St Philips Care Limited

The Grove Care Centre - Thurnscoe

Inspection report

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Date of inspection visit:
20 May 2019

Date of publication:
11 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: The Grove Care Centre-Thurnscoe is a care home which provides accommodation for up to 28 people requiring personal care and is based in the village of Thurnscoe. At the time of our inspection there were 25 people using the service.

People's experience of using this service: People were protected from the risk of abuse. Staff knew how to recognise, and report abuse if required.

Risks associated with people's care were identified and actions taken to minimise risks occurring. Accidents and incidents were monitored to ensure any trends and patterns were identified and addressed.

The service had sufficient staff available to meet people's needs. There was a safe recruitment process in place.

People received personalised support from staff who knew them well. People's likes, dislikes and social histories were recorded in their care records. This helped staff care for them in a personalised way.

Staff were competent, knowledgeable and skilled. They received regular training, supervisions and appraisals which supported them to conduct their roles effectively.

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

People were happy with the food provided at The Grove. The service catered for people's special dietary requirements and staff monitored food and fluid intake levels of people who were assessed to be at risk.

People received person centred care which met their needs and took in to consideration their preferences.

A range of activities were provided for people living at The Grove which considered people's interests and wishes.

The provider had an effective complaints procedure in place. Information about how to complain was displayed in the entrance to the home. People and their relatives knew how to complain if they needed to.

The provider and registered manager supported the staff and ensured people received appropriate care. Staff we spoke with felt supported by the registered manager and provider and felt valued. Audits were in place to identify areas which required attention and action plans were devised as needed. People told us the home was managed well and had confidence they could approach staff and management if they needed to.

Rating at last inspection: Good (report published 2 December 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe Details are in our Safe findings below.	Good
Is the service effective? The service remained effective Details are in our Effective findings below.	Good
Is the service caring? The service remained caring Details are in our Caring findings below.	Good
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service remained well-led Details are in our Well-Led findings below.	Good

The Grove Care Centre - Thurnscoe

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
The Grove Care Centre-Thurnscoe is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
This inspection was unannounced.

What we did:
Prior to the inspection visit we gathered information from several sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. 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 service, what the service does well and improvements they

plan to make.

We contacted health and social care commissioners who help arrange and monitor the care of people living at The Grove. We also contacted Healthwatch Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During the inspection we spoke with five people living at the home and seven relatives or friends of people to obtain their views of the support provided.

We spoke with the registered manager, the provider's regional manager, the deputy manager, senior care assistant, two care assistants and ancillary staff including cooks and domestic staff.

We observed care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We looked at three people's care records and medicine administration records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because the provider had robust policies in place and staff had a good understanding of the safeguarding process.
- People told us they felt safe in the home. Relatives also spoke positively about the way staff supported their family members. People said, "I feel safe now I'm here because the staff make me feel safe" and "I didn't feel safe on my own at home, the girls [care staff] take good care of me and make feel safe." Relatives told us,"[Name of family member] is very safe here and appears more contented, which makes me happy knowing [name] is safe and happy" and "[Name of family member] is safe in here because the staff are so on top of things and know what they are doing."
- A system was in place to record and monitor any incidents and appropriate referrals had been made to the local authority safeguarding team. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks to people.
- People's care records included risk assessments relating to areas such as mobility, nutrition, skin integrity and falls. The assessments were electronically held and showed how the risks were managed to keep people safe. Risk assessments were reviewed monthly or more frequently if a person's needs changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. Personal emergency evacuation plans (PEEP) were kept for each person for use in an emergency to support safe evacuation. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. This was last updated 3 January 2019.

Staffing and recruitment

- People told us there were sufficient numbers of staff on duty to meet their needs. They said, "I feel safe because there is always plenty of staff about." Relatives said, "There are always plenty of staff about, even at the weekend."
- There was an effective system in place to calculate staffing and we observed sufficient numbers of staff deployed during the inspection.
- The provider continued to carry out relevant employment checks prior to new staff commencing employment at the home.

Using medicines safely

- People's medicines were managed in a safe way. People said, "Staff are good with my medication, they never forget and if I have a headache they will give me paracetamol."

● Systems were in place for ordering, administering and disposing of medicines safely.
● Controlled drugs (CDs) are prescribed medicines that have additional safety precautions and requirements. There are legal requirements for the storage, administration, records and disposal of CDs. The service met these requirements.
● Staff were trained to handle medicines safely and had completed competency assessments to ensure their knowledge remained up to date.
● A community pharmacist visited the service in March 2019. Records showed any improvements which were required had been made.

Preventing and controlling infection
●The Grove was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and being implemented correctly.
● Aprons, gloves and hand sanitizers were located throughout the building. Staff wore aprons and gloves appropriately. Staff had received training in infection control.

Learning lessons when things go wrong
● Records showed accidents and incidents were recorded. The record included a description of the incident, any injury and any action taken by staff. The registered manager reviewed the action taken to identify any patterns or lessons that could be learnt to prevent future occurrences.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's care plans were held electronically. People's needs were assessed and reviewed to ensure their care and support was delivered appropriately.
- Care plans had been developed with people, to ensure their preferences and diverse needs were met in all areas of their care. This included protected characteristics under the Equalities Act 2010, such as age, culture, religion and disability.
- People told us they were very happy with how they were treated.

Staff support: induction, training, skills and experience
- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed. Staff said, "The manager encourages us to 'better ourselves' through education. They and the company support us to attend college and go on courses."
- Staff received regular supervision to review their competence and discuss areas of good practice or any improvements needed. The registered manager completed annual appraisals for all staff. Staff felt supported by the registered manager and able to raise any concerns or questions with them.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to maintain a healthy balanced diet which met their needs.
- People enjoyed their meals. People said, "We get plenty of nice food, something different every day", "Lovely meals and I don't have to cook them" and "We get a choice of two meals and if we don't like them we can have something else."
- We observed lunch being served and found staff were supportive and assisted people as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as GPs, tissue viability nurse and speech and language therapists. This supported staff to achieve good outcomes for people and helped people maintain their health.
- People were positive about the support they received to maintain their health. Comments included, "I see my GP when I need to, this is organised by staff." Relatives said, "[Name of family member] was ill last week they rang the GP and he came and prescribed some tablets which staff collected and started straight away."

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

● The service was designed and decorated to meet the needs of people living at the home.

● The home had good signage to assist people to navigate around the home. People could freely access an outside area and look at the very pleasant gardens of the home. We saw a number of people sat enjoying the sunshine in a secure patio area.

● Some improvements to the environment were needed. It was difficult to see through some windows as the panes were misted so obscuring the view through them and some carpets were a little worn. The regional manager said a plan was being developed and refurbishment was due to start during the year.

Ensuring consent to care and treatment in line with law and guidance

●The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

●The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations. They had a good understanding of MCA procedures and the DoLS framework.

●People's care records contained assessments of their capacity to make various important decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.

●Staff received training in the MCA and DoLS. We observed staff asking people for consent before they delivered care. Staff had a good understanding of the MCA and described to us the importance of assuming people had capacity to make their own decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity
- We spent time observing staff interacting with people. We saw staff were respectful, understanding and compassionate.
- Staff supported people in line with their preferences. Everyone we spoke with complimented the staff saying they were caring and kind. People's comments included, "Nothing is too much trouble, they [staff]are very kind to me" and "I have no family but that's ok because they [staff] are like family to me." Relatives said, "The staff here are great, very caring and friendly."

Supporting people to express their views and be involved in making decisions about their care
- People had been involved in decision making in relation to their care and support, this was reflected in their care records.
- Staff encouraged people to make choices in the way they received their care and their choices were respected. People said, "I can have a shower or bath when I want, they [staff] are kind, all of them."

Respecting and promoting people's privacy, dignity and independence
- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. The provider had an effective policy in place regarding privacy and dignity, which supported staff practice in this area.
- People were encouraged to maintain their independence. Their care records explained what they could do for themselves and what they needed staff to support them with. Our observations showed staff promoted people's independence and they provided appropriate encouragement to people to complete tasks for themselves. Staff said, "We try to encourage people to be as independent as they can. For example, we encourage people to wash themselves and we just help them was the bits they can't reach."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Electronic and paper records were stored safely which maintained people's confidentiality.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People's care plans were maintained and updated electronically and were specific to the individual and person centred. Staff recorded any care interventions as they occurred on hand held electronic devices. Care plans reflected the care and support people required.
● People were encouraged to be involved in developing and reviewing care plans, to make sure they met their expectations. One relative told us, "We were part of making the care plan for [name of family member]."
● The provider had recently employed an activity co-ordinator, who was on induction. Care staff also planned and organised social activities for people. When we arrived at the service we saw some people and staff laughing and enjoying themselves whilst participating in chair aerobics. There was a notice board advertising forthcoming activities and activities which were held daily. The chair aerobics was advertised for the day we visited. The service had links with the local primary school whose children came to the home to sing with people. A vicar attended the home monthly to provide holy Communion for people.
● People told us they enjoyed the activities provided. A few people said they would like more to do but could not say what these would be. People said, "I'm not lonely, there is always someone to chat to", "I spend my time doing crosswords and word search", "I don't do much, sometimes we have keep fit, that's fun" and "I go for walks in the garden, the garden is beautiful."
● Staff supported people to maintain positive relationships with their family members, friends and partners. All the visitors we spoke with commented on how welcoming staff were when they visited the home. One person told us how they enjoyed 'going out' for lunch with their family every week.

Improving care quality in response to complaints or concerns
● The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.
● People and their relatives felt able to complain if they needed to.
● The registered manager kept a log of complaints and ensured lessons were learned and action was taken to prevent the same issue being raised again.

End of life care and support
● People's wishes about their end of life were supported and documented within care records. DNAR ('do not attempt resuscitation') records were in people's care plans. Relatives said, "[Name of family member] future wishes were discussed and a DNAR was put in place" and "Staff told us about the DNAR and helped us and [family member name] make an Advanced Care Plan of wishes about end of life."
● We spoke with a relative whose family member had died very recently at the service. They wanted to share their experiences with us and to use them in this report. They said their family member died peacefully in the home with their family around them, just as they would have wanted. They said the staff had facilitated this by ensuring the person 'stayed at the home' rather than going into hospital. The relative said an end of life

care plan was agreed with the family and person and this was followed. They said, "I cannot praise [named registered manager] and staff enough with how they cared for me and [named family member]."

Good

Is the service well-led?

Our findings

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

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

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

- People and their relatives told us the service was well led and they felt listened to. They said, "Very good management, regular meetings and lots of information", "Very well managed" and "The home is clean, friendly, well led and people appear contented."
- The registered manager has established an open and inclusive culture in the service, so people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- Services that provide health and social care to people are required to inform us (CQC) of important events that happen in the service. This is so we can check appropriate action has been taken. The registered manager had submitted notifications to us in an appropriate and timely manner in line with our guidelines.

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

- There was a registered manager in post. A registered manager is a registered person. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- The registered manager was supported by a management team which consisted of the regional manager, a deputy manager and senior care workers.
- Staff had a good understanding of their roles and responsibilities.
- Staff spoke positively about the registered manager who they said was approachable, readily available when they needed advice and active in the day to day running of the home.
- People using and visiting the service said they had good access to the registered manager and found her friendly and approachable.
- Everyone we spoke with was complimentary about how the home was run.

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

- The provider engaged with people to ensure their voice was taken into consideration. People were invited to attend meetings and complete questionnaires, which were analysed for any areas needing attention. A summary of the last survey, completed in October 2018, contained positive outcomes and had been shared with people and their relatives.
- Everyone we spoke with felt the service listened to them and acted on their suggestions. People and

relatives said, "We go to meetings every few months and they are good", "We are kept well informed", "We had a meeting and a party to tell us that they had had good results from the last inspection" and "We have family meetings every two months, where we can talk about anything, management listen to us, they don't fob us off."

● Staff told us they also felt listened to and supported by the management team.

Continuous learning and improving care

● The registered manager and other senior staff carried out monitoring and auditing of all aspects of the service. These included audits of medicines, care records and an environmental audit. Audits seen showed the actions taken to address any issues.

● Staff had attended regular staff meetings, one to one support sessions and an annual appraisal of their work. These kept them informed about how the home was operating, gave them the opportunity to share their views and assessed their work performance.

Working in partnership with others

● The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people who used the service. Care professionals we contacted told us they had no concerns about the service.