

## Grove Court Nursing Home Limited

# Grove Court Nursing Home

### Inspection report

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### 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 

### Overall summary

We inspected the service on 13 August 2015. The visit was unannounced. Our last inspection took place on 19 November 2013 and there were no identified breaches of legal requirements.

Grove Court is an older building, which has had modern extensions added. Nursing care and residential care is provided to people on three floors. The home is registered to provide care for up to 39 people, however due to recruitment difficulties of registered nurses; Grove Court is currently limiting the number of people to 30. Seven of these beds have now been designated as

providing intermediate care. It is situated in the Headingley area of Leeds. Buses into Leeds City Centre and surrounding areas are within easy access. Local shops and amenities are a short distance from the home.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

During our visit we saw people being well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People's care records demonstrated that all relevant documentation was securely and clearly filed.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. Records showed that the provider investigated and responded to people's complaints, according to the provider's complaints procedure.

People had a good experience at mealtimes. The home met people's nutritional needs and people reported they had a good choice of food. People received good support that ensured their health care needs were met. Staff were aware of and knew how to respect people's privacy and dignity.

We looked at four staff personnel files and saw the recruitment process in place ensured that staff were suitable to work with vulnerable adults. There was an on-going training programme in place for staff to ensure they were kept up to date and aware of current good practice.

# 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?

The service was safe.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People told us they felt safe. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

Good



### Is the service effective?

The service was effective

People had regular access to healthcare professionals, such as GPs and dieticians. Referrals were made when any additional health needs were identified.

People had a varied and balanced diet. People spoken with said the food offered was good.

The service was meeting the requirements of the Mental Capacity Act 2005. Staff understood how to support people who lacked capacity to make decisions.

Good



### Is the service caring?

The service was caring.

All of the staff we observed offering people support demonstrated a caring attitude.

Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

There was a relaxed atmosphere and people told us they were happy and well cared for.

Good



### Is the service responsive?

The service was responsive to people's needs.

Care and support plans were written with a person centred approach and ensured staff had clear guidance on how to meet people's needs.

Complaints and concerns were responded to appropriately and people were given information on how to make a complaint..

There was opportunity for people to be involved in a range of activities within the home or the local community.

Good



### Is the service well-led?

The service was well led.

The registered manager was supportive and well respected.

Good



# Summary of findings

There were systems in place to assess and monitor the quality and safety of the service.

Accidents and incidents were monitored by the manager and the provider to ensure any trends were identified and acted upon.

# Grove Court Nursing 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 13 August 2015 and was unannounced. The inspection team consisted of two adult social care inspector and a specialist advisor with a background in dementia care.

At the time of our inspection there were 30 people living at the home. During our visit we spoke with 10 people who lived at Grove Court, four relatives, seven members of staff, the registered manager and the provider. We observed how

care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care and the management of the home such as staff recruitment and training records and quality audits. We looked at six people's care plans and medication records.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care service in England.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person told us, “Yes I feel very safe.” Another person told us, Oh the staff ensure we are all safe here.”

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training and future training dates had been identified.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. One member of staff we spoke with told us they were aware of the contact number for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Care plans we looked at showed people had their risks assessed appropriately and these were updated regularly and where necessary reviewed. We saw risk assessments had been carried out to cover activities and health and safety issues. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily life with the minimum necessary restrictions.

Assessments of risk were evident in the care files which clearly showed what support a particular person may need in the event of an emergency for example, fire alarm in order to keep them safe.

We saw the home’s fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw fire extinguishers were present and there were clear directions for fire exits.

Staff demonstrated their knowledge of the home’s emergency procedures and said they had taken part in fire drills. Staff said they were trained in first aid awareness and

felt confident to deal with emergencies. They knew how to report accidents and incidents. Staff showed a good awareness of risk management and could describe individual risk management plans for people at the home.

The registered manager was clear of their responsibility to inform the Care Quality Commission of any significant events; copies of these notifications were evident in some care files. Incident forms were also present and showed evidence of appropriate investigation.

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our visit the home’s occupancy was 30. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the appropriate skill mix of staff.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or bank staff were requested. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home. Staff we spoke with told us there were enough staff on duty. One staff member told us, “When we are short the manager always find us someone.”

We reviewed the recruitment and selection process for four staff members to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

We inspected medication storage and administration procedures in the home. We found that medicine trolleys and storage cupboards were secure, clean and well organised. However, medication trolleys were stored on the main corridor leading from reception to the main area of the home. Although chained to the wall, they were potentially accessible to anyone entering the home. There was no regular monitoring of the ambient temperature, and as the trolleys are attached to a wall leading to the home’s main kitchen there was a risk that the temperature

## Is the service safe?

would exceed 25C the maximum temperature as recommended by the manufacturer. The home has recently upgraded its clinical room, which has a ventilation system. The registered manager said they would relocate the trolleys to a cooler area, away from general access.

Some prescription medicines contain drugs that were controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw that controlled drug records were accurately maintained. The administering of the medicine and the balance remaining was checked by two appropriately trained staff. Creams and ointments were prescribed and dispensed on an individual basis. The creams and ointments were properly stored and dated upon opening. All medication was found to be in date.

We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator and room temperatures were checked and recorded to ensure medicines in the room were being stored at the required temperatures.

We looked at the medication administration records (MAR) sheet; they were complete and contained no gaps in signatures. We saw any known allergies for people who used the service were recorded on the MAR sheet.

We noted the home was generally well decorated, odour free and clean throughout. People's bedrooms were personalised and decorated with pictures, photographs and ornaments. We spoke with two people, one said, "This place is always well cleaned." The other person agreed.

# Is the service effective?

## Our findings

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. During our visit we observed staff gaining permission from people before they performed any personal care or intervention. We saw evidence in the care plans that people or their relatives had given consent for their photograph to be taken, to the sharing of their information and their involvement in their care and treatment.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We looked at whether the home was applying DoLS appropriately. These safeguards protect the rights of adults using the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to determine whether the restriction is needed. The registered manager told us there were two people subject to a DoLS authorisation.

We looked at staff training records which showed staff had completed a range of training sessions. These included fire training, infection control, food hygiene, dementia awareness and pressure care. Staff we spoke with told us they thought their induction training had been comprehensive and covered for example, moving and handling, health and safety, and safeguarding.

The staff we spoke with told us they had completed mental health awareness training and records we looked at confirmed that some staff had completed this training.

Staff told us they had regular opportunities to give their point of view about the service, we were told this was in

either their supervision meetings or during their annual appraisal. Staff told us they were supported by the registered manager through monthly supervision. Records we looked at confirmed this. Staff told us they felt this was effective and helped them to enhance their confidence and knowledge that allowed them to provide an improved service for people.

People had sufficient amounts to eat and drink. We observed lunch being served to people in the home and saw people who required support with eating their meal were assisted by staff in a discreet and respectful manner. People were offered a glass of fruit juice or water and also a hot drink. We saw staff were very attentive. We saw one person had problems with their hands and staff assisted them by cutting food but they asked the person first if they wanted help. Staff did not assume that people needed help which showed that people were being supported to maintain their independence. People we spoke with told us they enjoyed the food. One person said, "The food is the best you can get. I have been told I'm putting on weight but I enjoy my food." Care files we looked at showed people's dietary needs had been assessed and care plans were in place. People's weights were monitored both weekly and monthly and records showed they remained stable.

We saw evidence in the care plans that people received support and service from a range of external healthcare professionals. These included GP, dieticians and community psychiatric nurse. We saw when professionals visited, this was recorded and care plans were changed accordingly. We saw when a referral was identified by staff as being needed; this was made swiftly and without delay. We were able to see when people had attended the optician and dentist.

People who used the service and their relative told us the home calls on external healthcare support whenever needed. One person said, "I'm not often ill. But I know they would call the doctor straight away."



# Is the service caring?

## Our findings

People were complimentary about the staff. They told us staff were kind, caring, compassionate and patient. Comments from people included: “They work very hard and are always polite”, “They are fantastic carers”, and “They never rush me. They let me take my time.”

People we spoke with told us that their privacy and dignity was upheld. One person said, “The care staff always close the bathroom and bedroom door.” Some people we spoke with told us that staff tried to promote people’s independence as much as possible. One person said “The staff assist me as much as I need and give me the support I ask for and no more. I can do a lot for myself so I get my things ready for when they come to help me dress.” One relative said, “I think [Name of person’s] mobility has improved recently because the staff are trying to get her to walk a bit further each day.”

A person gave us a smile when we asked if they received good care. Another person said, “Staff are very nice, I am looked after very well.” We spoke to four relatives of people who used the service who were pleased with the care there family were given and stated that they felt that they got great care. One relative said “The staff are excellent and my mum is well cared for.”

We saw staff had good interaction with people and one relative told us “[Name worker], is marvellous she is lovely and would do anything for you. Another relative told us, “I was on holiday when mum deteriorated. They sorted the local doctor when problems happened. They were absolutely great, picked up things in my absence and dealt with it.”

The care files we reviewed had end of life planning contained within them. The documentation reflected a person centred approach to each aspect of identified need. Some of the people had made advance directives which were identified in their care files.

There was reference to the cultural needs of people in the care files of people. These care files also included a pen picture of the person which gave a flavour of their past history in addition to their preferences.

There was evidence that people who used the service had been involved in planning their care and support needs. Records showed people who used the service or their relatives had signed the care plans to show they were in agreement with them. During the care reviews people were asked if they felt in control of their care, meaning that the service supported people to express their views and be actively involved in decisions about their care.

We observed interactions between staff and people who lived in the home were positive. We found people’s choices were respected; staff were calm and patient and explained things well. We saw people were asked whether they wanted to wear an apron at meal time and their choices were respected. People were regularly spoken with as staff went about their duties.

We observed staff speaking with people whilst assisting them, for example, a member of staff was helping a person rise from their chair, they explained what they were doing and gave reassurance throughout.

We observed staff helping people move about the home making sure the appropriate equipment (wheel chair, walking frame) was being used correctly. All staff were patient and calm. One relative told us, “We are made to feel very welcome.”

All the people were appropriately dressed and groomed. Throughout our inspection we observed people being treated well. It was clear from our observations staff knew people well and people who used the service responded positively to staff. A member of staff said, “Privacy and dignity just comes naturally, we knock on doors before entering, we try to ensure people maintain their independence.”

# Is the service responsive?

## Our findings

We saw when possible the provider undertook pre admission assessments before people moved into the home. This ensured the service could meet the needs of anyone in their care. We found care plans were detailed and contained information that staff needed to provide effective and kind care. One staff member told us, “We are encouraged to read the care plans so we know all the information that’s written in them.”

We saw that care plans were regularly reviewed by staff and that an annual review took place which included relatives or advocates and appropriate healthcare professionals. This showed the provider had taken appropriate steps to involve all relevant people in the care planning process.

Relatives told us they were involved in people’s care plans. One person said, “Whenever there is a change I am asked to read and sign the care plan.”

Staff we spoke with told us they had input in the care planning process through the key worker system and used the care plans as working documents. The key worker system meant that all people living at the home had a named member of staff who took a specific interest in their care, treatment and support. The staff we spoke with demonstrated a good knowledge of people’s needs and how individuals preferred their care and support to be delivered.

Throughout the day we observed different activities taking place. We saw people going out to the café on a one to one basis. People were engaged in a chat, reading the morning papers or magazines. People were listening to music on the I-pad. There was lively banter between people and lots of laughter. People told us they were enjoying themselves.

People who needed to stay in their bed were visited by the activity co-ordinator to engage in one to one time. This included time spent assisting with meals and drinks and time spent chatting.

Staff said they thought there was enough activity in the home for people who used the service. They said there was something on every day as the activity co-ordinators provided a seven day service. Staff said they had opportunity to be involved in activity; mainly in the afternoons as they were too busy in the mornings. One staff member said they thought people who used the service would benefit from more trips out. A trip to the coast was planned for the following month for all people in the home with support from the staff.

We looked at the complaints policy which was available to people who lived at the home, relatives and staff. The policy detailed how a complaint would be investigated and responded to. We spoke with two members of staff who were able to tell us how they would support people to make a complaint. One relative spoken with said, “My mother knows how to complain but we haven’t had any complaints.”

All of the people we spoke with said they felt comfortable in raising any concerns with the registered manager. One person said, “I tell them if they are doing things wrong and they change it.” We looked at the concerns and complaints records. Complaints were recorded and it was clear how the provider had responded to them and what action was taken. This included giving feedback on issues raised to prevent re-occurrence in the future. One relative told us, “If you have any complaints, you just knock on [Name of manager]’s door.”

# Is the service well-led?

## Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service spoke highly of the management team. Comments included: “Very good manager, very nice she is” and “[Name of manager] is very nice, you see her a lot, she likes a laugh and is always coming round asking if everything is alright.” One person also told us that the provider’s senior manager was a frequent visitor to the home and came round to see people for a chat. Family of people who used the service were happy with the registered manager and one person said “I can speak to the manager at any time and I know if I have any concerns this will be completed straight away.”

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues in the home. Staff described the registered manager as approachable. Staff described the home as having a happy atmosphere, and a good supportive team who all ‘pulled together’. They said the registered manager communicated well with them and was often around the home to observe staff’s practice. One staff member said, “She’s a good manager, she has everything under control.”

Staff said they felt listened to and that their opinions mattered. Our observations on the day were that staff were well managed. All seemed to know what they had to do and there appear to be a good working atmosphere. Staff said they were encouraged to air their views and opinions about the service so that improvements could be made if necessary.

We saw the minutes of the ‘resident meeting’ dated 8 July 2015 which recorded current and proposed menus and suggestions for activities. One relative we spoke with said, “They do have meetings and they put a notice up, however, I don’t always attend.” This showed us the provider had appropriate systems in place to obtain the feedback of both people who lived at the home and relatives.

We found there was a quality assurance monitoring system in place that was focused on providing positive outcomes for people who used the service. We saw a resident and relative’s survey had been completed in February and March 2015 and we saw the results showed very positive comments and people were happy living at Grove Court. We saw evidence of a rolling programme of meaningful audits to ensure a reflective and quality approach to care. Audits carried out by the registered manager included medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action plans to ensure problems were addressed speedily. For example, we saw that any maintenance issues within the home were identified quickly and recorded in the maintenance register for action by a suitable contractor.