

Care For Your Life Ltd

# Grosvenor Hall Care Home

## Inspection report

Newark Road  
Lincoln  
Lincolnshire  
LN5 8QJ

Tel: 01522528870

Website: [www.grosvenorhallcarehome.com](http://www.grosvenorhallcarehome.com)

Date of inspection visit:  
21 April 2021

Date of publication:  
17 May 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Grosvenor Hall is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The care home can accommodate 40 people in a single building.

### People's experience of using this service and what we found

Staff had access to personal protective equipment (PPE) and followed national guidance around putting on and removing (donning and doffing) PPE. Staff were wearing PPE according to national guidance.

The home was clean, and an infection control policy was in place. Quality monitoring arrangements were in place.

Medicines were administered and managed safely. Medicine guidance for 'as required' medicines (PRN) was in place.

There were enough staff to meet people's care needs. Staff had received training for their roles. New staff were recruited safely.

The risks to people's care were assessed and measures were in place to mitigate these risks. People were cared for safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew how to keep people safe from abuse and were confident to raise concerns with the registered manager or external agencies. When required, notifications had been completed to inform us of events and incidents.

People and their relatives knew how to raise a complaint and would feel confident to do so if needed.

People had access to a range of professional support and working arrangements were in place with healthcare professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 January 2018 ).

### Why we inspected

We received concerns in relation to skin care and lack of transfer information on admission to hospital. As a result, we undertook a focussed inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

The overall rating for the service has remained good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow Up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Grosvenor Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

Grosvenor Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The current manager was in the process of registering with CQC and following inspection this has now been completed. Registered managers 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 announced. We gave a short period notice of the inspection because of the current restrictions around COVID 19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. This information helps support our inspections. We

used all of this information to plan our inspection.

#### During the inspection

We spoke with a nurse, the manager, the deputy manager and the provider. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service including policies and procedures.

#### After the inspection

Following our visit we spoke by telephone with the relatives of two people who used the service, about their experience of the care provided. We also spoke with five members of care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training records, quality audits and staffing rotas.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- A medicines policy was in place. However, we saw this had not been followed on one occasion. A person required their medicines crushed and advice had been sought from the GP but not the pharmacist. We spoke with the manager about this and they agreed to contact a pharmacist. This is important to ensure the method of administration does not affect the efficacy of the medicine.
- Medicines were administered and managed safely. Guidance for 'as required' medicines (PRN) had been put in place.

### Staffing and recruitment

- There were sufficient staff to ensure people received safe care. Staff we spoke with told us there was usually adequate numbers of staff. A member of staff said, "We have enough staff, the manager has increased the staffing recently, so we have more staff than ever. We use agency very occasionally but try not to due to COVID-19 risks."
- The provider used a dependency tool to help them calculate the number of staff required to support people safely.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. We looked at the training matrix and saw training was either up to date or planned to take place.
- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made for new staff. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

### Preventing and controlling infection

- People were protected from the risks of infection. Staff had access to personal protective equipment (PPE). When we spoke with staff, they were able to tell us how they used the equipment.
- Staff had received training with reference to preventing infections and working within the pandemic.
- Care plans were in place for people in the event of a COVID 19 outbreak. This is good practice to ensure the home is prepared for an outbreak.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. We found that risks to people's safety and the environment had been assessed. For example where people were at risk of fall, people's plans included risk assessments and plans of how to mitigate the risk.
- People had personal emergency evacuation profiles in place.

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

- Where the manager had been made aware of any safeguarding concerns, they had worked with the local authority safeguarding team to investigate and learn from events.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

#### Learning lessons when things go wrong

- Incidents were identified, recorded and action taken to keep people safe. The manager ensured that all accidents and incidents were recorded. This allowed the manager to monitor the action taken to keep individuals safe. For example, a person had fallen and additional support had been put in place to prevent this reoccurring.
- The manager monitored the trends in areas such as accidents. This allowed them to identify if there were any patterns which could be addressed through a change in people's care plans. We saw where incidents had occurred action had been taken to prevent this happening again.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

- A registered manager was not in place. The current manager was in the process of registering with CQC. We had received an application for this. The registration has now been completed.
- Audits were in place, for issues such as falls, medicines and cleanliness. Actions had been carried out following audits.
- Where people were unable to consent, capacity assessments were in place.
- Care documents had been updated to reflect people's needs. Monitoring and analysis of issues such as people's weights and falls were undertaken each month, and actions staff needed to take to support people were communicated to them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff we spoke with told us there were arrangements in place to update them and facilitate discussion. We saw staff meetings had taken place to keep staff informed and involve them in the running of the home. A member of staff said, "I think it's a good place to work - I really enjoy it and I have been there 3 years."
- Arrangements had been put in place to facilitate safe visits for relatives during the pandemic. At the time of inspection, new arrangements were in place in line with national guidance to facilitate visiting in the home. In addition, telephone and video contact would also continue for people to maintain contact with their friends and relatives.
- Relatives we spoke with told us they thought the home was well managed. However the relatives we spoke with said they would like to be contacted more proactively to ensure they were aware of what was happening to their family member.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us.
- We saw that a complaints policy was in place and relatives were aware of how to make a complaint if required.

Working in partnership with others

- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team.
- The manager told us they worked collaboratively with other agencies, for example, the local GP practices and pharmacy.