

The Grovecare (UK) Limited

# The Grove Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and was carried out on 31 March 2016.

The Grove Residential Care Home is registered to provide accommodation and personal care for up to 19 older people. The home is a detached listed property set in extensive grounds. The home offers personal accommodation in 13 single rooms and 3 shared rooms.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe living in the home and staff understood how to respond to any concerns that may arise so that people were kept safe from harm. People's medicines were managed safely and they had been helped to avoid the risk of accidents by staff who had received training to help them do this.

There were enough staff on duty who had been trained to support people in ways they wanted to be supported. People were supported to receive the healthcare they needed and they were helped to eat and drink enough to promote good health.

People's rights were protected and they were supported to make their own decisions wherever possible. Appropriate arrangements were in place to support people who could not do so. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one using the service had any legal restrictions placed upon freedom.

People were treated with kindness and respect. Their right to privacy within the home was upheld and staff respected their confidential information.

People received all of the care and support they wanted and needed and they had been consulted about how their care should be provided. They were supported to engage in a range of activities and interests. There was a system in place for people to make a complaint if they needed to and they felt comfortable to raise any issues they had.

Quality assurance systems were in place to ensure any shortfalls in the provision of care and services for people could be identified and improvements made. Systems were also in place to ensure staff had appropriate support to help them carry out their roles effectively.

## 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.

Staff understood how to protect people from experiencing harm.

People's medicines were managed safely and people had been supported to avoid the risk accidents.

Background checks had been completed before new staff were employed and there were enough staff on duty to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Care and support was provided in a way that respected people's legal rights and supported them to make their own decisions wherever possible.

Staff were trained and guided to support people in ways which met their needs and wishes.

People received the healthcare support they needed and they were supported to eat and drink enough to stay healthy.

### Is the service caring?

Good ●

The service was caring.

People were treated with care and kindness.

Their dignity was maintained and their right to privacy was upheld.

Confidentiality of people's personal information was maintained in the right ways.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with the care and support they needed and wished to receive.

People were supported to enjoy a range of social activities and interests.

There was a system in place to resolve complaints.

### **Is the service well-led?**

The service was well-led.

People's opinions of the service and those of their relatives had been sought so that their views could be taken into account.

Good team work was promoted and staff were supported to raise any concerns they had about how the home was run.

A quality assurance system was in place to help identify where improvements were needed.

**Good** ●

# The Grove Residential Care Home

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the service on 31 March 2016. The visit was unannounced and was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

During the inspection we spoke with five people who lived in the home, one visitor and an external healthcare professional. We also spoke with the registered manager, the deputy manager, a senior care worker, a care worker and the cook. We looked at three people's care records and we also spent time observing how staff provided care for people to help us better understand their experiences of care.

In addition, we looked at records relating to how the service was run. These included staff recruitment and training records, staff rotas, complaints logs and quality assurance audits.

Following the inspection we spoke with two relatives by telephone. This was so that they could tell us how well they thought the service met people's needs and wishes.

## Is the service safe?

### Our findings

People told us they felt safe living in the home. One person said, "I'm made to feel very safe and secure with staff." Relatives also said they felt staff kept people safe and gave us examples of how staff used equipment to help people move about safely. One relative told us, "There's no worries for us with safety, [my loved one] is fine."

Staff we spoke with confirmed that they had received training in how to keep people safe from harm and how to report any concerns they might have about how people were treated. They said that if they saw something was not right they would report it to the registered manager, or to the local authority's safeguarding team if the registered manager was not available.

The deputy manager was clear about when some forms of restraint might be required to ensure the safety of a person whose behaviour may become challenging to others and they had received training about working with people's behavioural needs at a local college. Staff, including the deputy and registered manager, told us that any form of restraint would only be used as the very last resort in order to keep people safe.

The deputy manager told us that there was a clear process about actions to be taken in the event of an emergency. People had up to date personal evacuation plans to be followed in the event they should have to leave the building quickly which included ensuring that people felt safe and had constant reassurance.

Potential risks to people's health and well-being had been identified. Staff had recorded those risks in people's care records and there was guidance for staff about how to help people minimise those risks. Examples of risk management involved staff supporting people to use walking aids or hoisting equipment to move around in a safe way, ensuring people had correctly fitting footwear to reduce the risk of trips or falls and providing special cushions and mattresses to help people keep their skin healthy. We saw staff following the guidance that was in people's care records throughout the inspection.

Records showed and staff told us that they reviewed any accidents, incidents or near misses that had occurred in order to take appropriate actions to avoid them happening again. We saw one example where bed rails had been fitted to a person's bed with their permission so that they could be sure they would not fall out of bed. This meant they could have a more comfortable night's sleep.

The registered manager and staff told us that background checks were carried out before anyone was employed to work at the home. Records showed that the checks included obtaining references from previous employers and confirming people's identity. The registered manager had also carried out checks with the Disclosure and Barring Service (DBS) to ensure prospective staff members were suitable to work with people who lived in the home.

People who lived in the home, their relatives and staff members we spoke with felt that there were enough staff on duty to meet people's needs. Duty rotas showed that the number of staff the registered manager had assessed as being needed were on duty. Although the morning of the inspection was busy we saw that

people received the support they required and requested. A staff member told us that mornings were "Quite hectic" however "In the afternoon, there's loads of time [to spend with people]". The registered manager and senior staff told us that staff numbers had been increased during afternoon shifts to enable staff to spend time with people engaging in their preferred activities and interests.

Arrangements for the receipt, storage and disposal of medicines were in line with good practice and national guidance. This included medicines which required special storage and recording arrangements. We observed a staff member giving people their medicines on the morning of the inspection. They demonstrated their understanding of good practice guidance, for example, they checked the timing of medicines were correct and signed for administration of medicines only after they were sure the person had taken them. Records of when people were given their medicines were completed appropriately and other care records showed that people's medicines were reviewed with doctors whenever needed. We saw those staff who administered medicines to people were trained to do so. The registered manager told us they were planning to organise further training to update staff's skills and knowledge.

## Is the service effective?

### Our findings

People and their relatives said they were well supported by staff. One person told us, "They look after me very well, they know what they're doing, I'm very satisfied." Relatives described their confidence in staff and one relative said, "The staff know [my loved one] very well."

Records showed that new staff were provided with a package of induction training. A staff member described their induction and how they were being supported by the provider to obtain recognised care qualifications. This included the completion of the Care Certificate induction programme which sets out nationally recognised standards for ensuring new staff have the knowledge and skills they need to care for people in the right ways. They also told us the staff team were very supportive and helped them to develop their practical skills when they provided care for people.

More established staff members were also supported to maintain and develop their skills. A senior staff member told us that they were undertaking a course about management within care homes. Another member of staff described the learning they derived from training in key subjects such as maintaining healthy skin, safe moving and handling and promoting continence.

Staff told us, and records showed they received regular supervision with senior staff or the registered manager. One staff member told us "It works well, if I have any problems I can tell them." Another staff member told us that during supervision they would feel comfortable discussing any issues around their training needs or work.

The registered manager and staff demonstrated that knew how to act in accordance with legal guidance in order to protect people's rights, should they need to do so. 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. Records showed that any decisions made in people's best interests had been discussed with relatives and health or social care professionals.

Staff were able to describe how consent from people was important. One staff member said, "We ask permission if we offer help. A lot of people like to be independent." Throughout the inspection we saw staff consistently asked for permission to provide people with support. Staff were also aware of the importance of supporting people to make their own decisions wherever possible. They told us that even where people may struggle to make decisions they would still offer choices and encourage people to make choices. Although staff understood the importance of gaining consent and supporting people to make their own decisions wherever possible, we saw one member of staff had not yet received MCA training. The registered manager told us that further training about this subject was arranged.

We observed people enjoying their breakfast and saw that they were eating a variety of dishes ranging from toast or cereal to a cooked breakfast. One person told us "If you don't like something, they'll find something



different for you". Another person told us "All the food is good."

Records showed that people were offered the opportunity to have their weight monitored which allowed staff to monitor any changes. This meant that people could be quickly referred to professionals such as dieticians when they needed extra support with their diet. The cook told us they were trying to find ways to make the food people enjoyed in healthier ways in order to help maintain people's health and well-being.

The cook knew people's likes and dislikes and told us that they were able to order what they wanted for the kitchen to ensure people's needs and wishes were met. When we observed the lunchtime meal we saw that the cook was aware of the portion sizes people preferred. One person said they did not like lots of food on their plate and their meal was served with this in mind. Another person said they had a good appetite and enjoyed their food. We observed they were served with a generous portion of food and were provided with extra food when they requested it. The cook told us that at present no-one living in the home had specific cultural dietary needs but they were confident they could cater for such if required.

We saw there was a wide range of foods and drinks available within the kitchen. Throughout the inspection people were regularly offered hot and cold drinks and there were jugs of cold drinks available for people to help themselves.

People and their relatives told us staff supported them to see a doctor or other health professional when they needed to. Records showed that people's health needs were monitored and they received appropriate support when required. A staff member told us that if they had any concerns about people's health needs they would call the local doctor. They felt that local doctors and nurses were helpful if they needed any advice. A health professional we spoke with told us that staff were quick to identify any health issues people may have and seek the appropriate healthcare support. The health professional also told us that the registered manager and deputy manager had developed good working relationships with the local doctor's surgery and community nursing teams. In addition, they said staff followed their healthcare advice well and felt that people who lived in the home benefitted from this.

## Is the service caring?

### Our findings

People and their relatives told us they felt staff were very caring towards them. One person told us, "Oh we have a good old laugh with the staff; it's like having a second family." A relative said, "We love the home. Staff are wonderful, so kind and caring, they genuinely love [my loved one]." The same sentiments were echoed by a visitor and a health professional we spoke with who said that staff always demonstrated a very caring approach towards people. They added that they always experienced a "calm, cosy and homely" feel when they visited the home.

During the inspection we observed a consistently warm and caring approach towards people from all of the staff on duty. They maintained people's dignity and displayed respect for each individual. Staff took time to have friendly chats with people and they were patient and discreet when providing direct support. Examples of this were conversations we heard regarding the daily news a person had been reading about, how the weather looked for the rest of the day and what programmes were on television. We also heard a staff member talking with a person about their life experiences before they had moved into the home which generated laughter and smiles from the person. When people were supported with their mobility or continence, staff explained what was going to happen in low and reassuring voice tones. They ensured that any intimate care was provided in private areas. We noted that staff knocked on doors to people's private spaces and waited to be invited in. We also noted that staff securely closed communal toilet and bathroom doors when assisting people so that others knew the rooms were occupied. A member of staff told us, "It's about people's self-esteem."

Staff were clear in their explanations about how they would support people who may become distressed or upset. We saw they used appropriate touch to help reassure people such as holding a person's hand or putting an arm around their shoulder. Staff and a visiting healthcare professional told us about a situation they had observed whereby a person who lived in the home displayed great fear during a thunderstorm which no-one previously knew about. They told us that the person had hidden themselves under a dining table. They said the registered manager and deputy manager had sat with the person under the table until the thunderstorm had passed in order to provide a feeling of safety and reassurance for the person. They told us this had helped the person to calm considerably and they were able to enjoy the rest of their day.

We observed another example of staff helping people to feel calm. A senior member of staff was supporting a person who was reluctant to take their medicines. They were gentle in their approach to the person and explained that they would feel better if they took the medicines. Because the staff member had a good understanding of the person's needs they were able to establish that the person was anxious about their clothing. The staff member reassured the person and helped them to adjust their clothing which meant they were then willing to take their medicines.

Some people were not able to easily express their wishes and views and we saw that there were systems in place to help them to do this. Staff would initially consult with people's relatives and others who were important to them, but where this was not possible they were aware of local advocacy services. These services are independent of the home and can support people to express their views as wishes.

Staff demonstrated their understanding of the importance of respecting people's confidential information. They told us they would only disclose it on a need-to-know basis to those who were involved in a person's care and support. People's personal records were stored in locked cabinets. Computers that were used in the home were password protected so that only authorised people could access the information they held.

## Is the service responsive?

### Our findings

People's needs had been assessed before they moved into the home so that staff could be sure their needs could be met. A visiting health professional told us they had observed the assessments were personalised; not just about care needs but what the person wanted and liked. They added that the registered manager and deputy manager "did a good job" of carrying out assessments.

Care plans were developed from the assessments that were carried out. They contained clear information about people's needs and wishes. Arrangements for consent were clearly stated and best interest decisions were recorded. The person's choices about all aspects of their day to day life were recorded, down to how they liked to take their tea. People's wishes and decisions about how they want to be cared for at the end of their life had also been included in their care plans. A person told us, "So far I'm very satisfied, I get everything I need, and they come very quickly when I call."

We observed that care plans were reviewed and updated regularly to ensure people received appropriate care. Senior staff were given 'care record shifts' where they were able to focus entirely on reviewing care records and keeping them up to date. Another member of staff told us that although senior staff were responsible for maintaining and updating care plans, they were able to have input if they had any issues or concerns about people's care. Staff demonstrated a clear understanding of what was contained in people's care plans and we observed that they followed the care plan guidance when providing support for people.

People were supported to maintain activities and interests that they enjoyed. One person described themselves as 'a loner' and happy to occupy themselves with "whatever turns up." Another person was very happy to talk about the various activities on offer. They told us that the previous day someone had come to support them with exercise and that the day before they brought in a man with animals. One person told us with excitement how they had held a snake. The provider had increased the numbers of staff available in the afternoon so that staff would be able to spend time with people supporting them with activities, including group activities such as bowls and dominoes. In the afternoon we saw a group of ladies enjoying a game of dominoes supported by a staff member. Staff told us that activities were based on people's choice. They said that some people might just like to go around the garden or out with a family member. The staff member told us that they enjoyed seeing the people who lived there "laugh and giggle with each other". Another staff member said that it could sometimes be difficult to motivate people towards activity but felt it was important to try so that people could be "stimulated". The staff member enjoyed spending time with people on a one to one basis and said, "You get to know about their earlier days and life, and that helps us care for them better." The registered manager also told us about activities that they had undertaken which celebrated specific events. For example, when Wimbledon was on, they had set up a 'court' in the garden and watched the tennis on a big screen as though they were at the event.

People who lived in the home told us they knew how to make a complaint or raise a concern if they needed to. One person said, "Oh I'd go to the staff or [the registered manager], they always listen and sort things out for me." Relatives also told us they knew about the provider's complaint policy and would feel comfortable to raise any issues or concerns with the registered manager or other staff. Staff were able to describe the

provider's complaints policy and the action they would take if a complaint was made directly to them. They said that if a complaint was made directly to them, they would ensure it was recorded correctly and get the complainant to check it and would then forward it on to the manager who would deal with the complaint within a time limit.

## Is the service well-led?

### Our findings

People who lived in the home and their relatives told us they were asked for their views about the quality of services provided within the home on a regular basis. Records showed the registered manager carried out surveys and held house meetings in order to gain this feedback. Surveys gathered opinions on matters such as involvement with care planning and opinions on the quality of care provided. We also saw that the registered manager regularly asked involved health and social care professionals for their feedback about the quality of the services provided. Records showed the registered manager had analysed the information that was returned. When comparing these with the previous year's survey we could see how the registered manager had improved the system for analysing and identifying trends and themes which enabled them to make improvements.

The registered manager also undertook staff surveys which looked at issues such as job satisfaction, the environment and management support. Although they were able to give us examples of work that had been undertaken as a result of the surveys, this was not clearly documented in an action plan to show how issues had been addressed. The registered manager said they would make improvements to this system in order to give assurance to staff that issues had been followed up.

A staff member told us they felt it was a "happy home" to work in. They felt that they could voice their opinions at staff meetings and that the registered manager listened to them. Staff told us they were aware of the provider's policy about whistleblowing and would not hesitate to highlight any poor practice or concerns if there was a need to do so.

People who lived in the home, and their relatives, told us knew who the registered manager and deputy manager were and felt they were easy to talk to and helped them with any problems they may have. During the inspection people were actively engaging in friendly chats with the registered manager and deputy manager. They both demonstrated a clear understanding of people's current needs and wishes; they knew when people were due to receive visits from health or social care professionals or when they had appointments outside of the home. The registered manager had also made sure we were informed about any untoward incidents or events within the home in line with their responsibilities under The Health and Social Care Act 2008 and associated regulations.

Staff rotas showed, and staff told us there was a senior member of staff in charge of each shift to provide the team with guidance and support. They also told us they could contact the registered manager or deputy manager outside office hours if they had need of their support. A rota was available to show which manager was available during out of office hours.

The registered manager had made links with other local care homes that had received good or outstanding ratings from CQC inspections. They said this enabled them to discuss good practice initiatives and share ideas about how to make improvements for the benefit of people who lived in the home. They gave us an example of how they had made improvements to supporting people with activities as a result of these links. They told us they had also joined a local care home association as a way of keeping themselves and staff up

to date with practice issues.

Since our last inspection of the home in December 2015 the registered manager had made improvements to the way in which they assessed and monitored the quality of the services provided within the home. Records showed they completed regular checks of key areas such as complaints and safeguarding issues, medication, fire safety and care files. They had also developed a yearly schedule to show when checks and audits were due to be completed.

The registered manager told us that they also received checks on the quality of their services from external agencies such as the local authority. We were shown the latest action plan the local authority had set out for the home. The registered manager confirmed that all the actions apart from one had been completed within timescales. They confirmed that the arrangements to complete the final action point were in place and would be completed in the near future.