

Country Court Care Homes 2 Limited

The Grove 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

About the service

The Grove Care Home is a residential care service providing personal care to a maximum of 52 older people, some of whom are living with dementia. At the time of this inspection there were 48 people using the service.

People's experience of using this service and what we found

Staff knew how to safeguard people from abuse and how to minimise the risk of harm. Staff understood their roles and knew what was expected of them and the principles of keeping people safe. Staff followed good infection protection and control standards and people said the service was clean.

People received their medicines as prescribed and their health and nutritional needs were met. People had access to a range of healthcare professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had their needs assessed and care plans contained information to guide staff in how to support people in line with their preferences and wishes. End of life care was provided in a dignified, respectful manner.

Staff were recruited safely and there were enough members of staff on each shift. Staff received induction, training and supervision to ensure they felt confident when delivering care to people.

Staff were kind and caring. People and their relatives told us the staff were always available and created a friendly welcoming service. Staff had a good knowledge of people's diverse needs and it was clear that trusting relationships had been formed. People were treated with respect, dignity, and supported to maintain their independence.

People's communication needs were assessed, and information was available in accessible formats for those who required it. People participated in a wide range of activities and enjoyed the company of others in the service. People were able to see their families as they wanted.

The registered manager had worked at the service for 12 months and had concentrated on making improvements that were needed following the last inspection. The registered manager had invested time in developing and supporting staff and creating an open culture. Staff worked as an effective team to deliver good standards of person-centred care and placed people's wellbeing at the heart of their work.

Quality assurance systems in place monitored the service more effectively and drove improvements when they were needed. Complaints were dealt with accordingly and lessons learnt were used as learning

opportunities to continuously develop the service.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 January 2019). At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

The Grove Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out 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.

Service and service type

The Grove Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the regional manager, registered manager, deputy manager, care workers, housekeepers, the chef, activity coordinator and the front of house. We spoke with two healthcare professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were also reviewed. These included staff training, complaints, safeguarding and quality monitoring.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider reviewed the staff recruitment and retention strategies to ensure enough staff were employed to support effective continuity of care for people. The provider had made improvements.

- People received consistent care and support. Staff turnover had settled significantly. Staff were recruited safely. Recruitment of new care staff had been positive and agency staff were no longer needed.
- There were enough staff on duty to meet people's needs. The numbers of staff on each shift had been reviewed and increased. One member of staff said, "The staffing levels have really improved. We have more time to take people out, more time to sit with them and more time to care."
- Staff were engaged in activities with people and there was a calm and relaxed atmosphere where people enjoyed their time with others. One relative said, "They [staff] seem to respond quite quickly when I'm here."

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had completed training and competency assessments to ensure their practice was safe.
- Audits of people's medicine administration records showed there had been a significant improvement overall in the quality of recording.
- People were encouraged to manage their own medicines where they had those skills. One person told us, "I self-medicate. I was determined I wanted to keep that bit of independence."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Systems were in place to identify and reduce risks to people. Positive risk taking was promoted.
- Staff completed regular reviews of risk assessments, to ensure they remained up to date.
- The environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.
- Staff understood how to respond to and report any safeguarding concerns. They had received regular training and demonstrated a thorough awareness of their responsibilities.
- People said they felt safe in the home and gave reasons such as staff being available to assist them and security of the buildings.

Learning lessons when things go wrong; Preventing and controlling infection

- Accidents and incidents were monitored and analysed. Themes and trends identified were used as learning opportunities to drive improvements at the service.
- Staff were trained in infection prevention and control and used appropriate equipment to safeguard people and themselves. Housekeeping staff had cleaning schedules, which were overseen by management.
- The service was clean and tidy when we visited. Following the inspection, the community nurse for infection prevention and control completed an audit and the service had achieved a 'good' score of 92%.
- People confirmed their environment was cleaned to their liking. One person told us, "It is scrupulously clean here. They do it every day."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place. Careful consideration was given to supporting staff development, ensuring they had the necessary knowledge, skills and experience before taking on additional responsibilities.
- Staff were supported through an improved programme of supervision and annual appraisals. The registered manager worked with staff and observed their practice; they received feedback on their performance. Staff told us, "There have been massive improvements with team work and staff morale" and "We have regular supervision and we can request a meeting if there are any issues."

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

- People had assessments of their needs completed before admission to the service. The provider had installed person-centred software, which guided staff through an assessment, risk assessment and care plan process. The information included what was important to the person.
- People's care and support was reviewed and evaluated monthly to ensure they continued to receive support that was current, person centred and in line with best practice guidance.
- Staff understood and promoted equality and diversity. Protected characteristics under the Equality Act (2010), such as disability and religion, were considered as part of assessment and care planning.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. Each person had an assessment and care plan for nutrition.
- Staff monitored people's weight and contacted dieticians for advice when required. The cook had a good understanding of people's needs and provided special diets such as textured food, low sugar meals and vegetarian options.
- Everyone commented positively about the meals. The menus provided choices and alternatives. People were offered fresh fruit, milkshakes and a good variety of snacks in between meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met in a timely way. Staff supported people to access a range of healthcare services. One person told us, "Oh yes, I see the doctor if needed. I'm waiting for the dentist to come and see me; the staff arrange it all."
- A healthcare professional told us, "We are very happy with care here and have seen improvements in the last 12 months. Staff communicate any changes promptly and manage people's risk of skin damage well."

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

- The service had had been designed to meet people's needs. Flats were personalised to individual's tastes and preferences. People's doors had been repainted and new signage and photos helped people living with dementia find their way about their home.
- The registered manager told us plans were being developed to extend the home and refurbish the existing facilities. It was hoped this work would commence by March 2021.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Records showed consent for care had been signed by the right person and relevant people were involved in best interest meetings.
- Staff recognised restrictions on people's liberty. DoLS applications had been made and systems were in place to monitor these once authorised.
- Staff had received training in the MCA and had access to information and guidance to help support their practice. Staff asked people's consent before offering support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a clear person-centred culture. People were supported by staff to make choices around their preferred routines, likes, dislikes and what mattered to them.
- People were involved in planning their care delivery where possible. Where people were not able to make their own decisions, relatives and advocates were involved in the care planning process.
- Regular meetings were held with people and their relatives; this provided opportunities for them to be actively involved in the running of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and treated with respect. Staff helped people meet their personal care needs and dress according to their personal preferences. Comments from people included, "The staff certainly treat me with respect. They look after my things and are careful with them" and "I have assistance every morning to shower. I just ring my bell and they come."
- Staff spoke with people in a polite and respectful way and showed an interest in what people wanted to say to them. They called people by their preferred name, knocked on bedroom doors before entering and ensured people had privacy when supporting them with personal care.
- People were encouraged to maintain their independence. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive manner to offer support.
- People's personal records were stored securely. Staff ensured discussions of a personal nature with and about people took place in private.

Ensuring people are well treated and supported; respecting equality and diversity

- People, family members and friends told us staff were kind and caring. Comments included, "They are lovely, lovely staff" and "I can come anytime to visit and can see what's going on. I do think they [staff] care from their heart."

- Staff knew people well and showed genuine care and concern for the people they supported.

Interactions between staff and people were natural and showed positive relationships had been developed.

- People's individuality and diversity was respected. Each person had an 'All about me' record which provided personalised social and cultural information for staff about what was important for them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received individualised care which was responsive to their needs. Staff knew people's routines and people were supported in line with their preferences. Comments from people included, "All the staff are very approachable, and they do listen" and "I'm satisfied with the way I'm looked after."
- People contributed to their care plans. New electronic care records had recently been introduced and staff were continuing to improve the level of person-centred information on the new system. Staff had hand-held devices to input information daily regarding the care and support people received.
- People were able to remain at the service for end of life care with support from local health professionals if this was their choice.
- People's end of life wishes had been discussed with them or their relatives and recorded in specific care plans.
- Staff understood the importance of providing good end of life care. They ensured people were comforted and had company when they needed it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and included these in care plans. Information referred to how people communicated and what aids they needed. The care plans also detailed how people communicated in non-verbal ways.
- Information was available in large print and picture format for people to aid understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a good range of activities and people told us they enjoyed participating in these. The programme included in-house such as games, crafts and entertainment, and community-based such as visits to local venues.
- The activities coordinators worked with a team of volunteers. They carried out one-to-one interactions with people, ensuring everyone had quality time spent with them.
- A new wish tree had been provided and staff had supported some people to fulfil their wishes. These included watching a snooker competition in Sheffield, visiting local restaurants and 'face-timing' their relative in Australia.

- People said their religious needs were met. They enjoyed attending a monthly in-house church service and some visited the local church in the village.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to any complaints and records. The registered manager acted on complaints and used them to help improve the service.
- People and relatives were comfortable to raise any concerns and were confident they would be dealt with in a timely and effective manner.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a quality monitoring system in place. This included audits and checks to make sure people were safe and happy with the service they received. All issues found had been used to continuously improve the service.
- The quality of recording on care and medicine administration records had improved through more regular and robust auditing, and new software systems.
- Accidents and incidents were analysed within the service to look for patterns and trends. Learning was shared with staff at team meetings to help reduce the risk of them happening again.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or the Care Quality Commission as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A new registered manager had been working at the service for 12 months. They worked collectively with all staff to demonstrate and embed a positive culture to promote a high standard of person-centred care and support for people.
- Relatives spoke positively about the registered manager. Comments included, "The manager regularly asks us what we think and how things are and I'm happy" and "The new manager has made a lot of improvements which has been good."
- Staff were happy in their work and felt supported by the management team. They felt there had been significant improvements with staffing levels, activities, records, communication and team work. A member of staff said, "The atmosphere is more dynamic, and standards of care have improved. Staff are more conscientious, flexible and spontaneous in meeting people's preferences."
- Staff felt valued and some members of staff had been nominated and won awards for going above and beyond in their care and support of people.
- The provider and registered manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had a welcoming and friendly atmosphere. The registered manager was supportive of people

and staff with protected characteristics such as those within the LGBTQ+ community.

- Meetings were held for people, their relatives and staff. There were also annual surveys to ensure people could comment on the quality of care delivered to them.
- People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists. Health professionals told us they were contacted by staff when required.