

# Country Court Care Homes 2 Limited







## The Grove Care Home

### Inspection report

Ings Lane  
Waltham  
Grimsby  
DN37 0HB  
Tel: 01472821127  
Website: [www.countrycourtcare.co](http://www.countrycourtcare.co)

Date of inspection visit: 28 and 29 July 2015  
Date of publication: 28/09/2015

### Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Requires improvement	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

### Overall summary

This inspection took place over two days on 28 and 29 July 2015 and was unannounced. This was the first inspection of the service since it was registered under a new provider in September 2014.

The Grove is registered with the Care Quality Commission [CQC] to provide care and accommodation for a maximum of 49 older people, some of whom may be living with dementia.

People are accommodated in single rooms which have en-suite toilet facilities, some rooms have a small kitchen so people can make themselves drinks and snacks.

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

We found the registered provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to Staffing and Good Governance.

# Summary of findings

There were not always enough staff available to meet people's needs which meant staff were potentially not always able to deliver safe care to people who used the service.

Staff had not received appropriate professional supervision and appraisals of their skills, which meant they may not be able to effectively carry out their roles safely.

Whilst quality systems were in place to monitor the service, these had failed to ensure the service was safe, effective, responsive or well led. People had not always been protected from the risk of receiving inappropriate care and treatment, because complete and contemporaneous records had not always maintained.

Staff were recruited safely and had received training about the protection of vulnerable adults. This ensured staff knew how to recognise and report the potential abuse of people who used the service.

People told us they were cared for by staff who were kind and caring and who respected their individual preferences whilst delivering their support.

We observed people were provided with a variety of activities to enable them to have opportunities for social stimulation and interaction which enhanced their wellbeing.

People received their medicines as prescribed.

You can see what action we have asked the registered provider to take at the back of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Not all areas of the service were safe.

There were not always enough suitably qualified, competent, skilled and experienced staff available to meet people's needs.

Assessments about known risks to people were carried out to enable them to be kept safe from potential harm.

Staff were recruited safely and had received training about the protection of vulnerable adults. This ensured that staff knew how to recognise and report potential abuse.

People received their medicines as prescribed.

**Requires improvement**



### Is the service effective?

Not all areas of the service were effective.

Staff had not received appropriate support and supervision to enable them to deliver care and treatment safely to people who used the service.

Staff had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure people were supported to make informed choices and enable their human rights to be upheld.

People had contact with health care professionals when required to ensure their medical conditions were monitored.

People were provided with a variety of healthy meals but said these were sometimes not hot when served.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff understood people's needs and knew them well.

People's privacy and dignity was upheld by staff who ensured their personal choices were respected.

**Good**



### Is the service responsive?

The service was responsive.

People were involved in making decisions about their support.

People were provided with a range of social activities although meaningful interaction with them was sometimes limited due to work pressures and the availability of staff.

Systems were in place to enable people's concerns and complaints to be dealt with and responded to.

**Good**



# Summary of findings

## Is the service well-led?

Systems and processes to measure the quality of the service had failed to ensure the service provided was safe, effective, responsive or well led.

We found the registered manager had an open and honest approach.

People were consulted and asked for their views to help the service to improve and develop.

**Requires improvement**



# The Grove Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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.

The inspection was unannounced and took place over two days. This inspection was undertaken after concerns were raised with us by an anonymous whistle blower that people in the home may be being woken up early and there may not be enough staff available to meet their needs. The first day of our inspection consisted of an early morning visit by an adult social care inspector who was accompanied by staff from the local authority safeguarding team and the local authority contracts performance team. The second day of the inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give key information about the service, what the service does well and

improvements they plan to make. The local authority safeguarding and quality performance teams were contacted before the inspection, to ask them for their views and whether they had any concerns. We also looked at the information we held about the registered provider.

At the time of our inspection there were 49 people living at the service. During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection [SOFI] in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, three visiting relatives, eleven members of care staff including senior carers and the deputy manager, together with ancillary staff and the registered manager. We also spoke with two visiting health professionals.

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the building.

# Is the service safe?

## Our findings

People who used the service told us that overall they were happy with the service provided. A visiting relative told us their member of family had previously lived alone but became ill. They said, “We came here and were welcomed to visit and shown around, I am so impressed, I feel [Name] is looked after and is safe.” One person commented, “The cleanliness is extremely good.”

This inspection was undertaken after we received concerns from an anonymous source that people may be being woken up early and there may not be enough staff available to meet their needs. We passed this information on to the local authority as a safeguarding concern. On the first day of our inspection we found a member of night staff had gone home early without authorisation or approval from management, which meant the remaining two staff had been required to cover this shortfall. The registered manager told us this staff absence had been unauthorised and they said they would follow this up with the member of staff concerned. We saw a dependency tool was used to enable the registered manager to assess how many staff were required. However, the effectiveness and use of this was limited, as we observed and saw evidence from the rota, that staffing levels were not always effectively maintained to ensure there were sufficient numbers of staff available to meet people’s needs.

The registered manager told us a number of staff had left over the past year and that recruitment of replacements for these posts was underway, however this had so far proved unsuccessful. We were told a number of new starters were awaiting their pre-employment checks at the point of this inspection. Whilst comments received from people about staff support was overall positive, we found staff morale was low with negative comments from them about their abilities to continue to deliver safe care effectively to people who used the service. We observed times when staff interactions with people were limited due to their involvement with others elsewhere in the building. We saw that staffing rota’s indicated at least three occasions recently where staffing levels had not been adequately maintained, which meant the health, safety and welfare of people who used the service had been potentially compromised. This is a breach of Regulation 18, 1 Staffing of the Health and Social Care Act 2008, [Regulated activities] Regulations 2014.

There was evidence in people’s care files that assessments about known risks to their wellbeing had been completed, together with guidance for staff about the management of these risks. This helped to maintain people’s safety. We saw these assessments were updated and reviewed on an ongoing basis to minimise accidents and incidents. We found accidents and incidents were recorded in people’s care files, and reported to the registered provider on a monthly basis to enable patterns or trends to be identified and people’s risk assessments and support to be amended and reviewed, where required.

Staff who we spoke with displayed a good understanding of the reporting and identification of possible abuse. We found that training on safeguarding vulnerable adults had been provided and that safeguarding procedures available which were aligned with the local authority’s guidance and procedures for reporting abuse. Staff who we spoke with were aware of the different forms of abuse and their responsibilities, they were clear about their duty to ‘blow the whistle’ about concerns or incidents of poor practice, when needed.

We saw evidence in staff files that prospective employees were checked before they were allowed to commence work, to ensure they did not pose a risk to people who used the service. We saw this included recruitment checks and clearance from the Disclosure and Barring Service [DBS]. We found that references were appropriately followed up before offers of employment were made, together with checks of the applicant’s identity and previous employment experience, to enable gaps in employment history to be explored. This showed us that new staff were properly checked to ensure they were safe to work with people who used the service.

We looked at the way medicines were handled, stored and administered. We found checks were carried to ensure there were ongoing control of stocks and that regular audits were made to ensure any medicine errors were recognised and appropriate action taken to minimise future occurrences. The medicines administration records we checked for people were up to date and we saw staff had signed to indicate medicines had been given to people as prescribed by their GP. We checked the controlled medicines due to be returned to the pharmacy and saw accurate records were available in this regard. We observed some liquid medicine was left unattended for a short time whilst support was provided to a person receiving their

## Is the service safe?

medication. We spoke to the member of staff responsible for this and saw they took prompt action to ensure this shortfall was quickly addressed. We found people's medicines were stored in a temperature controlled room when not being used; however we saw accurate temperature checks had not always been regularly completed for medicines stored in a fridge. We spoke with the registered manager about this who gave us an assurance this matter would be rectified as a priority. **We recommend the registered provider takes advice from**

**an appropriate source to ensure they can demonstrate they have taken all reasonable steps to enable medicines to be managed safely and administered appropriately and make sure people are safe.**

We observed the building was well maintained with regularly checks carried out of equipment and facilities to ensure they were safe for people to use. We found contingency plans were available for use in emergency situations, such as flooding or fire and that fire training was provided with fire drills taking place as required.

# Is the service effective?

## Our findings

People who used the service told us, “Staff are helpful and lovely” but that the food was sometimes not hot when it was served.

We saw an action plan had been developed following shortfalls identified from a staff survey in September 2014 about staff supervision and personal development. This indicated all staff would have received at least 3 individual professional supervisions by March 2015 to enable their performance to be monitored and skills to be appraised. The registered manager advised that progress with this issue had not been achieved due to current work pressures in the service. This meant that staff had potentially not been given appropriate support opportunities to enable them to develop their careers. The registered manager commented, “We are behind with supervisions and have introduced a new form for observations and personal development which has been distributed to staff and we are awaiting their return.” We recommend the registered manager takes action to ensure the programme for staff development and supervision is actioned and implemented.

We saw evidence that staff undertook training on a range of courses to enable them to carry out their roles. We found that staff files contained certificates for a variety of completed courses the registered provider considered essential for staff. We saw these included; moving and handling, infection control, fluids and nutrition, safeguarding vulnerable adults, health and safety, fire awareness, the Mental Capacity Act 2005 [MCA] and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. We saw a staff training matrix was available to enable it to be determined when staff training was due for renewal and ensure their skills were kept up to date. However, we found information for this had been inaccurately completed and failed to list courses recently undertaken. We noted first aid training was required to be refreshed for a member of senior staff, but saw the registered manager took prompt action to ensure this issue was rectified as a priority.

There was an induction programme in place and for new staff to enrol for the care certificate, which is a newly

developed nationally recognised qualification. We found that staff were encouraged to undertake additionally nationally recognised accredited qualifications, such as the Qualifications and Credit Framework [QCF].

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity; to make informed decisions about the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone is deprived of their liberty, this is carried out in the least restrictive way and is in their best interests. We saw evidence of DoLS that had been authorised by the local authority supervisory body and were told by the registered manager the service was currently awaiting a formal decision in relation to others that had been requested.

Training about the Mental Capacity Act 2005 [MCA] had been provided to staff to ensure people’s human rights were upheld and respected and that staff were aware of their professional responsibilities in this regard. Staff demonstrated a good understanding of the principles of how the MCA was used in practice and the need for obtaining consent from people to ensure they were in agreement with decisions about how their care and treatment was delivered. There was evidence in people’s care files about the promotion of their human rights and support with making anticipatory decisions about the end of their lives. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] and documentation about this was clearly documented in their files, together with best interest meetings if people did not have capacity to make informed decisions.

We observed a variety of nourishing meals were provided and cooked on site, with the day’s choices for these displayed in the service. We found that catering services in the home were provided by a specialist, commercial service, who attended meetings with people who used the service to gather feedback and make improvements when required. We saw a meeting with people who used the service to discuss their suggestions and comments in this regard. We heard people stating the food provided was sometimes not as hot as they would like, but we heard the catering manager making assurances about how this would be improved. We observed individual support was provided by the staff to people who needed support with eating their meals and drinks. We saw this was carried out

## Is the service effective?

in a dignified way, at people's own pace with staff providing sensitive encouragement to ensure their wishes and choices about this were respected. We saw evidence in people's care files of assessments of their nutritional needs and regular monitoring and recording of their weight, with involvement of dieticians or community professionals, such as speech and language therapists, where this was required.

Information in people's care files contained a range of details about their individual health and medical needs together with evidence of on-going monitoring and involvement from a range of health professionals, such as

GPs, district and specialist nurses to ensure people's wellbeing was promoted. A district nurse who was visiting commented positively on the service and stated that staff involved them and followed their advice.

We observed staff engaging with people in a considerate manner to ensure their needs were effectively met. We were told the building was being assessed by the registered provider using dementia care environmental guidance in relation to how the physical environment could be improved for people living with dementia and sight related impairments. We saw that memory boxes had been fitted outside people's bedrooms as part of this initiative.

# Is the service caring?

## Our findings

Relatives told us they were free to visit and take part in the life of the home. One told us, “I visit just about every day, staff are very caring and nothing is too much trouble.” Whilst another commented, “Staff are courteous and kind.”

People’s care files contained information about their personal preferences and likes, together with details about their past histories in order to help staff understand and promote their individual needs. There was evidence in people’s care files of their involvement in reviews and decisions about their support. We observed meetings were regularly held to enable people to provide feedback and suggestions for improving the service.

We observed staff demonstrated a friendly regard for people who used the service and knew them well. We saw staff provided sensitive support and observed them communicating with people at eye level and giving reassurance to ensure their personal dignity was maintained. We observed however times when staff involvement with people was limited and people were left unduly for attention. We spoke to a member of staff about this who commented they felt the current pressures on staff were undermining their ability to deliver care effectively and in effect, ‘taking the care out of caring’ which they felt was frustrating.

We observed people were able to spend time in their own rooms and saw that people’s choices were respected to ensure their personal wishes and feelings were promoted. We saw people’s bedrooms were equipped with items of personal possessions they had brought with them, to enable them to feel comfortable and at home. Staff who we spoke with demonstrated a good awareness of the importance of maintaining people’s confidentiality and we saw that information about their needs was securely held. People told us that their personal choices about their support were promoted, such as decisions about times of when to get up or which clothes they wanted to wear. We found that individual staff had been given responsibilities to act as champions for the promotion of key aspects of the service, such as dignity and care ambassadors, in order to observe staff and ensure core values of support were upheld.

Information was on display about the use of external advocacy services to enable people to have access to independent sources of advice and support. Relatives told us they were encouraged visit and participate in the life of the home to enable their involvement in decisions about the service.

# Is the service responsive?

## Our findings

One person who used the service told us, “I sometimes have to wait at busy times, as staff are so busy with others, things can always be improved.” We received the following comments from relatives; “If there is any problem, they phone you up”, “They rang up the doctor when she was ill.” “Mum says they are always quick to answer the call bell” and “I am confident I can go away and feel mum will be looked after.” Other people spoke positively about activities provided. One person told us they were looking forward to playing bingo that evening, whilst a relative commented, “The social interaction has been a gift, [Name] went for a pub lunch on Sunday and had fish and chips.”

Staff who we spoke with told us they would like to have more opportunities to spend more time with people; but this was not always possible due to the current availability of staff. One told us they regarded some of their personal care tasks as times to have quality time with people, but advised previous ‘key worker [quality time] days’ had been stopped, which meant people might potentially not receive the levels of support they required to meet all their individual needs. The member of staff told us it had been suggested this might be re-instated and were hopeful this would be when new staff were recruited. On the first day of our inspection we observed a person in a distressed state calling for help; we activated the call bell system for them and saw staff responded quickly to this.

People’s care files contained information about their personal preferences and likes, together with details of their past histories to enable staff to understand and promote their individual needs.

The registered manager advised a new care planning format had been recently introduced which staff were still getting used to. We saw this new care planning format was very extensive, but that duplicate information included in these meant staff recording was at times hard to follow. We found supplementary records about people’s support had

not always been recorded in a timely way, for example support with providing fluid and nutritional input. This meant it was not always possible to determine if people had received the support required. We spoke to the staff responsible for completing these supplementary records, who assured us these tasks had been provided but they had not yet had time to complete these records.

People who used the service and their visiting relatives told us they were consulted about the care and treatment that was provided. This ensured people felt involved in decisions about their support. We saw evidence in people’s care files of a person centred approach concerning the delivery of their support, together with evidence of liaison and input from a range of community health care professionals, when people’s needs changed.

A variety of notices were on display detailing activities for people to participate in, together with monthly newsletters giving details of past events and celebrations. We found a regular programme of weekly activities was in place to enable people to have opportunities for meaningful social interaction. People and their relatives told us about recent experiences and outings, and we observed a well-attended meeting which including provision of nibbles and sherry.

We found a complaints policy and procedure was in place to ensure the concerns of people who used the service were listened to and followed up when required. We saw a copy of this was displayed in the service. People and their relatives told us they knew how to raise a complaint, but were overall satisfied with the service they received and confident concerns would be listened to and addressed. We saw evidence the registered manager took action to investigate and resolve complaints that were made and used them as an opportunity for learning and improving the service. We saw the registered manager who had invited the catering manager to address a meeting with people to enable their concerns about the temperature of their food to be addressed and followed up.

# Is the service well-led?

## Our findings

Relatives told us they had faith in the registered manager. One said, “ I feel I can talk to [Name],she is very approachable. Most staff told us they could talk to the registered manager, however others felt they could not.

We found there was a registered manager in post who was aware of their responsibilities to report significant events to enable the quality of the care provided to be monitored. We found the registered manager was supported by administrative staff, together with a deputy and a senior staff team, to ensure the service was running effectively, The new registered provider had submitted their application for the service to be registered for 49 people but now wished this to be amended to 51 people. We told them they would need to submit a new application to enable us to consider this proposal.

We found a system was in place to enable the quality and safety of the service to be audited and monitored, however we saw this had failed to identify shortfalls and recognise issues that placed people who used the service at risk of potential harm. We found numerous occasions in staff meeting minutes where concerns had been raised about staff abilities to deliver appropriate levels of safe care due to the lack of availability of staff. We saw that deficits in staff supervisions and recording about people had been previously raised, but found these shortfalls had failed to be appropriately addressed. We saw an action plan had been developed following feedback from previous staff surveys, however we saw the expected completion dates for staff supervisions and appraisals had failed to meet the deadlines expected. This meant further action was still required to ensure staff were provided with opportunities to develop their personal and professional careers. This also meant there was not a system in place to enable staff attitudes, values and behaviours to be appropriately monitored. The registered manager told us there they were aware of these deficiencies and that although there was a

system in place for ensuring people’s care records were regularly audited in a timely way, these had not been completed by the registered manager. We saw that medication audits were carried out on a regular basis but these had failed to highlight that fridge temperatures were not regularly monitored and recorded. The above shortfalls represent a breach of Regulation 17 (1) (2) (a) (b) (c) (f) Good Governance of the Health and Social Care Act 2008, [Regulated Activities] Regulations 2014.

We found that meetings were held with staff to enable direction and leadership to be provided and ensure they were aware of their roles and responsibilities. Whilst most staff told us they felt able to approach the registered manager about any questions or concerns about care practice issues, others told us they felt unable to do so, for fear their comments might be received in an unconstructive way or they would be “Talked down to” by some senior staff.

We found the registered manager had an open door policy and was actively covering shifts, due to the current lack of availability of staff. Relatives told us the registered manager was welcoming and approachable and would take any concerns they had seriously. We observed the registered manager had a good rapport and interacted positively with people who used the service.

The registered manager was open and honest during the inspection and co-operated with us and welcomed advice or guidance that was given. The registered manager told us they had tried to develop the service but that staff recruitment issues had prevented them making the improvements needed. They told us they worked closely with the local authority and with health care professionals and asked for their views about the service provided.

We saw evidence of surveys and regular meetings to enable people and their relatives to share their views and make suggestions to help the service develop and improve.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to ensure there were always sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times.

Regulation 18, (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Quality assurance and auditing systems or processes in the home had failed to ensure the service provided was safe, effective, responsive or well led.

People who used services were not always protected from the risks of receiving inappropriate care and treatment because complete and contemporaneous records in respect of them (including a record of the care and treatment provided and decisions taken in relation to the care and treatment provided) were not always maintained in a timely way.

Regulation 17 (1) (2) (a) (b) (c) (f)