assured us that they had sought people's consent and approval from the local authority.
- Staff had received training in MCA and were protecting people's right in making their own day to day decisions and choices.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt they were supported with kindness and respect by the staff at the home. We saw staff assisting people to the dining table with patience and explaining what they were doing every step of the way. In one instance this took over 10 minutes, but staff continued to support the person in a caring manner.
- People said, "They [staff] will do things for you however small", "I find the staff very friendly and very kind", "They [staff] treat me with confidence and the same as they do with other people. I feel respected", "Staff are very nice and do you favours. They are helpful and caring", "The girls [staff] are fantastic" and "They [staff] can quite easily do the job. All of them treat me the same. They are very good. None of them are nasty."
- Staff displayed a genuine passion to care for the people at Groby Lodge. One said, "One of the things I most enjoy is sitting with them and listening to their lives when they were younger, its lovely to listen to, I could listen to them all day long. Even though they will say the same things over again it is still lovely, as if it puts smile on their face then its lovely." The home had developed a memory wall with old photos, one person had a memory box which contained his photos and memorabilia from the navy.
- Staff had specific training on caring for people living with dementia ensuring that they treated people in a respectful and caring way. The care manager said, "We treat people individually. People with dementia are not a group, we have not got two people here with the same ways, they are all individuals, we meet everyone's needs to how they want." The care manager also described how they get to know people living with dementia. They find out about who they are now, and then work with families to 're-introduce them', providing families with the much-needed support to accept and care for their relatives.
- We saw feedback from an ambulance crew who had recently attended the home complimenting staff on their care, "I would just like to say how impressed I was with [staff member], her professionalism, her care towards [person] and the help she gave to us as an ambulance crew was invaluable, and she is an absolute credit to your organisation."
- We saw feedback from relatives praising the staff, "The staff treat [person] like they would a member of their own family... It is reassuring for us to know that [person] is so well loved and cared for when we are not there." Another said, "All of the carer's here at Groby Lodge are exceptional at their jobs, without fail they give their all to each resident living here."
- Staff addressed people by preferred name, were proactive and patient about helping with people's needs. Their approach was highly caring, and person centred; which was greatly valued by people, which was clear from the interactions we saw.

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

- People felt involved in their care and felt comfortable to express their views. People explained, "We have had a chat [about my care]. The manager said just speak up and your voice will be heard. I know that I have a care plan", "My views were taken on board" and "Yes, I do have a care plan. It tells staff what things I like.

Staff do ask me what I want, and I have a good relationship with them."

- Relatives were involved, where appropriate, in decisions about people's care. A relative told us, "[Person] does have a care plan. I signed it off myself."
- The service made sure people had access to advocacy services and at the time of the inspection there were people being supported by advocates. Although at the time of the inspection advocacy information was not clearly on display, the registered manager has assured us that this information is now on the notice board.
- Staff encouraged people to express their views and supported their decisions. One member of staff explained, "I give them as much choice as possible". Another said, "It's up to them to refuse a shower, I will keep trying but if its making them unhappy then I leave them, it's up to them, it's their choice."
- The care manager proactively gathered people's opinions in informal one on one chats, which suited the people at the service rather than formal residents' meetings. We saw feedback from a relative which collaborated this, "The residents here are treated as individuals and are always given that important one to one contact." Regular feedback was also sought via questionnaires for people and for their family and friends.

Respecting and promoting people's privacy, dignity and independence

- People felt they were supported in a dignified way. A person said, "They explain every minute of what is happening. If I want to go to the toilet or shopping they come straight away."
- People said they could go to bed when they wanted and to do what they wished with limits to their need for safety. One person was able to help in activities with some of his organising skills from his past.
- Staff understood how to respect people's privacy and dignity when supporting people with personal care. A member of staff explained, "If someone has had a little accident, I talk quietly in their ear, as discreetly as possible. We keep bedroom doors closed and try to keep their privacy as much as possible. We knock on doors before entering and just ask if they are ok, if they say go away, we try again later."
- Staff knew how to maintain confidentiality, one explained, "Everyone has a right to privacy, if someone told us something I wouldn't tell anyone unless it was concerning, then I would raise it with management."
- The kitchen staff ensured people who were on pureed diets still maintained dignity by arranging the food on the plate in a caring and appetising way, so it looked like the same meal as everyone else was having.
- We saw staff enabling people by being patient and encouraging independence when moving around the home.
- Staff were allowed the time to build trusting relationships with people and their families. A relative explained, "Staff have been very welcoming to our family. I get messages all the time about how [person] is. They [staff] are never rushed on the phone. We bring our dog on the weekends and sit together outside in the garden."
- Management made sure people's private records were kept securely and people were aware of this. One explained, "They [staff] will definitely keep things private and keep it in the office."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had plans of care that were individualised. They contained personalised guidelines for staff to be able to meet the needs of people in their preferred way. For example, one read, "[Person] prefers showers and always feel better for having one usually early evenings."
- People and their relatives were involved in the developing care plans. A relative told us, "Staff asked me what food [person] likes and how he likes it cooked." One person said, "I am very particular on how I wash, dress and go to bed. The staff know what support I want and are helpful and friendly."
- Staff had enough time to read peoples care plans and life histories, so they could really get to know people to ensure they were supporting them in a caring way. One said, "We read them [care plans] as it tells us about people. The life story books tell us what they've done in the past, so we can make conversation from that, it makes them feel more like we've got something in common."
- Staff were proactive in supporting people with activities. Staff accompanied people, if they were able, to the shops or for walks. Photo montages of people's activities in the home were displayed as well as products of their artwork. People said, "The staff know what my interests are" and "I told them [staff] about my interests. Staff do talk with me and I tell them about all the things that I've done. Call me a silly old fool but I do enjoy the activities. We have singalongs by entertainers. There's so many things to do."
- A relative said, "They've got [person] calling the bingo. They try to get him involved where he can use his organising skills."
- Staff explained how they involved all people in the activities, "For people who are in their rooms I do chats with them. Read them the paper or look at photos. It reminds them about their past. I try to adapt the games to take account of disabilities and different abilities. I am trying to organise an outing to a local park with more able residents to have a picnic."
- People's communication needs were assessed in care plans. The registered manager understood the Accessible Information Standard, at the time of the inspection there were no people with identified communication needs that required aids such as picture boards.

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.

Improving care quality in response to complaints or concerns

- People knew who to approach if they had any concerns or complaints. A person said, "I have no complaints. None whatsoever. If I did, then I'd go to the main office and talk to the officer in charge on that day. I am sure they would listen."
- A relative said "I have no complaints. No concerns either. When I first came here it looked like a bed and breakfast. But, within a few days I'd changed my mind, because staff are always there for the residents."

- Management had a complaints process, procedure and policy in place and on display. Any concerns raised were acted on, for example concerns raised in a questionnaire regarding activities, the service began to offer more choice of activities based on service user wishes. There had been no formal complaints since 2017.

End of life care and support

- People's care plans had a 'thinking ahead' section which detailed their end of life wishes and contained relevant contact information. Where applicable people's Do Not Attempt Resuscitation (DNAR) forms were easily accessible.
- The service made sure to have people's palliative medicines in place and involve relevant healthcare professionals, such as the district nurse to ensure people were kept comfortable and cared for at the end of their life.
- Management and staff had a caring and positive approach to supporting people and their families at the end of their lives.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Groby Lodge had a registered manager in post. Staff and people spoke positively about them and the management team. A member of staff said, "Our manager is lovely. She really knows what she is doing and teaches you in a professional and relaxed way." A person said, "I see the boss every day. The manager is here every day. They always say hello to everybody."
- There was a clear structure in place, Groby Lodge had a full-time care home manager, who was supported by the providers compliance manager and the registered manager, all of which had been in place for many years.
- Staff understood their role and responsibilities. Staff received regular supervisions and felt supported by management. One explained, "I get on really well with [manager]. I get supervision every three to six months."
- Monitoring systems were in place to check both the quality and safety of the service. Regular audits were undertaken and checks on the environment were completed frequently to maintain people's safety. The provider's compliance manager attended on a weekly basis to oversee the quality and to conduct audits.
- The registered manager understood their responsibility for reporting deaths, incidents and injuries that affected people using the service. Notifying the Care Quality Commission of these events is important so that we are kept informed and check that appropriate action has been taken.

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

- People felt that the service was managed well. One explained, "I think it [the home] is run well. It's very good. I would certainly recommend it to other people."
- Staff and management worked together as an efficient team that delivered high quality care and support. Staff were motivated and proud to work at the home. One said, "I couldn't work for a better team. I feel valued here."
- Staff and management we spoke with showed a commitment to providing person-centred care and enjoyed their role in making people happy.
- The registered manager worked in an open and transparent way when incidents occurred in line with the duty of candour.

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

- People felt involved in the service and knew that they contribute their views. One person said, "I have seen the owner and he does ask me for my views." A relative said, "I have seen satisfaction surveys that asked if I was happy with the services. It was useful. You get to know their way of working." The results from questionnaires were actioned on and displayed on the noticeboard for everyone to see.
- Relatives felt welcome and engaged by the service, one explained, "The manager spends a lot of time with residents. They are very welcoming to my family."
- Staff had opportunities to contribute. One said, "We do have team meetings and can say what we want." Another said, "I do enjoy working here, do enjoy being with residents and staff. [Name] is very good manager, they make everyone feel comfortable, I can approach her if I needed to."
- The registered manager engaged with the local community by opening the service up to have school placements and work experience opportunities. They wanted it to be a teaching home.

Continuous learning and improving care; Working in partnership with others

- The management team attended a variety of seminars and meetings to ensure they were up to date with the latest best practice and legislation. Information was then shared with the staff to improve care.
- The registered manager was part of 'Emcare'; a local care home association where providers come together to support each other and share information and ideas to improve services for people.
- The service worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they needed.