Grovewood House

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Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Grovewood House is registered to provide two services; a care home and a home care service.
The inspection took place on 9 and 17 March 2016. The care home inspection was unannounced. This meant that the provider and staff did not know that we would be visiting. The inspection of the homecare service was announced and we gave the provider 48 hours' notice to ensure that a member of staff would be available at the office to facilitate our inspection and organise visits to people's homes.

We last inspected the service in November 2015 where we found that they were meeting all the regulations we inspected.

Grovewood House is a former vicarage. It was built in 1863 to house the vicar whose church is adjacent to the care home. There were 23 people living in the care home at the time of the inspection some of whom were living with dementia. The homecare service provided three hundred hours of care per week.

The provider is a husband and wife partnership. The home is managed by the provider's family. There were two registered managers. One oversaw the homecare service and the other the care home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We have written our report under the headings Care Home and Homecare to ensure that our specific findings for both services are clear.

Care Home
People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. We spoke with a local authority safeguarding officer who told us that there were no organisational safeguarding concerns with the service.

We found some concerns with the premises. On our first visit to the service, some of the windows were not fitted with window restrictors to prevent any accidents and incidents. When we carried out our second visit to the service, these had been fitted. We checked equipment at the service and noticed that the bed rails did not meet best practice guidelines . The registered manager told us that this would be addressed immediately.

We found that the premises were clean and there were no offensive odours in any of the areas we checked.

There was a safe system in place for the receipt, storage, administration and disposal of medicines. People told us that staff supported them with their medicines. One person said, "Yes, they're very good, they never forget."

People told us there were enough staff to meet their needs. On the day of the inspection, we saw that people's needs were met by the number of staff on the day of the inspection. There was a training programme in place. We observed however, that staff did not always follow safe moving and handling procedures. We discussed this with the manager who said that she would source refresher training in this area. In addition, staff on night duty had not completed medicines training. The registered manager of the home care service was called if anyone required their medicines overnight.

Staff told us that they were a small supportive team. All staff told us that they felt well supported by the management team. Regular supervision sessions were carried out and an annual appraisal held.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals." The manager had submitted DoLS applications to the local authority to authorise in line with legal requirements.

We found that although mental capacity assessments were in place for certain decisions, assessments had not been carried out for all important decisions. The manager told us that she would discuss this issue with people's care managers and also strengthen their records to ensure that it was clear how the MCA was followed.

People were supported to receive a suitable nutritious diet. They were complimentary about the service and staff. We observed that people were cared for by staff with kindness and patience.

People told us that their social needs were met. Various activities were organised such as musical events and Grovewood's very own 'Skylark' group which was organised by an external group work facilitator. Skylark meetings were held every week and they incorporated drama, music and poetry.

There was a complaints procedure in place and people knew how to complain. No complaints had been received.

Staff were knowledgeable about the needs of people and described these to us. We noted however, that care plans did not fully reflect people's needs. The manager told us that she would look into this issue.

We found that although audits and checks were carried out on various aspects of the service, these had not always highlighted the shortfalls which we had found during our inspection such as those concerning the premises, equipment, mental capacity and care plans.

Homecare
Systems for the administration of medicines and policies and procedures were in place but they were not always followed by staff. We have made a recommendation about this.

Recruitment processes included checks that people were not barred from working with vulnerable adults, and staff were able to work under supervision in the care home before working in the community. There were gaps in the recruitment documentation for one staff member which we discussed with the manager, but checks of their suitability to work with vulnerable people had been carried out.

People told us they felt safe and there were policies and procedures in place relating to the safeguarding of

vulnerable adults. Staff told us they knew what to do if abuse or neglect were suspected.

There were suitable numbers of staff deployed and the manager was in the process of trying to recruit more staff in order to improve the working patterns of existing staff by reducing the number of gaps between calls.

Electronic systems were in place to monitor calls made by staff which would pick up missed or late calls and alert the manager, this system helped to safeguard people and staff.

Regular training was provided in key areas, new staff completed mandatory training during their probationary period. Staff received regular supervision and an annual appraisal.

People's nutritional needs were met and they had access to health care services when required. Professionals visited people and monitored their health needs including district nurses.

Staff spoke kindly and respectfully with people and were able to support people's individual needs well. They had access to information about people's preferences which enabled them to support people who were not always able to communicate these verbally.

People and their relatives spoke highly of the service and we saw a number of cards and letters complimenting the service.

People's needs were assessed before using the service to ensure their physical and mental health needs could be met. They told us they were involved in care planning where possible. Care plans were in place but these were not always kept up to date.

Staff told us they felt well supported by the manager and senior staff. We found that there were gaps and inaccuracies in records which related to staff and people, and these had not been picked up during routine audits and reviews by the provider.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. You can see what we action we told the provider to take at the back 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?

Requires Improvement

Not all aspects of the service were safe

The premises were clean and checks had been carried out to ensure its safety. We saw that one person's bed rails however, did not meet best practice guidelines. The registered manager told us that this would be addressed immediately.

Safeguarding procedures were in place and staff were knowledgeable about what action they would take if abuse was suspected. A safe system was in place for the management of medicines in the care home. There were some gaps in medicines records in the homecare service.

Safe recruitment procedures were followed in the care home. There were some gaps in recruitment records in the homecare service.

People, relatives and staff informed us that there were suitable numbers of staff deployed to meet people's needs.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Staff at the care home had completed moving and handling training, however we noticed that some staff did not always follow safe moving and handling procedures. The manager told us that refresher training in this area would be sought.

The manager was strengthening the service's records to ensure it was clear how the MCA was followed.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People told us that staff were caring. We observed that care was provided with patience and kindness.

People were treated with privacy and dignity and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

There was an activities programme in place. People told us that their social needs were met.

There was a complaints procedure in place and people knew how to complain.

Assessments were carried out before people used the homecare service to ensure that their physical and mental health needs could be met.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

Governance arrangements in the homecare service had not identified gaps in record keeping and out dated information which meant that people's needs could not be safely met.

Although audits and checks were carried out on various aspects of the service, these had not always highlighted the shortfalls which we had found during our inspection such as those concerning the premises, equipment, mental capacity and care plans.

Grovewood 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.

The inspection was carried out by two inspectors and a specialist advisor. A specialist advisor is a person employed by the Care Quality Commission to support inspectors during an inspection and have specialist knowledge in a certain area. The specialist advisor on this team had a background of working with older people with mental health related conditions and was a qualified nurse. We visited the service on 9 and 17 March 2016.

Grovewood House is registered to provide two services; a care home and a homecare service. We inspected both services but only gave short notice to the homecare service. We gave the provider 48 hours' notice to ensure that a member of staff would be available at the office to facilitate our inspection and organise visits to people's homes. The inspection of the care home was unannounced.

We spoke with nine people who were living at the home to obtain their views of the service and one relative. We also conferred with an artist who was visiting the home on the second day of our inspection. We visited four people who used the homecare service and spoke with four homecare staff.

We spoke with both registered managers, two senior support workers, three care workers, and the chef. We examined seven care plans and records relating to staff including recruitment and training files. In addition, we checked records relating to the management of the service such as audits.

We consulted with a local authority safeguarding officer and contracts officer. In addition, we spoke with a reviewing officer from the local NHS Trust and a challenging behaviour clinician. We used their comments to support this inspection.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us relating to deaths, safeguarding incidents and DoLS

authorisations.

Before the inspection, the provider completed 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.

Requires Improvement

Is the service safe?

Our findings

Care Home
We checked the premises. People told us that they were happy with their individual rooms and communal areas. One person said, "It's lovely here – I have a lovely room where I can go if I fancy some peace. I have a television and my views are lovely." Another person said, "Nice bedroom."

On the first day of our inspection we noticed that some of the fire doors were wedged open with wooden chocks. In addition some of the windows were not fitted with window restrictors. On our second visit, all the fire doors were closed and new window restrictors had been fitted. We checked communal areas and observed that there were no blinds or curtains fitted in the upstairs bathroom window. Radiators covers were in place. The manager told us that they were in the process of replacing these with new covers to ensure that they would fully protect people from the risk of injury should someone fall against them. Some wardrobes were not fixed to the fall to prevent any accidents or incidents. Risk assessments were not in place to assess these risks.

We saw that checks and tests had been carried out on equipment at the home. We observed however, that one person's bed rails which were in place to reduce the risk of the individual falling out of bed, did not fully meet the Health and Safety Executive's guidelines to prevent injuries or entrapment. The manager told us that this would be addressed immediately.

This was a breach of regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Following our inspection the manager told us they had ordered a hospital bed with integrated bed rails.

The manager told us that a new call bell system was going to be installed. The current system did not differentiate between routine and emergency requests for assistance. In addition, the alarm bell was very loud. Staff told us and people confirmed that people were used to the sound and it did not disturb or upset them either through the day or at night. Staff told us that they had their own system to summon assistance in an emergency which involved switching the buzzer on and off three times. Following our inspection, the manager told us that a new call bell system had been installed.

We saw that the premises were clean and there were no offensive odours in any of the areas we checked. There were two infection control leads which meant that specific staff had been ide notified to oversee infection control procedures at the home.

We noted that there was a safe system in place for the receipt, storage, administration and disposal of medicines. People told us that staff supported them with their medicines. The medicines were stored in a room which was located beside the kitchen. This room was not lockable; however all the medicines were stored in locked cupboards. We checked medicines administration records and noted that these were completed accurately and legibly.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. One staff member said, "I would be more than happy to report any abuse of a resident." No concerns were raised by any staff. The local authority's safeguarding officer informed us that there were no organisational concerns with the service.

Risk assessments were in place which had been identified through the assessment and care planning process. This meant that risks had been identified and minimised to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction.

Personal emergency evacuation plans were in place. These described how people should be evacuated in the case of an emergency. In addition, contingency plans were in place in case of any environmental emergencies such a fire, flood or electrical failure.

We checked staffing levels at the service. People told us that there were sufficient staff deployed to meet their needs. During our visit we saw that staff carried out their duties in a calm unhurried manner.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

Homecare
We checked how medicines were managed. A medicines policy was available and staff had received training in the safe administration of medicines. We visited four people in their homes and checked medicine administration records [MAR's]. We found gaps in two people's MARs where it had not been recorded that people had received their medicine although staff present stated it had been administered. We advised the manager who said he would speak with staff to remind them of the importance of ensuring records were fully completed. Instructions for staff relating to the administration of "as required" medicines [medicines that might be required on an ad hoc basis such as pain relief or laxatives] were not sufficiently detailed.

We recommend that medicines are managed in line with best practice guidelines.

A list of medicines for people who used the service was maintained in their file, including medicines which were administered from a dosette box. A dosette box enables people to organise their medicines and there are compartments for different times of the day and days of the week. We noted there was a spelling error relating to one medicine which had been transcribed by a senior member of staff. We advised the manager who confirmed the name of the medicine and that it had been administered correctly. One person was prompted only with medicines and we saw instructions to staff outlining their role in relation to medicines. One person told us, "They say, have you taken your [name of medicine] this evening?"

We checked the recruitment records of four members of staff. We saw that full dates of previous employment had not been documented in the application form of one applicant, therefore it was impossible to identify gaps in the employment history and references had not been received from their most recent employer in line with best practice. This meant that there was the potential to miss important information which might have influenced the decision about whether to appoint new staff. Only one reference had been received for the applicant. We spoke with the registered manager who acknowledged

that it was not ideal to have only one reference but said there had been difficulties obtaining references at times. They said that induction procedures meant that new staff worked at the care home in the first instance which enabled them to supervise staff closely before allowing them to work in the community. They also shadowed experienced care staff before working unsupervised and did not work in the homecare service until a full Disclosure and Barring Services [DBS] check had been carried out. The DBS checks for criminal convictions and whether an applicant is barred from working with vulnerable adults. This enables employers to make safer recruitment decisions and protect people from abuse.

Contact details were available in people's homes to enable them to summon help in an emergency including the numbers of emergency gas and electricity services. Environmental [to identify potential hazards in people's homes] and individual risk assessments for people were completed as necessary.

Safeguarding procedures were in place and training had been provided to staff relating to safeguarding vulnerable adults. New staff were in the process of completing it during their induction probationary period. Staff told us they were aware of the process to follow if abuse or neglect were suspected. One staff member said, "I would get straight in touch with my manager and would record my concerns."

A form was available to complete by staff if there were any accidents or incidents. A body map [a picture of the front and back of a body] was also available for staff to record exactly where an injury or mark to the skin was, should it be necessary to do so. Completed forms were held at the office and analysed by the registered manager to identify any concerns or patterns in incidents. Staff we spoke to were aware of how to report incidents and told us they felt well supported by the manager and senior staff. One staff member said, "We have contact numbers and they will come out to see us if we are worried about anything and tell us to call in any time to see them if we have any concerns."

Procedures were in place to ensure the safety of people including a "service user's" finance policy to prevent financial abuse, a missing person policy and a policy and procedure to follow in the event of a late or missed visit.

We checked the numbers of staff employed by the service and employment hours exceeded the number of care hours delivered. Staff told us they thought there were enough staff working in the service. One staff member said, "We have plenty of time to do our work." Another staff member told us, "There could be more staff, sometimes we have to do long days or have big gaps between calls and have to go back out again. Sometimes a call will have the same start time as the previous call finish time but that doesn't often happen and is usually because someone is sick." We discussed staffing with the manager who acknowledged that despite there being adequate staff hours to cover the care needs of people, there were times when people did have to work longer days and agreed that more staff would help with the flexibility in staff rotas. He told us that they were in the process of recruiting more staff.

An electronic system was in place to log calls to people. Staff called as they entered and left an address which was then picked up by the system. This meant that visit times could be monitored and any discrepancies such as a missed call would be picked up. The manager would be notified which meant that they could investigate to ensure the well-being and safety of the staff member and person.

Requires Improvement

Is the service effective?

Our findings

Care Home
People and relatives were complimentary about the skills of staff. One person said, "They all seem to know what they're doing." We read the results from the providers 2015 quality assurance survey. One respondent had stated, "They are very knowledgeable, helpful and always there for me and my mam."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Staff told us that most of the training was online and some said that more face to face training would be appreciated. The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who used the service. We observed however, that staff did not always follow safe moving and handling procedures. We spoke with the manager about this issue. She told us that all staff needed to complete moving and handling training once and refresher training was not automatically organised in this area. We noted that one staff member had completed moving and handling training in 2007. The manager told us that this would be addressed and update training in this area would be organised.
This was a breach of regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The manager told us that night staff were not currently trained to administer medicines. The manager told us that should someone need medicines overnight, the registered manager of the home care service would attend to administer their medicines. This was confirmed by a member of night staff with whom we spoke. The manager told us that they were in the process of organising medicines training for night staff.

Staff told us that they undertook induction training when they first started working at the service. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff told us that they were a small supportive team. All staff told us that they felt well supported by the manager. We saw that regular supervision sessions were carried out and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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 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 manager had submitted applications to deprive people of their liberty in line with legal requirements.

We found that although mental capacity assessments were in place for certain decisions, assessments had not been carried out for all important decisions. The manager told us that she would discuss this issue with people's care managers and also strengthen their records to ensure that it was clear how they were working within the principles of the MCA.

We checked whether people's nutritional needs were met. We read the results from the 2015 survey. One relative had stated, "Always lovely homemade [food]. Would like to live there myself as my mam is so well looked after and fed."

People told us that the meals were nice and there was an emphasis on home cooking. We spent time with people over lunch time and saw that staff supported those who required assistance with eating and drinking. We heard one staff member ask a person, "Do you want this cut up?" and "Ooohh this meat is lovely and soft." There was much laughter when a staff member asked people whether they would like mud pie and cream for dessert. One person asked whether it was mud from the garden; "Of course" the staff member replied, "I've just been out to dig it up!" We spoke with the chef who had worked at the home for 14 years. She was knowledgeable about people's nutritional needs and could describe these to us. She said, "I've just made a fortified milk shake. Sometimes I make it with ice cream, cream and soft fruit. I've done a fluids and nutrition course with the learning and development unit [the local NHS Trust's training department]. One person is vegetarian, so I have special menus made up for them and I have some who are diabetic. I keep a record for [name of person] because they are under the dietitian and we need to record everything they have eaten. We have a wide choice of food from baked potatoes to kippers which they enjoy and smoked salmon."

The chef was present during the lunch time period, she told us, "I like to be out and about because you can see what they like and don't like. Many of them didn't like lasagne, but they love fried eggs and Lyonnaise potatoes and bacon for supper."

People told us that staff supported them to access healthcare services. One person said, "They are good like that, fortunately, I've not needed the doctor often, but when I have they have organised this for me." Records documented visits by healthcare and social professionals such as GP's, district nurses, the challenging behaviour team and consultants. This meant that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Homecare
Relatives told us they were very happy with the care that was provided and told us, "They seem well trained, I never get the impression they are out of their depth." Another relative told us, "The improvement when Grovewood took over homecare was marked. They do it very well."
One person told us, "Sometimes there are new ones, it's not up to me to show them what to; it annoyed me a bit. There haven't been any new ones recently." We told the manager about this who advised that all staff had written instructions sent to them before visiting people and also had an opportunity to shadow experienced staff.

We spoke with staff who told us they received regular training. One staff member told us they had completed some training while working with another agency and we saw copies of certificates in their file verifying this. The training matrix we saw showed that all staff had received training in medicines awareness,

infection control, basic food hygiene, safeguarding adults, moving and handling, first aid awareness, palliative care awareness, and Mental Capacity Act awareness. A number of staff were in the process completing a probationary period during which time it was mandatory for them to complete training in key areas such as safeguarding adults. One member of staff told us they were in the process of working through a safeguarding vulnerable adults training booklet. The manager told us, "In addition to our in house training during induction and probationary period, we also access training via the Learning and Development Unit [LDU] with Northumbria Healthcare. This means that staff may receive additional training on the same topic from them." The service had also begun to access "Prevent" training. Prevent training raises awareness of the Government's counter-terrorism strategy and aims to stop people becoming terrorists or supporting terrorism.

Staff told us and records confirmed they had regular supervision and an annual appraisal. One staff member said, "We have supervision around every three months."

People told us they were involved in decisions about their care and where possible had signed their care plan. A consent record was available for people to consent to care and other issues such as providing information and for the service to consult with other professionals about their care.

People were supported with eating and drinking. We saw staff supporting one person with their meal which they did sensitively and checked the person was happy with where they wanted to eat, and the portion size. Likes and dislikes of people were recorded and family members had provided additional information about how best to support people at mealtimes which was available to staff. Staff had completed basic food hygiene training and we observed that they washed their hands before and after serving food.

Food and fluid balance charts were kept for one person. We saw that there were a small number of gaps in charts and one member of staff explained that they sometimes left it blank if the person hadn't eaten anything. We spoke with the manager who advised us that the correct procedure was to write something on the chart even when no food or drink was taken. They spoke with staff straight away to remind them of the correct procedure to follow to ensure accurate records were maintained. We observed staff encouraging one person to eat and they were aware of their individual needs and preferences and told us, "[Name of person] is always tired in the morning so doesn't eat much but will have more at lunch time. They enjoy a piece of chocolate though!" We saw that concerns about poor diet were recorded and a district nurse visited the person and monitored their physical health including nutrition. We asked staff what they would do if they were concerned about the dietary intake of people and they said they would contact their line manager to ensure these concerns were passed on.

People were supported with health needs and care files contained relevant information and contact details of professionals involved in the care of people including GP and nursing services.

Good

Is the service caring?

Our findings

Care Home
People were complimentary about the attributes of staff. Comments included, "The staff are lovely, very kind – I'm happy," The staff are cheery here" and "The carers are nice." A relative commented, "She is very happy here. It's a good home." We spoke with a reviewing officer from the local NHS Trust. She said, "They provide really person centred care."

We read the results from the 2015 survey. Feedback included, "Very nice staff. I feel they take a lot of trouble with answering questions – very nice staff," "Very happy and content with everything at Grovewood House" and "I'm very happy with the care my mam receives. She is very happy and content as I am with the care she receives. The staff are fantastic with her…They are very understanding of everyone in their care. They are always there for me if I have any questions or worries I have they are there to listen and help in all ways. They always let me know how mum is by a call and face to face."

We read the provider's website where compliments had been posted. One relative had stated, "Just to say many thanks for the devoted care that you give to my mother, it is such a comfort to know that she is in your good hands"

Staff spoke with pride about the importance of ensuring people's needs were met. Comments included, "I look after the residents the way I would want to be looked after," "I didn't want to go [work] anywhere else. The care is very good," "I couldn't work here if it wasn't a caring environment" and "This is the best care home and the quality of care is the best." Staff told us and people confirmed that their choices were respected. One member of staff said, "This is their home, if they want to lie in, they can have a lie in."

Interactions between staff and people were patient, friendly, respectful, supportive and encouraging. During lunch time staff were attentive to people's needs. We heard staff ask, "Do you want this cut up?" and "Are you alright? Can you manage? and "Have you had enough? Are you sure?" We saw staff having one to one chats with people throughout the day.

We noticed positive exchanges, not only between care workers and people, but also other members of the staff team. We saw the chef and housekeeping staff take time to speak with people and we noticed that people appreciated and enjoyed these conversations.

We also saw positive interactions between staff and relatives. One relative came in to have his lunch and the manager immediately assisted him with his coat. She said, "Let me take your coat." A care worker came in with the relative's lunch and said, "I've brought your hot water too," "Oh good" was the reply.

People's privacy and dignity were promoted by staff. We saw that staff spoke with people respectfully and they knocked on people's doors before they entered and were able to give examples on how they ensured people's privacy whilst providing personal care. We observed that all care interventions were discreet.

Homecare
We observed kind and respectful interactions between staff and people we visited. People and relatives told us that staff were caring. One person said, "I am very happy with everything, they are carers and the word care is very important, because they do." A relative told us, "All the staff have been absolutely fantastic, delightful, very helpful. [Name of person] likes all of them, they are chatty and it has added a lot to their life having them coming in."

Staff supported people to maintain their independence. A relative told us, "I've always wanted [relative] to be encouraged to do as much as possible, and they have been really good in doing that. It would be much easier for them to do things so it is really important."

One person required some assistance with personal care during our visit and the staff member accompanied them to a private area and ensured their dignity was maintained. We heard the staff member gently encourage the person and reassure them throughout. They then asked them where they would like to sit and what they would like to do on return to the main room.

In addition to offering people choices, staff were also provided with a "client brief" for each person which contained information about their likes, dislikes, needs and preferences. This meant that staff could support people in the way they preferred, including people who were less able to express their views verbally to staff. People had signed their care plans where possible, and where they had not wished to record information such as end of life wishes, this was recorded.

We read a number of thank you cards and a letter from a social worker passing on the comments of a family member who wished to praise the carers. One card said, "I just wanted to express huge thanks for the kindness that you have shown [relative] today. It has made hers and my day."

Good

Is the service responsive?

Our findings

Care Home
People were complimentary about the responsiveness of staff. One person said, "They are great, always there when I need them." We read the results from the 2015 survey. One respondent had stated, "Everything is fantastic. First class – thank you very much."

We also read testimonials which had been posted on the provider's website. One reviewer had stated, "Thank you for recognising his strengths and weaknesses and responding so well to them. Also thank you for the warm welcome we always received when we visited"

We spoke with a reviewing officer from the local NHS Trust. She told us that staff contacted her with any issues. She said she had no concerns about the service.

Staff were knowledgeable about people's needs and preferences and could describe these to us. One staff member said, "[Name of person] likes us to read the Bible to her and she likes to watch the Christian [television] channel on a Sunday, so we make sure this is on for her." Other comments from staff included, "We all try and make sure that we give people their individual likes. [Name of person] likes to go out for a nice walk" and "[Name of person] cannot sleep if there are any creases in her sheets and she likes to sleep with her head in a particular corner of the bed. Everyone has their own little ways and preferences. [Name of person] likes a hug before she goes to bed." One member of staff told us how attention was paid to their uniforms. They told us, "Some people cannot tell the difference between day and night, so we remind them by our uniforms. We wear blue at night and red for during the day and it helps them remember."

Care plans were in place which aimed to meet people's health, emotional, social and physical needs. We saw however, that these did not always reflect the detailed knowledge which staff displayed about people's care and support needs. The manager told us that she would look into this issue.

People told us that there was an emphasis on meeting their social needs. The previous activities coordinator had left and a new activities coordinator who was a member of the care team had been appointed as the new activities coordinator. She had not yet started this role yet, but told us that she was very excited about this opportunity. One person told us, "There's enough going on, if there's nothing organised, we will have a quiz."

There was a musical event organised on the first day of our inspection. There was accordion music and lots of dancing and laughing. People even encouraged and persuaded our specialist advisor to join in with the dancing!

One person had been a pilot in the Royal Air Force [RAF], Staff had organised for local RAF servicemen to come in and talk with this individual and other people at the home. They also offered to help with the decoration of the home and we viewed photographs of RAF servicemen carrying out their decoration duties!

We attended a group activity on the second day of our inspection. This was known as the "Skylarks." It was organised by an external group work facilitator. People told us that they really enjoyed these weekly sessions. One person said, "We all talk, they are very enjoyable." Another person said, "We are getting braver with talking." The group incorporated music, drama and poetry. People enjoyed reminiscing about their past and at the end of the session, the group work facilitator used the information which had discussed during the meeting to write poetry about people's experiences and comments with their consent. There was much laughter during this session and conversations ranged from cornflakes to Corncrakes [birds].

There was a "mobile shop" at the home. This sold sweets and toiletries. One staff member said, "It helps keep their independence, because it helps them to be independent and choose what they want to buy."

A complaints procedure was in place. No complaints had been received. None of the people or relatives with whom we spoke raised any concerns or complaints. We read the 2015 survey results. One relative had stated, "I can't fault Grovewood in any way."

Homecare
One person told us that they found the service responsive to their needs and said, "I'm quite happy, the evening carer is lovely."

We checked the moving and handling care plan of one person which stated that they required a full body hoist to be transferred from the bed to chair or commode. We spoke with staff who told us that this person now remained in bed and was no longer hoisted.

We saw that there was a list of activities to be carried out by staff in people's homes and daily records were maintained. We visited one person who was looking forward to their daily walk with staff. Staff had told us beforehand how important this was to the person so we made sure that our visit did not interfere with this important activity. This showed that staff were conscious of ensuring people received the support they needed in line with their agreed plan of care.

Care plan information held in people's homes was less detailed than plans held in the office or by staff, including information about the person's life and work for example. The manager explained that information held in the office was continuously updated and that when things changed, a new "client" profile" was sent to staff who had access to all of the required information before they visited.

Assessments were carried out before people began using the service. We reviewed this documentation and found that it asked for information relating to the perception of the person and their family about the transition to a homecare package. This meant that the feelings of people were considered during this time and an opportunity was provided to share their views.

An assessment tool was in place to determine the level of support people needed in key areas such as washing and dressing, bathing or eating. A mental health assessment tool was also available for the assessment of mood, anxiety, memory problems, suicide or self-neglect. The tool was designed to include a trigger which would indicate that referral to a mental health registered service could be required. This meant that the service ensured they could provide the correct level of support before agreeing to provide care.

A complaints procedure was in place and people and relatives told us they knew how to make a complaint. One relative said, "I have no complaints, I can't think of anything they could improve." Satisfaction surveys were provided to people to gather their views about the service, one person said, "They send us questionnaires, we get them about every six months."

Is the service well-led?

Our findings - Is the service well-led? = Requires Improvement

Care Home
People, relatives and staff spoke positively about the management team. One member of staff said, "[Name of manager] is lovely, very approachable – everything you say to her is confidential and nothing is awkward." Another member of staff said, "Everything runs smoothly – they are a good management team. You can go to them with anything."

An annual health and safety audit was carried out. We observed however, that some of the concerns regarding the premises and equipment had not been highlighted during this check. We spoke with the registered manager of the home care service who monitored health and safety in the care home. We discussed whether an annual check was sufficient to highlight health and safety issues in a timely manner. He told us that he would review the auditing of health and safety in the care home.

Staff were knowledgeable about the needs of people and described these to us. We noted however, that care plans did not fully reflect people's needs. The manager told us that she would look into this issue. She told us that although she checked care plans regularly, there was no care plan audit proforma in place to help evidence what areas of the care plan had been checked and if any improvements or actions were needed.

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

Staff told us that they enjoyed working at the home and morale was good. Comments included, "I love my job" and "I wouldn't go anywhere else." Many staff had worked at the home for a considerable period of time which helped the consistency of care which people received.
The provider organised a local taxi to bring staff to and from work at a reduced cost to staff. The manager told us that due to the rural location of the home, this helped staff get to and from work and helped with the retention of staff.

Homecare
People spoke highly of the homecare manager and said they felt well supported. A staff member told us, "Managers accompany us on some calls to make sure we are doing everything right." Another staff member told us, "[Name of senior] comes out and checks the files."

A number of audits and checks had been carried out by the manager and senior carer, however we found there were a number of gaps and inaccuracies in records relating to medicines and care records, including food and fluid charts. The care plan of one person was inaccurate which meant that there was a risk that unfamiliar staff could follow out of date instructions, putting themselves and the person at risk. Governance systems had not identified these concerns.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We spoke with the manager who told us they had recognised the need for support with the running of the service and had begun addressing this through the appointment of a new care coordinator.

Systems were in place to monitor the quality of the service including staff satisfaction surveys which we saw had been completed in the previous year. Staff told us they enjoyed working in the service. One staff member said, "I haven't been here long but I am really enjoying it. You get lots of support and I spent a week at the care home and then shadowed other staff."

Requires Improvement

Is the service well-led?

Our findings

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The provider organised a local taxi to bring staff to and from work at a reduced cost to staff. The manager told us that due to the rural location of the home, this helped staff get to and from work and helped with the retention of staff.

Homecare
People spoke highly of the homecare manager and said they felt well supported. A staff member told us, "Managers accompany us on some calls to make sure we are doing everything right." Another staff member told us, "[Name of senior] comes out and checks the files." Staff also told us that the manager was accessible and told staff to call into the office any time they were passing if they needed to discuss anything. On call arrangements were in place with contact details available for staff to seek support and advice from a manager out of hours.
A relative told us they had very good relationship with the management and had them helpful and said, "They seem to know them very well, they are very understanding of their needs. We recently requested the morning visit be moved to a later time, management agreed to this as they had spare capacity for the time we requested." Another relative said, "The manager has been out to see [name of person] to make sure everything was working well for them."

A number of audits and checks had been carried out by the manager and senior carer, however we found there were a number of gaps and inaccuracies in records relating to medicines and care records, including food and fluid charts. The care plan of one person was inaccurate which meant that there was a risk that unfamiliar staff could follow out of date instructions, putting themselves and the person at risk. Governance systems had not identified these concerns.

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Systems were in place to monitor the quality of the service including staff satisfaction surveys which we saw had been completed in the previous year. Staff told us they enjoyed working in the service. One staff member said, "I haven't been here long but I am really enjoying it. You get lots of support and I spent a week at the care home and then shadowed other staff." Satisfaction surveys were also sent to people using the service and their families twice a year by the provider. One person said.
"They send us questionnaire's, we get them about every six months."

A relative told us, "We have been very happy with the service that has been provided by Grovewood. It really has enhanced the quality of life of [name of person] in a very positive way."

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 12 HSCA RA Regulations 2014 Safe care and treatment Equipment which was in use did not meet required health and safety standards. Risks concerning the premises and equipment had not been fully assessed. Staff did not always follow safe moving and handling procedures. Regulation 12 (1)(2)(d)(e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems did not identify shortfalls in the care home and homecare service in relation to the premises, equipment, mental capacity and care plans. Accurate and complete records were not always held in respect of service users. Regulation 17 (1) (2) (b) (c) (f)