

# Alpha Care Management Services Limited

# Grenville Court Care Home

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 18 February 2016. A breach of the legal requirements was found and a warning notice was issued in respect of this breach. After the comprehensive inspection, we gave the provider until 30 April 2016 to meet the legal requirements in relation to this warning notice. We undertook this focused inspection to check that they had undertaken changes to meet these requirements. This report only covers the findings in relation to that notice.

We have not changed the overall rating for this service as a result of this inspection, which was only to follow up our enforcement action. The service remains requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grenville Court Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Grenville Court Care Home is a care home that provides accommodation and personal care for up to 64 people. Although the home is registered to provide nursing care, this was not being provided at the time of our inspection. There were 53 people living in the home, all of whom were living with dementia.

At the time of this inspection, the home had a registered manager. 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 the previous comprehensive inspection effective monitoring systems were not in place to ensure quality and safe care was provided. This had resulted in some people receiving poor care and being at risk of harm.

At this inspection we saw that improvements had been made and that effective systems had been developed since our last visit and that these were now in place. These were to monitor the quality of care and the safety of people living at the home, and to reduce the risk of harm and poor care. The registered manager had identified where improvements were needed and actions had been undertaken to achieve them.

The Warning Notice we issued had been complied with.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

We found that action had been taken since our last inspection. There were effective systems in place to monitor the quality and safety of the care provided and to mitigate risks to people's safety.

We could not improve the rating for the leadership of the service from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

# Grenville Court 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 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.

We undertook an unannounced focused inspection of Grenville Court Care Home on 19 July 2016. This was carried out to check that requirements of a warning notice, issued after our inspection in February 2016, had been met. We inspected the service against one of the five key questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements.

The inspection was undertaken by two inspectors.

During our visit we spoke to the registered manager and five staff members. We looked at a number of systems and audits in regard to monitoring the quality and safety of the care provided and reviewed four people's care records and a large sample of medicines records.

# Is the service well-led?

## Our findings

At our previous inspection in February 2016, we found that systems to monitor the quality and safety of the care provided or to limit risks to people's safety were either not effective or were not in place. This resulted in some people experiencing poor care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We subsequently warned the provider about this and told them that they had to meet this regulation by 30 April 2016. At this inspection, we found that the necessary improvements had been made and the provider was no longer in breach of this regulation.

The concerns found during the inspection in February 2016 included the management of people's medicines where they were given to them covertly (hidden in food or drink without the person's knowledge), protecting the rights of those people who were unable to consent to their care, staff training and competency to perform their role safely and effectively, as well as treating people with dignity and respect. We saw that effective systems were now in place to monitor these areas.

We saw that effective systems were in place to monitor the care and treatment people received. We had warned the provider that they had no effective system in place for ensuring that the staff were deployed effectively to deliver support to people in a timely way at mealtimes. We asked the registered manager told us they had developed staggered mealtimes and allocated staff daily to specific people at mealtimes when they required support to eat their meals. Staff had signed to say that they had each read the protocol for mealtimes so that they were all up to date and understood it. The registered manager told us that they were completing regular observations at mealtimes and recording any issues before discussing them with staff. We saw records of the details of these observations as having taken place regularly since we issued the warning notice. The staff we spoke with said that meal times had improved since our last inspection, and we saw during our visit that this was the case.

Prior to this inspection, the previous registered manager had informed us of a new protocol they would be using with regards to covert medicines. This was because we had found that the service had not followed the correct procedures to administer these. During this inspection, we found that the new protocol had been put into practice and followed. The protocol included assessing people's mental capacity to take medicines as well as seeking advice from a pharmacist on how medicines should be administered safely. The medicine records we looked at showed that the current system to monitor and administer covert medicines was effective. Each person who received medicines covertly had undergone a thorough assessment for their capacity to consent, and these were recorded in their care plans. We saw that the decision to administer covert medicines in people's best interests was reviewed monthly for each person. All the senior staff that we spoke with confirmed that the manager had checked their competencies in administering covert medicines in line with the protocol.

We previously warned the provider that there was a lack of systems in place to effectively monitor the quality of care being provided. This related to checking that staff were competent in their roles. The registered manager explained to us that since the warning notice, they had put in place regular observations and supervisions for staff. We asked staff if they received supervision and they confirmed they did, as well as

observational competency checks.

During this inspection, we found that more competency checks for staff were in place. They included manual handling, looking at staff interactions and consent. The manager had taken action when people had required extra training. During this inspection, a senior member of care staff told us about the recent Mental Capacity Act (MCA) training they had undergone. We saw that regular supervisions had taken place and some areas of staff competency had been observed and discussed with them, for example, staff using manual handling equipment with people.

At the previous inspection in February, we found that some staff we spoke with did not have a good command of English, and therefore the skills to engage with the people using the service. On this inspection, we found that the provider had taken steps to assess staff's ability to communicate in English. Where seven of the member of staff assessed were found to be 'requires improvement' in their level of English, the previous manager had requested that they enrol on an English language course. During this inspection, we found that some staff we spoke with still found it difficult to converse with us. The registered manager told us that they had not directly assessed people's competencies around language, but had increased supervisions for some staff. This was still an area that required on-going improvement. They said that they were trying to recruit staff with a good command of English, and that they would consider other options for staff who did not speak English well. They told us that they would discuss this further.

The registered manager was analysing accidents and incidents. These showed when and where they happened and what type of incident, for example, a fall. However, they did not show details about who the person involved was, therefore were not effective in identifying trends in accidents for certain people. We spoke with the registered manager about this and they showed us a new form they would be using, and told us they were improving this auditing process and would look at options to include more information.