

# Greensleeves Homes Trust

## Grosvenor House

### Inspection report

11-14 Grosvenor Gardens  
St Leonards-on-Sea  
East Sussex  
TN38 0AE  
Tel: 01424 423831  
Website: [www.greensleeves.org.uk](http://www.greensleeves.org.uk)

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### 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?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We inspected Grosvenor House on the 20 and 22 April 2015. Grosvenor House provides accommodation and care for up to 33 people, respite care is also offered. On the day of our inspection 21 older people were living at the home. People had various long term health care needs including diabetes. Other conditions impacted on people's mobility putting people at risk from falls. People also had sensory impairments that impacted including poor sight and hearing.

A registered manager was in post. 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 and associated Regulations about how the service is run.

Throughout our inspection, people spoke highly of the home. Comments included, "Really lovely place to live" and, "Very happy with the home." However, we identified a number of areas that required improvement. Although audits had been completed these did not identify all areas that needed action.

# Summary of findings

We found some people's care plans did not always provide staff with sufficient information to provide effective care. Areas we identified requiring improvements within care planning documentation included diabetes and continence management.

The recording of people's prescribed creams was inconsistent and requires improvement however all other areas associated with medicines were managed safely and in accordance with current regulations and guidance.

We found some people who had lived at Grosvenor House for six months or less had not had all sections of their care plans completed. We identified gaps in several areas. However most people's care plans provided detailed guidance for staff on how to meet people's needs.

The Provider and registered manager had quality assurance systems in place however these did not always provide the registered manager with full oversight of the service. Some actions identified via audits had not been actioned. Accidents and incidents were recorded appropriately however the actions and outcomes from these were not used as a learning opportunity for staff.

People felt safe living at Grosvenor House. Training schedules confirmed staff members had received training in safeguarding adults at risk. Staff knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The provider had good retention of staff, with some staff members having worked there for over five years.

Throughout the inspection, people spoke highly of the home. Comments included, "They are wonderful here." "They couldn't be better, they are all very caring." It was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building friendships with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

Staff understood the needs of people and care was provided with kindness and compassion. People spoke highly of the care they received and confirmed they received care in a timely manner. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

The registered manager had created a service with a friendly and relaxed atmosphere. It was clear they took pride in the running of the home. Staff had a clear understanding of the vision and philosophy of the home and they spoke enthusiastically about working at Grosvenor House.

We found a breach in a Regulation. You can see what action we told the provider to take at the back of the full version 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 aspects of the service were safe.

Medicines were stored safely and people received their medicines when they needed them. However, best practice was not always followed in relation to signing medicine administration charts for prescribed creams.

Staff were able to identify the correct procedures for raising safeguarding concerns.

There were sufficient staff on duty to safely meet the needs of people.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Some people's care plans did not provide clear guidance for staff in relation to the management of diabetes and continence.

There was an on-going training programme in place and all staff had received updates related to their essential training.

Staff had a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People could see, when needed, health and social care professionals.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis.

**Requires Improvement**



### Is the service caring?

The service was caring.

People were involved in developing their own care plans and making decisions about their daily care.

Staff knew people well and treated them with kindness and patience.

Care records were maintained safely and people's information kept confidential

**Good**



### Is the service responsive?

Not all aspects of the service were responsive.

Some care plans did not include all the information required to fully meet people's assessed needs.

**Requires Improvement**



# Summary of findings

People were supported to take part in a range of recreational activities. These were organised in line with peoples' preferences.

## Is the service well-led?

Not all aspects of the service were well led.

Although there were systems in place to assess the quality of the service provided these were not always effective.

People were able to comment on the service provided to influence service delivery.

The registered manager had created an open, relaxed atmosphere in the home where staff felt supported.

**Requires Improvement**



# Grosvenor House

## 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.

We inspected the service on the 20 and 22 April 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for. We looked at care documentation and examined records which related to the running of the service. We looked at eight care plans and four staff files, all staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Grosvenor House. This is when we look at care documentation in depth and obtain views on how

people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

We looked at areas of the home including people's bedrooms, bathrooms, lounges and dining areas. During our inspection we spoke with 14 people who live at Grosvenor House, four visitors, eight staff, a visiting health professional and the registered manager.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

People commented they received their medicines on time. One person told us, “I always get my medication on time; they (the staff) are very good.” However we identified issues with the recording of people’s prescribed creams. People’s prescribed creams were recorded in a separate Medication Administration Records (MAR charts) folder which was held in the care office. These were accompanied by body maps to show staff where creams were to be applied. However, the recording of this documentation was inconsistent. For example one person was prescribed a cream which was to be applied twice a day however their MAR records had multiple gaps. This meant it was not clear when the cream had been applied. We spoke to the registered manager regarding this issue. There was evidence the registered manager had identified this as an area for improvement. They had moved people’s cream MAR charts from their rooms to the care office in an attempt to encourage care staff to complete them more accurately. However, there had been no improvement. This was an area that required improvement. All other medicines were administered through monitored dosage systems (MDS). MDS is a medication storage device designed to simplify the administration of medicines. Medicines were placed in separate compartments allowing the person to be given the correct medicine and dose at the correct time. MAR charts reflected that medicines were administered appropriately and on time. Recordings were clear and accurate and confirmed medicines were received and disposed of correctly.

Risks to people were assessed and risk assessment developed. Risk assessments included areas such as mobility, nutrition and skin type. These provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. Where people’s risks had changed in a specific area, assessments had been updated to reflect these. For example, following a return from hospital a person’s mobility support requirements had increased and additional measures had been put in place to assist them effectively.

Staff confirmed they had received safeguarding adults at risk training and this was supported by training records. Staff understood their own responsibilities to keep people safe from harm or abuse. They had a good understanding of the types of abuse and who they would report any

suspicions or concerns to. One staff member told us, “I would raise concerns with the manager but I know that I can make a safeguarding alert if concerned.” Safeguarding policies and procedures were up to date and staff were aware how to access these documents.

People received care in a timely manner. A call bell facility was available throughout the home and in people’s own rooms. The call bell system had intercom capability; we saw staff use this effectively when prioritising calls. Call bells were answered promptly and people’s requests for assistance were answered promptly by staff. One person told us, “They respond very quickly to my bell and I feel very safe here.” We saw some people had chosen to wear call bell pendants around their neck. One person told me, “It provides me with reassurance having it handy.”

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. On the day of our inspection a team of four care staff, one senior carer, the deputy manager and registered manager were available throughout the day. During the night, there were two care staff and one senior carer on duty. Staff rota’s confirmed this was standard practise. People and staff commented that they felt the home was sufficiently staffed. One staff member told us, “We definitely have the right amount of staff, we get time to spend with people which is important.”

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The PIR identified during interviews with prospective staff they were asked scenario type questions to test their suitability for caring. Staff we spoke to confirmed this accurate.

The premise and its equipment were maintained to a safe standard for people and staff. A dedicated maintenance worker carried out day-to-day repairs and staff said these were attended to promptly. We saw an example where a person’s heat pad had been replaced after failing an electrical test. There were contracts for the servicing of utilities and we saw that equipment was assessed before it was commissioned for use. In the event of an emergency, the provider had agreements with various community links where people could be evacuated for safety.

# Is the service effective?

## Our findings

People told us they received attentive care and their needs were met. One person said, “This is a lovely place to live, I feel lucky”. Although people spoke highly of the care they received we found areas where there were risks to people not receiving effective care.

A person had recently returned from hospital. On their return staff had reassessed them in line with the home’s policy. During their stay in hospital they had lost weight and developed a small pressure area ulcer on their skin. When this person was in bed, care staff had made the decision to put in place a two hourly ‘turning routine’. This is a medical intervention commonly used to protect skin from pressure damage. This person was not under the care of a district nurse for this condition therefore it was not clear how this decision had been reached. The registered manager told us they had consulted a visiting health professional regarding the most suitable treatment but there was no record in this person’s care plan to support this. The registered manager was not able to identify how long this person would be on a ‘turning routine’ and whether the routine was helping to improve skin condition and prevent any further pressure area damage. The registered manager told us they would request a qualified health professional to review this person.

Some people living at Grosvenor House required support managing their diabetes via insulin injections. Senior care staff were responsible for supporting people with this. Although senior care staff had received additional training and told us they felt confident to support people there were no specific diabetes care plans in place. This meant there was no formal guidance for care staff on how to recognise and manage possible changes in these people’s physical or behavioural demeanour as a result of their diabetes. A diabetes ‘monitoring diary’ was kept in people’s rooms. This was used to record the time and site of an injection and a person’s blood sugar readings. However there were no numeric ‘normal range’ readings available for staff to determine if a person’s blood sugar level within safe levels for that person. A senior carer was not able to identify what would be an acceptable reading or what would represent a high or low reading. This meant that staff would not be able to identify if a person’s readings were a

cause for concern. The registered manager confirmed they would liaise with the appropriate health care professional to insert the required information into the ‘monitoring diary’.

The above are a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records identified some people required catheters to support them with the management of their continence. One person had a detailed continence care plan that guided care staff on how to most effectively support them with their catheter care. However another person’s continence care plan stated, ‘requires full catheter care’. We spoke to a senior care staff member and they were able to provide a detailed verbal description of the catheter care needs for this person but could not confirm all care staff involved with supporting this person were aware of this information. This meant that this person may not receive consistent support with their catheter care. This is an area that requires improvement.

The PIR stated people were assisted to see their GP when required. We saw examples where staff had been proactive in meeting people’s changing health care needs. In the event of people’s health deteriorating, staff took action and worked in partnership with healthcare professionals. For example, where concerns had been identified regarding people’s weight there had been referrals to GP, dietician and speech and language therapist. A visiting health care professional who had regular contact with the home told us, “They always respond well to any care guidance we give and are prompt to report concerns for our attention.”

People told us they enjoyed the food and always had enough to eat and drink. One person told us, “The food is very nice.” Another person told us, “We always get a nice choice.” We observed the lunch time meal service. The dining room was on the lower ground floor and 14 people choose to eat there. The cutlery and crockery were of a good standard, and condiments were available. The meal time was relaxed, staff were efficient and interacted in a friendly manner and aware of people’s needs. Music was played in the background, people chatted together and the atmosphere was very comfortable, people enjoyed the dining experience. One person was discreetly supported by staff to eat; they engaged them in conversation and promoted their independence. Another person whose vision was impaired was provided with a darker plate which



## Is the service effective?

assisted them to see their food. We saw people being offered alternatives if they had not eaten all their meal and people's drinks were replenished throughout the meal service.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the needs of older people living at the home. There was an ongoing schedule of training for staff which was overseen by the deputy manager. Staff training was delivered in a variety of ways, from face to face, in-house and external training. The provider also subscribed to a 'virtual training' network that designed its training to cater for staff caring for older people. For example this included dementia training and dignity in care sessions. Staff spoke very positively about the training opportunities provided. One staff member told us, "By far and away the best training I have come across at any home." One staff member said, "My approach to dementia has changed since I have had training here, much more specific." Another said, "If you miss a live session you can watch in at a later point on a DVD."

The communication challenges of a large building were seen to be managed very effectively by staff. They used the

intercom system well to talk with people and the 'walkie talkie' equipment was employed professionally. One staff member said, "We use the system to relay key information and support each other well." We heard staff communicating via walkie talkies to ensure a person arriving on respite had their room ready and set up to meet their specific needs.

Staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 sets out how to support people who do not have capacity to make a specific decision. Policies and procedures were available to staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. Staff understood the principles of the MCA and respected people's rights to make decisions. The registered manager was knowledgeable about what constituted a deprivation of liberty safeguard. On the day of our inspection, no one was subject to a DoLS. However, policies were in place in the event of an application being submitted.



# Is the service caring?

## Our findings

People were supported with kindness and compassion. People told us caring relationships had been developed with the staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.

The atmosphere within the home was calm and relaxed for people. We observed people seated in the communal lounge, drinks to hand and happily chatting with one another. People could come and go and moved freely around and enjoyed spending time in their rooms and the communal areas. We observed people sitting on the balcony and enjoying the sun terrace. One person told us, "Lovely place to be, I'm very happy here." Another person told us, "Staff are lovely. This is a very nice place to live".

Throughout our inspection we saw staff interacting with people in a caring, kind and professional manner. Staff were observed chatting and laughing with people and providing assistance when needed. Staff spoke fondly about the people they supported and demonstrated a commitment to providing high quality care and support. One staff member told us, "We want people to be as happy as possible." The registered manager said, "This is their home it feels like a home from home." It was clear that staff had spent time building a strong rapport with people. Staff could tell us about individuals, their personalities, their likes, dislikes, and life history.

Maintaining independence was promoted within the home and staff understood the principles of supporting people to be as independent as possible. One staff member told us, "We don't support to the point where we take away people's skills and independence." Another staff member told us, "I encourage them to do things for themselves, like

washing their face or put their own clothes on." People told us that they were encouraged to do things for themselves. One person told us, "I take my time but like to move around by myself without help. I want to do things for myself."

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. Women were seen wearing their jewellery and people's hair was neatly done. One person told us, "The girls' help me chose what to wear, they are ever so good." People's choices being respected were evident within care planning, for example we saw that one person had requested that they only receive personal care from female staff. A staff member said, "This is really important to them and will always be respected." Another staff member told us that the informal discussions at the end of some of the training sessions allowed staff to share ideas on what dignity means. They said, "Sharing ideas and examples helps you to think about what it's really like for residents living here."

Care records were stored securely on either the home's computer system or in care files. There were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training. Staff supported people in doing what they wished, such as sitting in the lounges or going to their room. There was a friendly, relaxed environment, where people were happy and engaged in their own individual interests, as well as feeling supported when needed.

Visitors were welcomed throughout our inspection. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors". A visitor said, "I come in most days and always a lovely place to come, very caring staff."

# Is the service responsive?

## Our findings

People told us they were involved in their care and that they felt staff were responsive to their needs. However we found some people's care plans did not contain sufficient information for staff to be able to fully meet their needs. We found that people who had been living at Grosvenor House for an extended period had detailed information available, but people who had been living at the service for less than six months had significantly less information available. For example one person who had been living at service for four months had no life history or any information on their interests. Another person who had been at Grosvenor House for four months had blank sections in their care plan for areas such as dexterity, mood and continence promotion. Staff were able to provide verbal information that would inform care plan documentation but these details had not been added to care plans. This meant there was a risk not all staff providing care to these people would have information available on how to meet their needs. We spoke to the registered manager regarding this issue who agreed not all care plans were up-to-date. This is an area that requires improvement.

However most care plans contained comprehensive information and guidance that had been updated and reviewed regularly. These care plans covered all aspects of people's lives, for example personal care, mobility, communication and end of life wishes. Care plans were personalised to the individual and information was readily available on how the individual preferred to be supported. It was evident these people had been involved in developing their care plans. They told us they had spent time talking to staff about the care they needed, their choices, about how this was provided. This included morning, daytime and bedtime preferences. The service operated a 'key worker' system, this is where a member of care staff spends additional time with a person to establish a better understanding of their needs and addresses practical matters such as replenishing personal items. The keyworker took more responsibility over a person's care plan and would identify to senior staff when they required updating. One person said, "I know my key person well,

they get involved in all sorts of things to help me." One staff member said, "We ask each other about residents, and other staff tell me about things they think I should know about my key residents."

People were positive about the opportunities for social engagement and the activities offered. One person told us, "We are lucky to have such a choice of things to be involved in." Another person told us, "We can follow our own interests." People spoke highly of the activities and commented that they looked forward to particular events. Grosvenor House employed a dedicated activities co-ordinator for 30 hours a week. They had produced a calendar of activities that had been designed by collaboration with people. They said, "I believe, there is something for everyone." The activities co-ordinator had established strong links with the local community and drew on these to provide guest speakers. One person said, "They had some lovely birds brought in recently, I enjoyed learning about them." The activities coordinator utilised their role to engage with people at various opportunities within the day to day routines of the home. For example we saw that at the lunchtime meal people had 'reminiscence sheets' on their tables. These sheets contained old photographs to encourage conversation. We saw several people looking at these and commenting on them. One of the corridors had pictures frames on the walls containing photographs of famous comedians from different era's. One person said, "They make me smile when I see them."

The activities coordinator had established a regular newsletter which provided information and photographs of recent and upcoming events within the home. This was designed and created with input from people and was distributed locally.

One person said, "I'm very happy but if I had a problem I would chat to girls." People told us if they had any concerns or complaints they would discuss them with the registered manager or other staff. The complaints log showed there had been no recent complaints. When previous complaints had been raised we saw information about what actions had been taken to address and resolve them. The complaints policy was available within the main reception.

# Is the service well-led?

## Our findings

People spoke highly of the home's management and commented that they felt the home was well run. One person said, "Everything runs very well here, very smooth." Despite people's praise of management, we found the provider did not always have robust systems in place to ensure complete oversight of all areas of the home. For example information on accidents and incidents was held securely and staff knew how and where to record this information. However the 'Action' section on the accident forms identifying what steps had been taken as a result was either very brief or not included. Although it was evident from reviewing people's care plans that additional measures had been put in place following accidents, for the purposes of future staff learning and audit this information was not readily accessible. The information recorded on accidents within the regular head office audit only identified the numbers of accidents that had occurred. This meant staff were not easily able to identify any specific trends and use learning to drive improvement. This was an area that required improvement.

The home underwent a 'Head Office' audit on a monthly cycle. This audit system did not identify all relevant issues and resulting action plans were not followed to improve the quality of the service. In preparation for this audit visit the registered manager completed a template with up-to-date data about the home; this included the number of arrivals and departures since the previous audit. The head office staff member reviews multiple areas related to the running of the home such as building maintenance, policies, menus and talks to staff and people living at Grosvenor House. Where issues were identified these were placed on a report for the registered manager to action. We found an example where an issue from the February 2015 audit had not been completed. This related to a photograph on a staff member's personal file. Other action points related to improvements within care plan documentation, identified by the head office audit on 27 March 2015, had not been completed when we reviewed these documents on 20 April 2015. For example updating a person's health and medication profile. We found further missing sections within other care plans that had not been identified by the head office audit. This was an area that required improvement.

Other quality assurance systems in place that were more effective. For example health and safety checks, environmental checks and infection control audits were used to ensure the registered manager had oversight of these areas. Annual satisfaction surveys were completed with people, friends and family and other stakeholders such as visiting health professionals and activity entertainers. Result information was collated by head office into a report for the registered manager. It made comparisons to previous years as a visual progress indicator. There was evidence that actions had been taken as a result of a 'resident food satisfaction survey'. For example a daily comments log was put in place to capture immediate response from people after meals. Friends and relatives meetings were held each quarter, meeting minutes identified these were used to capture feedback and provide updates on key issues such as home renovation and staffing. The registered manager said, "This can also be a good opportunity to involve family in care planning."

Throughout the inspection, staff informed us that communication within the home was excellent. Staff knew and understood what was expected of them whilst they were working. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Team meetings were held regularly and staff could discuss aspects of people's care and support. The registered manager told us, "Staff need to be comfortable and confident in what they do." A staff member said, "This is the best place I have ever worked". Staff meetings were held regularly. Staff told us these were an opportunity to discuss issues relating to people as well as general working practices and training requirements. We saw minutes for the previous two staff meetings which verified this. One staff member told us, "The meetings are really helpful."

Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One member of staff told us, "They are all approachable, you can always knock on their door, they are always available."

The provider had a code of values which governed the philosophy of the home. The values included, 'Make a homely atmosphere where residents can feel and be

## Is the service well-led?

relaxed as though living in their own home'. Staff were familiar with the overarching philosophy and the theme that Grosvenor House had a 'homely' feel was commented on by people, staff and visitors.

The registered manager had an up-to-date business plan for the home. This document had clear objectives that had a purpose, costing, actions and timescale attached. These covered areas such as physical refurbishment and how to improve staff retention.

The registered manager said they felt well supported by the Provider. They attended regular management meetings to discuss areas of improvement for the service and review new legislation within the sector. They were supported with 'head office' function for the home. These centrally provided services such as human resource management, administration support and payroll services, the registered manager told us this enabled them to focus more specifically on the delivery of person centred care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services <b>People's treatment and care must be appropriate to the individual. Regulation 9(1)(a)</b>