

# Venetian Healthcare Limited

## The Grove

### Inspection report

181 Charlestown Road  
Charlestown  
St Austell  
Cornwall  
PL25 3NP

Tel: 0172676481

Website: [www.grove-charlestown.co.uk](http://www.grove-charlestown.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on the 14 and 15 November 2017. The last focused inspection took place on the 13 October 2015. The service was meeting the requirements of the regulations at that time.

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 Grove is a care home which offers care and support for up to 38 predominantly older people. At the time of the inspection there were 31 people living at the service. Some of these people were living with dementia. The service is based in a detached house over three floors. There were two passenger lifts to support access to the upper floors.

The Grove was in the process of moving to a new electronic care plan system. All care plan information had been moved on to the electronic system at the time of this inspection. Staff and management had been provided with training in the use of this equipment. Paper based files were still in use during this transitional period. This was to ensure all information was available to staff. Some information on the electronic system was not yet entirely accurate and did not always give staff the correct direction and guidance needed to meet people's needs. We reviewed the paper files in these instances. Staff did not always record the care provided accurately and appropriately.

The paper copies of care plans showed people, and where appropriate their relatives, signed to agree to the content of their care plans. The registered manager assured us that paper copies of care plans would continue to be provided for people to see and sign in agreement with the contents.

The hand held electronic devices for staff to input specific care provided, at the time it was delivered, into the electronic care planning system were not yet available due to a lack of wi-fi at the service. This was in the process of being addressed. Staff were recording the monitoring of people's specific care needs on paper at the time of this inspection. For example, re-positioning and skin checks. These records were held in people's bedrooms. There was no regular auditing of the records completed by staff relating to the care and support provided to some people. One person's records contained regular gaps for up to six hours over the afternoon/early evening period for several days. There were inconsistent recording methods used by staff, which made it difficult to establish the current condition of a person. Staff were not always completing skin monitoring records correctly.

The information file available to the fire service containing the evacuation needs of people living at the service in the event of a fire was not up to date.

Whilst the administration and storage of medicines was safe, the records held relating to the stock of medicines held at The Grove, that required stricter controls, were not accurate. There were no audits being carried out of medicine administration and management which would have identified the concerns found at

this inspection.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Staff were supported by a system of induction training, supervision and appraisals. The registered manager was in the process of creating a record to provide them with an overview of when staff required supervision and appraisals.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

People were positive about the care and support they provided. They told us, "They (staff) are brilliant, very kind" and "I am very happy here everyone is nice and kind and the food is good."

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service. The service had identified the minimum numbers of staff required to meet people's needs and these were being met. Call bell response times were being monitored by the management team. However, people told us staff were rushed at certain periods of the day.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA). The principles of the Deprivation of Liberty Safeguards (DoLS) were understood but not always applied correctly. Capacity assessments had not always been carried out before DoLS applications were made, or bed rails and pressure mats put in use. The service had applied for some people to be assessed for an authorised restrictive care plan. There were no DoLS authorisations in place at the time of this inspection. People told us, "I can go out as I please" and "I am able to get up and go to my room when I want."

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy, although these records were not always completed by staff for each meal, or checked to ensure people had sufficient food and drink. People told us the food was good.

The service was warm, comfortable and appeared clean with no unpleasant odours. The service was well maintained by two maintenance people who completed any faults in a timely manner. Bedrooms were personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

Some people living at The Grove were living with dementia and were independently mobile around the service. However, the service did not have clear pictorial signage to help people who need additional support recognising areas of the building such as the toilet and shower rooms. This was addressed at the time of the inspection. The registered manager confirmed that additional signage had been ordered to support people to be as independent as possible within the service.

People had access to activities. An activity co-ordinator was in post who arranged regular events for people. These included, household tasks such as folding napkins for the dining room, folding laundry, music and singing, visiting entertainments, animals visiting, manicures and shopping trips in the local area. People were supported to go outside in the service car to attend appointments, have coffee or visit local attractions.

The registered manager was supported by the provider through regular visits. There was a deputy manager and senior care staff who supported a team of motivated and committed staff. Staff were happy working at The Grove and told us they found the registered manager had brought about many positive improvements to the service since they were in post. Staff told us they could approach the manager at any time and were confident they would be listened to and their concerns would be addressed.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations. You can see the action we have told the provider to take at the end of this report.

## 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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Systems for the administration and storage of medicines were robust. However, the recording of the stock held of medicines that required stricter controls was not robust.

### Is the service effective?

Good ●

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

### Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Requires Improvement 

The service was not entirely responsive. Care plans did not always contain accurate information for staff. Some care plan guidance was not being recorded by some staff.

Monitoring records were not accurately and consistently completed by staff. These records were not checked for any gaps or inconsistencies.

People received personalised care and support which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

### Is the service well-led?

Requires Improvement 

The service was not entirely well-led. Concerns found at this inspection had not always been identified by regular checks and audits. For example, medicine recording errors, incorrect pressure mattress settings and emergency evacuation information for people living at the service.

Action was not always taken to address identified issues. For example, staffing pressures in the afternoon/early evening, and visiting healthcare professionals concerns about record keeping.

There were clear lines of responsibility and accountability at the service.

People were asked for their views on the service.

Staff were supported by the management team.

# The Grove

## 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.

The inspection took place on the 14 and 15 November 2017. This inspection was carried out by one adult social care inspector.

Before the inspection we reviewed past reports and notifications. A notification is information about important events which the service is required to send us by law. We received feedback from four external healthcare professionals.

We spoke with four people living at the service. Not everyone we met who was living at The Grove was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with the registered manager, the deputy manager, the administrator, six staff, a visiting healthcare professional and two visitors.

We looked at care documentation for four people living at The Grove, the medicines records for 20 people, four staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with one healthcare professional.

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at The Grove. Comments included, "I am fine here, no worries at all," "The staff are brilliant" and "No concerns on that count at all, very good."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. People were asked if they felt safe at the service. If people were involved in safeguarding enquires or investigations they were offered an advocate, if appropriate or required. Any concerns raised were fully investigated and reported as appropriate to the local safeguarding unit for external investigation. This meant people were safeguarded from the risk of abuse.

The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or there had been safeguarding concerns, the registered manager had investigated fully to try to resolve the issue.

The service held a policy on equality and diversity, this was in the process of being introduced to the staff so that they were aware of this legislation. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

The service held personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the registered manager. There were appropriate records held and these were regularly audited

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future. For example, people were referred to the falls team for advice, pressure mats were used to alert staff if a person was up and moving around and staff ensured people used their walking aids appropriately.

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose of medicine given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. Most of these handwritten entries



were signed and had been witnessed by a second member of staff. There were a few which had only been signed by one person, this was addressed at the inspection. It is important that two people sign such entries to help reduce the risk of potential errors and ensure people always receive their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. We checked the records against the stock held. The stock held was accurately recorded. There were recording issues identified in this record book which are detailed in the Well-Led section of this report.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant the safe storage of these medicines could be assured.

The service had processes in place for the ordering, storage and disposal of medicines. Some people were administering their own medicines. They were provided with secure storage for their medicines in their bedroom. There was an appropriate assessment in place to help ensure they were competent and safe to do this. This was regularly reviewed.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective. For example, pain relief for an occasional ailment.

Staff training records showed all staff who supported people with medicines had received appropriate training. The service received external safety alerts and information was made available to staff. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely. Some people who were able to go out in to the local area alone were regularly assessed to ensure they were confident to continue to do this. Some people managed their own medicines, and their ability to do this was assessed and monitored.

Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk. This helped ensure the service was safe for people to live in. Equipment used in the service such as moving and handling equipment, wheelchairs, stand aids, passenger lifts etc were regularly checked and serviced by professionals to ensure they were always safe to use. All the necessary safety checks and tests had been completed by appropriately skilled contractors. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and what calmed them if anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

People's paper care files were held securely in a locked office, accessible to the staff and visiting healthcare professionals as needed. The computer system was password protected with staff and external healthcare staff being given their own unique passwords for access.

The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Catering staff were on duty from breakfast time until the evening. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a four star rating. There was an action set by the agency for the floor in the kitchen to be repaired or replaced. The kitchen staff told us this was being planned.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. The service carried out regular DBS checks of long standing staff to ensure they remained safe to work with vulnerable people.

The issue of staffing pressure during the late afternoon and early evening had been raised at a residents meeting held in October 2017 the minutes stated, "A resident stated they wanted a better system of working from 5:00 pm to 7:00 pm. The resident felt that the staff were flat out, and although they appreciate what they are trying to do they feel they cannot do what they are aiming for." People we spoke with told us, "We sometimes have to wait to go up it is very busy then" and "They are always so busy in the afternoons, I have to wait my turn." We asked staff about this time of day, they told us, "It is 'crazy' time" and "We are really busy then with teas and people wanting to go back to their rooms." This concern was reflected in the gaps in the monitoring records for one person as detailed above. The registered manager assured us that whilst there were sufficient numbers of staff on duty, it was an issue of the deployment of staff during this time and, this would be reviewed.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. The call bell system was regularly audited and staff tried to ensure they met the standard set by the registered manager of no more than five minutes for people to be kept waiting for assistance. We saw from the staff rota there were six care staff in the morning and five in the afternoon supported by a manager on each shift. There were three staff who worked at night. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive.

The registered manager was open and transparent and always available for people, relatives, staff and healthcare professionals to approach them at any time. The office had been moved to the front door of the service for this reason. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns the management team would listen and take appropriate action. The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and would submit safeguarding referrals if it was felt to be appropriate.

# Is the service effective?

## Our findings

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

The use of technology to support the effective delivery of care and support and promote independence was limited. However, The Grove provided pendant call bells for people who moved around to ensure they could call for assistance at any time. Pressure mats were used to alert staff when people were moving around if they had been assessed as being at risk of falling.

Training records showed staff were provided with mandatory training such as moving and handling and infection control. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care, diabetes care and care of the dying. People and relatives told us they felt the staff were well trained, competent and knowledgeable.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented, "I have asked to do more training on end of life care and this is being provided. I think they are keen for us to develop as it benefits the service as a whole."

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they maintained a healthy weight. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet

peoples' diverse needs. The minutes of a residents meeting showed people had asked for portions to be more consistent and for certain foods to be provided. This had been done and showed the service listened to people's views. People told us, "They (staff) are brilliant, very kind" and "I am very happy here everyone is nice and kind and the food is good."

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds to help the meal look appealing and people were able to see what they were eating. They told us, "People can have pretty much whatever they want, with a little notice. Some are just not hungry at mealtimes. It is a person's birthday tomorrow so we are doing a nice cake." Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed. People's relatives and friends were invited to join them at meal times and eat together.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service twice a week to see several people with nursing needs. Other healthcare professionals visited to see people living at The Grove when required. We saw people had seen their optician and podiatrist as necessary.

People were encouraged to be involved in their own healthcare management. One person managed their own diabetes medicine and staff supported them to check their blood sugars to help ensure they stayed within safe limits. Other people were supported to be independent in their own medicines administration with staff checking on their competencies regularly. Some people came in to The Grove for a short stay and they were encouraged to continue to manage their own medicines as they did at home. When people were visiting hospital the service ensured that records of people medicines travelled with them along with a summary of their care plan.

The service was well maintained, with a good standard of décor and carpeting. Some people living at The Grove were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was no pictorial signage which clearly identified specific rooms such as toilets and shower rooms. One room only had a number on it, when inside there was a toilet and shower. People's bedrooms displayed a number and a small name plate displaying their name in small print. This was not easy to read for people with poor sight and did not help people with dementia to find and recognise their own room independently. The registered manager addressed this during the inspection by ordering pictorial signs to display on doors to support people to access these rooms independently.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met. The service had applied for some people to have authorised restricted care plans. However, there were no capacity assessments held on people's care files to demonstrate that a formal capacity assessment had always been carried out before the DoLS application was made. The registered manager assured us this would be addressed and they would make arrangements for such assessments to be completed immediately. No DoLS authorisations were in place at the time of this inspection.

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 chose when they got up and went to bed, what and when they ate and how they spent their time. People were able to go out in the grounds and local area as they chose. Some people required support to do this and this was provided by staff. There were also secure outside spaces that people could enjoy.

The staff were aware which people living at The Grove had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves. These people were clearly recorded people's paper care files and were involved in care plan decisions and reviews.

# Is the service caring?

## Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. They told us, "They (staff) are very kind and always smiling" and "I have no problems with the staff they have a laugh with me and we get on fine."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at The Grove. Relatives and healthcare professionals told us staff and management were kind and caring. One person became anxious, in the lounge, and asked staff to help them. This was done quickly with no fuss and lots of patience.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However due to people's capacity involvement this was often limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about advocacy services if required.

People's dignity and privacy was respected. For example, one person preferred only to be cared for by female carers and this was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People told us they thought the staff were 'brilliant' and 'absolutely lovely'.

When people came to live at the service, the registered manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, staff did help to complete this information with people if they were able to participate in this exercise. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms. People were provided with keys to their bedrooms which they could lock if they wished.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished. Staff knew some visitors well and involved them in plans for the future such as events planned for Christmas.

The service sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. There were residents meetings held which provided people with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings. Activities and staffing were discussed along with meals. People had been reminded of the change in the use of £1 coins to ensure people only had the new coin and exchanged the old coins as they were no longer legal tender.

## Is the service responsive?

### Our findings

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, all three mattresses which were in use at the time of this inspection, were set incorrectly for the person using them. We spoke with a visiting healthcare professional during this inspection visit, as we were told they had supplied these devices to the service. They agreed the mattresses should be regularly checked and they adjusted one mattress to the correct setting in our presence. The registered manager confirmed there was no regular check of these devices but that this would be put in place. We judged this had not had any impact on people's well-being at the time of this inspection.

One person, who was being cared for in bed at the time of this inspection, had been assessed as requiring hourly checks and re positioning when in bed, throughout the day and at night. This person's needs had changed over the past few days. Whilst they were receiving appropriate care their care plan had not been updated to take account of this change. There were regular gaps in their monitoring charts. Many of these gaps occurred between the middle of the afternoon and eight o'clock at night. There were no entries on this person's skin monitoring records during the night. We spoke with a visiting healthcare professional who was regularly supporting staff at The Grove with their care of this person. They did not have any concerns about the care provided for people but had raised issues with the service in the past about poor recording by some staff of the care provided to people. They told us, "The records are not great, we have raised this. We have spoken with staff about the charts, we feel that staff don't perhaps understand how to complete the charts properly." They told us that staff did not always know the difference between a person's sacrum and their coccyx when describing the condition of these two areas on the records. These are two areas of a person's lower back which are close together. The healthcare professional told us they had provided a diagram for staff to use to help with this issue. We asked staff and some were not clear on this issue and no one knew about the diagram.

There was a lack of consistency in the way in which staff were completing monitoring charts. Some staff recorded crosses when carrying out several checks. It was not clear what this meant. Staff told us this meant either the person refused the care or they did not check the person's skin at that time. Some staff used the code 'P' for prone, others used the code 'B' for back, both meant the same position of the person. One chart, which had just been completed by staff, stated 'B' for back as the position of the person. We found the person was lying on their right side. This confirmed that staff were not accurately and correctly completing the charts. We judged people were receiving appropriate care but that staff were not always appropriately recording the condition of people's skin and when they had provided care.

The guidance in some electronic care plans was not accurate. Generic pre-populated wording provided by the electronic system had not been changed to reflect the individuals needs. One persons care file stated they had a deprivation of liberty safeguards (DoLS) application in process for a restrictive care plan. This implied they did not have capacity to make such specific decisions for themselves. However, this person's care file stated they could understand information, retain it and make decisions for themselves. The registered manager confirmed this was incorrect and would be amended immediately. Another care plan



stated a person had a DoLS authorisation in place when they did not. The guidance for staff about how many staff were required to provide support was not accurate for two people we looked at. The registered manager told us the system had only been in use for six weeks, and that it required, "Fine tuning."

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) 2014.

People told us they felt involved in their own care and the running of the service. Some people recalled being asked about the re-decoration of the service recently. People and their relatives were very positive about living at The Grove and the staff and management. They attended residents meetings where their views and experiences were sought. For example people were asked what they would like to do during Halloween. People did not want to celebrate the event and so nothing was done at this time.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was mostly tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information in the electronic system was well organised and easy for staff to find. The care plans were regularly reviewed although not always updated in a timely manner to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. However, such checks were not audited regularly. Any deterioration in a person's condition was communicated verbally by staff appropriately, but the action taken was not always recorded. This meant people's changing needs were met but this was not always recorded in the care plans.

Staff used pressure mats on the floor and on chairs which set off an alarm to help alert staff when a person, who could be at risk of falls, was up and so staff could respond in a timely manner.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. Handover information was taken from the electronic care plan system. This generated a printed comprehensive record for each person about what care had been provided, any visits by healthcare professionals and activities enjoyed. This paper based information could be used to refer to during the shift. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People had access to a range of activities both within the service and outside. An activities co-ordinator was employed who organised programme of events including domestic tasks such as folding napkins for the dining room, folding laundry, singing, exercises and visits from entertainers. A recent Body Shop products party had been provided for people. Some people were supported to go out in to the local area in the

service car with staff to assist them. People were able to go shopping, have a coffee or attend hospital appointments. On the day of the inspection people were enjoying singing along to film soundtracks of well known films. This was supported by a large screen TV which showed them pictures and words to the songs to help them recall. People told us they enjoyed the activities.

People were provided with a drinks menu for them to choose any drink of their choice which would be provided for them to enjoy. The Grove produced a 'Gazette' newsletter regularly to keep people, friends and families informed of things at the service.

Some people were unable to easily access written information due to their healthcare needs. Staff supported these people to have access to this information. For example, menu choices were discussed each day for the next days meals. Staff were seen sitting with people going through the menu to help people to make a choice. Some people enjoyed reading books but were unable to continue to do this independently. The service provided talking books and large print books for them to enjoy

Some ducks and chickens were kept in the garden of the service. People enjoyed the eggs and told us how much they enjoyed watching some duck eggs hatch in the incubator bought in to the lounge for people to see. There was a cat living at the service for people to enjoy. People had access to quiet lounges and well maintained gardens and courtyards. One person was having a manicure during the inspection in the hair dressing salon. They were very pleased with their painted nails.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. Some people enjoyed one to one activities provided by staff in their bedrooms.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Relatives were able to join their family members for meals if they wished. Relatives comments included, "We are thrilled to bits, they (staff) go over and above what is needed" and "You could not wish for better care, they (staff) call regularly to let me know if things change. They have arranged for a lovely birthday celebration for (person's name)" and "They (people living at the service) are always so well cared for"

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We saw concerns that had been raised to the registered manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

## Is the service well-led?

### Our findings

A number of medicines which required stricter controls had been returned to the pharmacy as no longer required. However, many were still showing as stock held in the records. The records had not been zeroed. We saw from the returns book that these medicines had been returned to the pharmacy, and this was judged to be a recording error. This was addressed at the inspection. We found one out of date cream in the refrigerator and an open bottle of a homely remedy in a trolley. It was not possible to establish when this homely remedy was opened or when it should be disposed of. Both items were disposed of at the inspection. There were a few handwritten entries on to the MAR charts which had not been signed by two staff to help reduce the risk of any errors. There were no regular checks of the MAR charts, medicines that required stricter controls, items held in the medicine refrigerator or the trolleys. These concerns had not been identified prior to this inspection. This demonstrated the auditing systems in place were not effective.

Information held in the emergency file about the specific needs of people in the event of an emergency evacuation (PEEPs) of The Grove were not up to date. This meant the fire service would not have an accurate record of who was in the building or the support they would required to leave safely.

It was difficult to establish if each member of staff did receive supervision six times a year in line with the policy held at the service. The registered manager did not have an overview to help them identify when each member of staff was due their next supervision and appraisal.

We found gaps and inconsistencies in monitoring records as detailed in the responsive part of this report. The registered manager was not regularly checking or auditing the monitoring records kept by staff of care and support provided to people who required specific care such as re-positioning, skin checks and food and fluid intake.

We were told that one person was having their food and fluid intake recorded as they had recently become unwell. It was not clear in their care plan, paper or electronic, if they were having their intake monitored. Charts in their bedroom were not always completed for each meal. The kitchen staff were monitoring what food was being sent to their bedroom and what was returned but not recording their fluids. Such records were not being monitored to ensure the person was having sufficient or if any advice should be sought to supporting the person to have appropriate intake.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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. The service had a registered manager in post.

People, relatives, staff and healthcare professionals told us the registered manager was approachable and

friendly. They were visible around the service each day and supported staff well. The registered manager spent time within the service so was aware of day to day issues. The registered manager said it was important to spend time listening to staff and enabling them to share ideas about people's care. The registered manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. An issue had been raised about staff being very rushed in the afternoon/early evening at a recent residents meeting and we identified gaps in care recording at this time over several days. This issue had not been effectively addressed at the time of this inspection. The registered manager told us that the deployment of staff at this time of day would be reviewed.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There was an effective handover process between shifts so information about people's care could be shared, and consistency of care and support provided could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The registered manager and staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered manager was supported by a deputy manager, senior care staff and a motivated team of care and ancillary staff.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I have very happy here" and "I love my job, the manager has made a lot of positive changes, the computer system is much better."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager had a quality assurance policy. People, their relatives and staff had recently been given a survey to ask for their views on the service provided at The Grove. Responses were positive. People responded by saying they felt the staff were professional, knew them well and respected their wishes. Relatives felt able to visit at any time and were very happy with the service provided at The Grove. Staff felt valued and enjoyed their work, they responded by saying, "The Grove is a good place to work" and "Everyone is easy to talk to and are open for opinions."

There was also a system of checks to ensure various areas of the service were maintained, and where necessary improved. Audits regularly completed included, wheelchairs, infection control, accidents and incidents and checking the building was maintained to a good standard. Recent outcomes from an infection control audit had been identified and addressed, such as mixer taps fitted in toilets and paper towels being available where needed.

The registered provider visited the service regularly. The registered manager felt they were supported to ensure The Grove provided a good standard of service to people at all times. The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of the first visit. Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The registered manager accepted that the

concerns found at this inspection were a fair judgement of the service at this time. They recognised they were in a period of transition with care plans and that further work would take place in the near future to ensure all concerns were addressed.

Staff and visiting healthcare professionals had their own password access to the new computer system to help ensure the care plans were kept up to date with changing situations.

There were two people in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The providers carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Also maintain accurate, complete and contemporaneous record in respect of each service user. The provider must act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. !7 (1)(b) (c) (e)</p>