

Four Seasons (JB) Limited

Grove Discharge Unit

Inspection report

Ward M3, Clatterbridge Hospital
Clatterbridge Road
Wirral
CH63 4JY

Tel: 01516528078

Date of inspection visit:
14 December 2018

Date of publication:
08 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Grove Discharge Unit is based within Clatterbridge Hospital. It provides short term nursing or residential care to up to 30 people who have been discharged from hospital and require a period of further assessment or rehabilitation. The service opened in November 2018.

People's experience of using this service:

Staff had received training and had their competency assessed to ensure they could safely administer medicines. Records regarding medicines were not always accurate. The temperature of areas where medicines were stored, were not always monitored and recorded to ensure they were stored safely, but the temperature on the day was within recommended ranges. We made a recommendation about this in the main body of the report.

People told us they felt safe whilst staying at the service. Appropriate systems were in place to manage any safeguarding concerns and staff were aware of safeguarding and whistleblowing procedures. Individual risks to people had been assessed and records showed that measures were in place to mitigate those risks. Appropriate numbers of suitably trained and qualified staff were available to meet people's needs. Records showed that staff had been recruited safely to ensure they were suitable to work with vulnerable people.

An agreement was in place with the hospital trust, that covered the safety and maintenance of the building and equipment, catering and all domestic work. The unit was clean and well maintained and people had a choice of meals available to them.

The registered manager took action to ensure lessons were learnt from any incidents, such as reviewing all accidents and incidents for themes or trends to help prevent recurrence.

People had access to Occupational therapists and Physiotherapists who continued the assessment process until people left the service, to ensure they received the relevant support after they left. The service worked in liaison with other health and social care professionals and followed their advice to ensure people's needs were met effectively.

Records showed that people had consented to transfer to Grove Discharge Unit to receive support. There was nobody who was unable to make decisions for themselves at the time of the inspection, but systems were in place to ensure when needed, decisions could be made in people's best interest.

People told us staff were kind and caring, treated them with respect and maintained their dignity and privacy. Staff understood how to communicate with people most effectively for the individual.

Systems were in place to gather feedback from people to help improve the service. People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.

People's individual needs had been assessed and plans of care developed based on these needs. Staff were aware of people's choices and preferences in relation to their care.

People told us there were not a lot of activities to stimulate them during their stay. The registered manager was looking at what activities people would prefer.

The registered manager and staff had a good understanding of their roles and responsibilities within the service and staff had a clear awareness of the vision of the service. People told us they felt the service was managed well.

The registered provider had systems in place to assess and monitor the quality and safety of the service. Although the service had only been open for three weeks, a range of audits had already been commenced.

Rating at last inspection: This is the first inspection of this service. There is no previous rating.

Why we inspected: This inspection was brought forward due to information of risk received by the Commission, in relation to staffing, medicines and the safety of people using the service.

Follow up: We will re inspect the service based on the rating of the service. We will continue to monitor any concerns or risks raised.

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
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Grove Discharge Unit

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection team included three adult social care inspectors.

Service and service type

Grove Discharge Unit is based within Clatterbridge Hospital. It provides short term nursing or residential care to up to 30 people who have been discharged from hospital and require a period of further assessment or rehabilitation. The service opened in November 2018.

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

Notice of inspection

The inspection was unannounced.

What we did

Before the inspection we reviewed the information we held about the service. We had received several concerns about the safety of people receiving support and the running of the unit. We also contacted the commissioners of the service to gain their views. They told us concerns had also been raised with them about the quality and safety of the service.

A Provider Information Return (PIR) is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We had not asked the provider to complete a PIR prior to this inspection.

During the inspection we spoke with the registered manager, ward manager, intermediate care director and three other members of staff. We also spoke with four people using the service, three visiting relatives and three health and social care professionals involved with the service.

We looked at the care files of three people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Using medicines safely

- The temperature of areas where medicines were stored, were not always monitored and recorded to ensure they were stored safely. The registered manager assured us all areas where medicines were stored, would be monitored and recorded daily. Those that had been recorded were within recommended ranges.
- One medicine administration record (MAR) did not correspond with the record of controlled medicine administration. The stock balance of the medicines was correct; however, the record had not been completed accurately.
- Liquid medicines had not all been dated when open in line with good practice. This is because some medicines need to be discarded 28 days after being opened. The medicines however were in date, as the unit had not been open for 28 days at the time of the inspection.
- Staff had received training and had their competency assessed to ensure they could safely administer medicines.
- People told us they received their medicines when they needed them and systems were in place to enable people to self-administer their medicines safely if they were able to. One person told us, "I have loads of medication and [staff] give it to me like clockwork, it's what I want."

We recommend that the provider reviews and updates its practices to ensure accurate records are maintained.

Safeguarding Systems and processes

- Staff had received safeguarding training and a policy was in place to guide them. Staff were confident about safeguarding processes and how to raise any concerns they had.
- The registered manager was aware of safeguarding procedures.
- The provider had developed an equality, diversity and human rights policy, which stated that the service "Pro-actively tackles discrimination and further aims to ensure that no individual or group is directly, or indirectly, discriminated against for any reason, in the accessing or receiving of its services."
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

Assessing risk, safety monitoring and management

- People told us they felt whilst staying in the unit. One person told us, "Oh yes, I am definitely safe."
- Individual risks to people had been assessed and measures were in place to mitigate those risks, such as the use of pressure relieving mattresses to prevent people who were at risk, from developing pressure sores. Care records provided clear information about risks and how staff should support people to help ensure they remained safe from avoidable harm.
- An agreement was in place with the hospital trust, that covered the safety and maintenance of the building and equipment. This included things such as gas, electric and fire related checks such as emergency lighting

and firefighting equipment.

- The provider had completed a fire risk assessment and individual emergency evacuation plans were in place for all people. This helped to ensure that staff were aware what support people would require in the event of an emergency.

Staffing levels and recruitment

- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- Registered nurse's personal identification numbers (PIN) had been checked to ensure they were registered with the Nursing and Midwifery Council (NMC) as fit to practice.
- There were sufficient numbers of staff on duty to meet people's needs. People's comments included, "The amount of staff is wonderful" and "I just have to press my buzzer and [staff] come."
- Agency staff were utilised to ensure staffing levels remained consistent, as the registered manager and ward manager were still recruiting permanent staff to the service. Checks were also in place to ensure agency staff were suitable to work at the service.
- The registered manager told us the service had been intentionally overstaffed to help ensure the new service ran smoothly.

Preventing and controlling infection

- The service was clean and well maintained.
- An infection control policy was in place. As this service is based within a hospital, an agreement was in place for cleaning to be undertaken by hospital cleaning staff.
- A cleaning schedule was in place and audits were completed.
- Staff attended infection control training and COSHH training.
- Bathrooms contained liquid soap and paper towels and staff had access to gloves and aprons to help prevent the spread of infection.

Learning lessons when things go wrong

- A system was in place to record any accidents and incidents that occurred.
- Incidents were recorded electronically and had been reviewed by the registered manager. The regional manager was automatically alerted to incidents and could access the electronic system at any time to review the records for any trends or themes so that action could be taken to reduce the risk of recurrence.
- The registered manager took action to ensure lessons were learnt from any incidents. For example, we highlighted an issue during the inspection that the registered manager responded to, held supervisions with staff on duty and updated records to help ensure the incident would not be repeated.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff had access to best practice guidance, such as NMC Medicine Standards and The National Institute for Health and Care Excellence medicine guidance.
- Care files contained a detailed 'Transfer of Care form' completed by hospital staff. The service used this information to help develop effective plans of care and ensure staff knew people's needs and how best to meet them.
- An intermediate care checklist was also completed by the service, to ensure people's needs and risks were accurately assessed and these were updated at set time periods as part of the admission process.
- People had access to Occupational therapists and Physiotherapists who continued the assessment process until people left the service, to ensure they received the relevant support after they left.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff had access to training relevant to their roles. The training included manual handling, care of medications, safeguarding, mental capacity, infection control, equality and diversity, dementia care and pressure ulcer care.
- All staff and agency staff had received training about the service they delivered, this was achieved through Intermediate Care Framework training.
- All new staff completed a thorough induction programme at the start of their employment. This included competency assessments and an introduction to policies and procedures before being signed off as a permanent member of staff.
- There was a supervision process in place. This provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and to address any training needs.

Supporting people to eat and drink enough with choice in a balanced diet

- An agreement was in place for the hospital catering team to provide meals and drinks. Staff had access to a small kitchen where they could prepare additional drinks and snacks.
- We saw that people had a choice of meals available to them and that people's specific dietary needs were catered to.
- Records showed that when people required their intake to be monitored, this was recorded to ensure that ate or drank sufficient amounts.
- People told us they had enough to eat and drink.

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

- Technology and equipment was used effectively to meet people's care and support needs. Call bells were available at each bedside to enable people to alert staff when they needed support.
- Bathrooms were adapted to ensure they could be accessed by all people.
- Corridors were wide and well-lit to promote safe mobility.

Supporting people to live healthier lives

- The service worked in liaison with other health and social care professionals to ensure people's needs were met effectively.
- When other health and social care professionals were involved in people's care, this was recorded within people's care files to ensure all staff could follow the advice provided by them.
- When people were ready to leave the unit, information regarding their needs and preferences were available if they were transferring their care to another provider.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 registered manager told us there was nobody currently receiving support in the unit that required an application to be made to deprive them of their liberty. However, they were aware of when applications were needed and how to make them.
- Records showed that people had consented to transfer to Grove Discharge Unit to receive support. Consent to specific decisions, such as the use of bed rails, was sought and recorded.
- There was nobody who was unable to make decisions for themselves at the time of the inspection, but the registered manager had systems in place to ensure when needed, decisions could be made in people's best interest.
- Staff we spoke with had a good understanding of the MCA and had completed training in relation to this.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

- People told us staff were kind and caring and treated them with respect. Their comments included, "They're all good", "Everyone is so friendly and they can't do enough to help", "The care here is very good" and "I'm looked after very well."
- People and their family members, had been asked to share information about their life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and create individualised plans of care.
- Staff understood how to communicate with people most effectively for the individual. They knew when people required additional support due to hearing or visual impairment. Care plans were in place to support this.
- People only stayed at Grove Discharge Unit for short periods of time and staff spoke warmly about the people they supported and knew their needs well.
- One staff member told us they were aware some people had a preference regarding the gender of the staff member who supported them with personal care and that was always respected.

Supporting people to express their views and be involved in making decisions about their care

- Questionnaires were completed with people at regular stages of the admission process. They included asking people if they felt included in their care and whether sufficient information had been given to them about the service. Responses we viewed had been positive.
- A resident's charter was on display, which stated the service would ensure people were involved in all decisions regarding their care.
- People did not have access to a service user guide as this was still under development and the registered manager told us they had been seeking feedback from people as to what information they thought would be most useful to have included.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.
- Systems were in place to gather feedback from people. As well as regular questionnaires throughout their stay, people and their relatives could access an electronic feedback station to share their comments or views.
- People's relatives were able to visit the unit. The registered manager told us that there were set visiting hours in place to allow uninterrupted meals, for medicines to be administered safely and to ensure staff could be available to update relatives when they did visit. However, they told us they were always flexible if needed and would not turn relatives away if they could not visit during these times.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity at all times.
- Staff we spoke with were able to describe how they ensured people's dignity was maintained when providing personal care support.
- Records containing people's personal information were stored securely.
- Grove Discharge Unit is in place to help maximise people's independence before they move on to more permanent accommodation. Staff followed the intermediate care framework and promoted people's independence at every opportunity.
- One person explained to use how staff were trying to support them to mobilise with a walking stick, rather than depending on a rollator and another person told us, "I said I could do with a walking stick, next minute it was there."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

Personalised care

- People's individual needs in relation to their care and treatment had been assessed and plans of care were developed based on these needs. People could access their care plans if they chose to.
- Admission records contained goals people wanted to achieve, such as regaining mobility to enable them to return home, or remaining safe whilst waiting for a package of care to be arranged.
- Staff were aware of people's choices and preferences in relation to their care.
- Records showed that staff reviewed all aspects of people's care each day.
- The service explored people's diverse needs and the registered manager told us the service would provide the correct support to meet these needs.
- The registered manager told us that information regarding the service could be provided in different formats should the need arise.
- People told us there were not a lot of activities to stimulate them during their stay. There were board games available and a lounge with a television was in the process of being set up.
- The registered manager told us they were gathering feedback from people to determine what type of activity would be preferred and were considering the provision of I-pads so people could watch television, listen to music or use the internet at their leisure.

Improving care quality in response to complaints or concerns

- The service had a complaints policy that was on display within the service.
- People we spoke with told us they felt able to raise any concerns they had with staff and were confident that they would be listened to.
- The registered manager told us they had not received any complaints since the service had opened, but they would be received positively and used as an opportunity to improve the service.

End of life care and support

- Due to the nature of the support provided at Grove Discharge Unit, the registered manager told us they did not provide end of life care and would not admit people to the service that required this.

Is the service well-led?

Our findings

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

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

Leadership and management

Provider plans and promotes person-centred, high-quality care and support

- The registered manager was supported by other members of the provider's management team, such as the area manager and intermediate care director.
- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- People provided positive feedback regarding the quality of the service they received. People told us staff provided them with the support they needed, when they needed it. One person said, "If I needed anything doing, they'd do it definitely."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff had a good understanding of their roles and responsibilities within the service. Staff had a clear awareness of the vision of the service.
- People told us they felt the service was managed well.
- Staff told us they felt fully supported in their role.

Engaging and involving people using the service, the public and staff

- Systems were in place to gather feedback from people and their relatives to help monitor and improve the service for each person.
- As the service had only been running for three weeks, formal staff meetings had not yet taken place, however feedback was sought from staff and shared with other agencies when needed.

Continuous learning and improving care

- The registered provider had systems in place to assess and monitor the quality and safety of the service. Although the service had only been open for three weeks, a range of audits had already been commenced.
- When risks were identified through the quality assurance checks, we saw that actions had been taken to mitigate them in a timely way.
- The provider had identified the issues we highlighted regarding the recording of medicines and had completed weekly audits, completed staff supervisions and was monitoring the issue on their action plan.
- The registered manager had strong links with external organisations, such as the hospital trust and GP services. This helped to ensure they remained up to date with new procedures and information to ensure the care and support being provided was based on current evidence-based guidance, legislation and best

practice.

Working in partnership with others

- Due to the nature of the service, staff worked closely with other health and social care professionals to achieve people's goals and meet their needs.
- Multidisciplinary meetings were held on the unit a few times per week to ensure all professionals involved in people's care were aware of their current needs and progress in relation to discharge arrangements.
- A GP visited each week to help ensure people remained well and had access to the medicines they needed.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.
- The service shared some policies and procedures with the hospital trust so staff were aware of correct practices and guided in their role.