







Somerset Care Limited Grovelands

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?	Requires Improvement	
Is the service well-led?	Requires Improvement	

Overall summary

We carried out this unannounced, focused inspection on 30 March 2015 to follow up on breaches of regulation identified at previous inspections. We carried out an unannounced comprehensive inspection of this service on 27, 28 and 31 October 2014 at which we found breaches of legal requirements. This was because people living in the specialist residential care part of the service were not protected from risks of infection because the environment was not clean. Staff were not monitoring people in a manner that ensured risks were managed appropriately. Medicines were not administered safely. Records did not reflect people's care needs accurately and this put people at risk of receiving inappropriate or unsafe care. People were not protected by effective quality assurance systems.

After the comprehensive inspection we told the provider to take action to improve record keeping and quality assurance by 4 March 2015. The provider wrote and told us about improvements they would make in relation to the other breaches of regulation identified. These breaches related to safe medicines administration, how risks were managed and how people's care consent to care was established.

This report only covers our findings in relation to these areas. You can read the report from our last inspection by selecting the "all reports" link for "Grovelands" on our website at www.cqc.org.uk

Grovelands is a purpose built service, providing accommodation and personal care for up to 60 older

Summary of findings

people. The service specialises in caring for people who have dementia. It is divided into two main parts. Residential care is provided on one side of the home and specialist residential care (SRC) is provided on the other side of the home. This provides care for people with complex dementia needs and is commissioned directly by the Somerset Partnership NHS Foundation Trust who provide a dedicated nurse to work with the provider.

The provider is required to recruit a registered manager for this type of service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our inspection on 30 March 2015 we found the provider had taken action to make improvements and legal requirements had been met.

People told us that they felt safe and staff were able to describe the risks people faced and how they supported them appropriately.

People received their medicines safely.

Where people did not have capacity to make decisions about their own care there was clear guidance for the staff on how they should make decisions in their best interest. Staff told us they had received training about the Mental Capacity Act 2005 and understood how to apply its principles to people's care.

The home smelled and looked clean, there was a robust system in place to ensure this was maintained.

Records were accurate and reflected people's needs.

The service had sought appropriate professional input to make improvements and quality assurance systems were operating effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People told us they felt safe. Staff supported people in ways that minimised risks.

People received their medicines safely.

The service smelled and looked clean. Staff followed a robust cleaning schedule.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement



Is the service effective?

Where people did not have capacity to make decisions about their own care there was guidance for the staff on how they should make decisions in their best interest. Staff were confident in their understanding of the Mental Capacity Act 2005.

People had access to appropriate healthcare, and were supported to eat and drink safely, because staff maintained records that ensured their health and well-being could be monitored.

We have reviewed our revised our rating for this key question in light of improvements made at the service. To improve the rating to 'Good' would require a longer term track record of consistent practice.

Requires Improvement



Is the service caring?

People told us they were treated with respect. We saw staff communicating with people with kindness and respect.

Good



Is the service responsive?

People received appropriate care because the records kept about them were accurate and reflected the support they needed.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent practice.

We will review our rating for responsive at the next comprehensive inspection.

Requires Improvement



Is the service well-led?

The service had sought appropriate professional advice to make improvements and quality assurance systems were operating effectively. The requirements of the regulations had been met.

Requires Improvement



Summary of findings

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent practice.

We will review our rating for well led at the next comprehensive inspection.

Grovelands

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 undertook a focused unannounced inspection of Grovelands on 30 March 2015. The inspection took place to check that the provider had made improvements since our last inspection in October 2014 and that legal requirements were met. As a result we only inspected the service against the specific questions that related to the breaches in legal requirements.

The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person

who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge and experience related to residential care for people with dementia.

Before the inspection we reviewed the information we held about the service. This included the action plan the provider had completed detailing how and when they would improve the service and meet the legal requirements.

During our inspection we spoke with 14 people who used the service and the representatives of two people. We looked at care records for seven people and medicines records for three people. We spoke with two senior staff members, two cleaners, seven care staff and the registered manager. We observed care and support in communal areas. We also looked at records about how the service was managed. During the visit to the service we spoke with a visiting nurse and a regular visitor from a national charity.

Is the service safe?

Our findings

At our last inspection on 27, 28 and 31 October 2014 we found that people were not always protected from harm because records were not accurate or detailed enough and there was a risk of cross infection because the home was not clean. We also found that medicines were not administered safely. There were breaches of regulations 20, 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We told the provider to take action and they wrote to us detailing how they would meet the legal requirements. At this inspection we found the provider had made improvements.

People told us that they felt safe. One person said, “Do I feel safe? Yes I do. I am very happy here I fully recommend it.” A relative also told us there was, “nothing better... [relative] is safe and sound”. We observed people who could not use words to communicate with us and they were relaxed in each other’s company and engaged with staff. Staff described the support individuals needed consistently and were able to describe how they managed identified risks. For example, one member of staff described how, they had reviewed the way they supported one person following a change in their behaviour. This change was reflected in

their care plan. Care plans had been updated since our last inspection and they contained the detail necessary to ensure that people were not put at risk of inappropriate or unsafe care.

People received their medicines safely. We observed medicines being given as prescribed in a way that suited the individual and an accurate record made. Since our last inspection a change had been made to how stock was recorded and staff had refreshed their awareness of safe administration. The registered manager told us that an independent audit had been undertaken of the medicines system by a pharmacist and the system used in the service was found to be safe.

The home was clean and records indicated that cleaning was done and checked regularly. Decorative changes meant that it was much easier for staff to notice if cleaning was required, for example hand rails had been painted a light colour. We found that some beds required additional cleaning and this was addressed immediately and the registered manager told us that cleaning schedules would be amended to highlight this. Drinking cups were changed regularly and staff were aware which cups had been used by people. This meant that people had the drinks they needed when they wanted them and risks associated with sharing cups had been reduced.

Is the service effective?

Our findings

At our last inspection on 27, 28 and 31 October 2014 we found that people's rights were not always protected by effective use of the Mental Capacity Act 2005 and the records that related to people's eating and drinking and health were not adequate to ensure safe and appropriate care. There were breaches of regulations 18 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action and they wrote to us detailing how they would meet the legal requirements. At this inspection we found the provider had made improvements.

Staff told us they had undertaken training and felt confident in their understanding of the Mental Capacity Act 2005 (MCA) since our last inspection. They offered people choices throughout our inspection and gave them time to make decisions. The registered manager had sought advice about how the MCA was implemented in the home and, where appropriate, care plans had been updated with guidance for staff. The guidance reflected the principles of the MCA. For example it gave practical advice to staff about how to enhance each person's capacity to make decisions

and identified who could be involved in decisions that were not time dependent. This meant people were protected from receiving inappropriate or unlawful care because the guidance in place was appropriate to each person.

People told us they were happy with the food in the home, and since our last inspection the provider had ensured that all care plans related to how people eat and drink safely had been updated. One person told us, "Lunch seems to be very nice." Another person told us, "The food is very nice. There is ample food. They tell me in the morning what is for lunch." We observed that lunch was a relaxed and social event and people were offered choices in ways they understood. Where people needed support with eating and drinking we saw that this was provided as described in care plans that had been updated since our last inspection.

People had access to healthcare when they needed it. People told us that they saw their doctor when they needed to. Records were up to date and provided the information staff needed to monitor people's health effectively because they now contained the detail necessary to highlight changes in people's health and wellbeing.

Is the service caring?

Our findings

Before this inspection we received some information of concern that suggested that people and their possessions were not always treated with respect.

People told us they felt respected. One person said, “We know they are reliable, totally, they respect us....they are very kind staff....very, very thorough.” We saw that people were treated with kindness throughout our inspection. Staff communicated gently and used touch appropriately to reassure and support people.

People’s possessions were looked after. The laundry was organised and people’s clothes were sorted so that they were washed on the appropriate setting. Clothes were labelled discretely which meant they could be sorted and returned to people. Where clothes were not labelled they were set aside and staff were able to identify who they belonged to. People’s rooms were kept clean and their possessions were treated with respect. One person told us how staff always commented on how lovely their ornaments were.

Is the service responsive?

Our findings

At our last inspection on 27, 28 and 31 October 2014 we found that people were not always protected from inappropriate or unsafe care because the records held about them were not accurate or complete. There was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action and they wrote to us detailing how they would meet the legal requirements. At this inspection we found the provider had made improvements and care records were now accurate and reflected people's needs.

People told us they were happy with the staff and that staff responded to their needs. We observed staff supporting

people in ways that reflected their care plans. For example, one person became upset and staff spoke gently with them about things that were known to help distract them. The care plans had been updated since our last inspection and were an accurate reflection of the support people needed. Staff updated care delivery records throughout our inspection at times that were mostly convenient to the people living in the home. The records made reflected the support that individuals required. We saw that an incident between two people was only recorded in one of their records although the second person was recorded as needing and receiving increased reassurance later that day. There was a risk that a review of this person's needs may not fully reflect their experiences because it would not include their involvement in this incident.

Is the service well-led?

Our findings

At our last inspection on 27, 28 and 31 October 2014 we found that people were not always protected by the effective use of quality monitoring systems and previous breaches of regulations had not been adequately addressed. There was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We told the provider to take action. At this inspection we found the provider had made improvements.

People told us the home had changed and they were happy with the changes. One person told us, 'It's changed a

lot, it's a lovely place." Another person said, "I feel that since (registered manager) and (senior staff member) have taken over there has been a great improvement. They've turned the place inside out and all for the better."

We saw that people's suggestions were acted upon. For example, a noticeboard highlighted changes made in the last two months based on people's comments. Changes made included writing the menus in black ink to make them easier to read and the introduction of a new activity.

Changes required after our last inspection had all been addressed satisfactorily, using external advice where appropriate, and the home had a continuing improvement action plan in place. This meant that people were receiving care and support from staff who understood their care needs and had received appropriate training.