

Leonard Cheshire Disability

# The Grove - Care Home with Nursing Physical Disabilities

## Inspection report

Scotts Hill  
East Carleton  
Norwich  
Norfolk  
NR14 8HP

Tel: 01508570279

Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

Date of inspection visit:

09 June 2021

17 June 2021

Date of publication:

21 July 2021

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Grove is a residential care home providing personal and nursing care. The service can accommodate up to 32 people in one adapted building, including those with physical disabilities and who need specialist care due to complex health conditions. At the time of our inspection there were 27 people living within the service.

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

Frequent changes in registered managers over the last five years had resulted in a deterioration in the leadership and oversight of the service. The registered manager appointed in June 2020 had resigned and was not currently working in the service. The service was being managed by a regional support manager until a new manager was appointed. The lack of leadership and support for staff had resulted in low morale and led to a blame and bullying culture amongst the staff team. The reduction in staff numbers by the provider, staff leaving and not being replaced had led to staff feeling stretched to provide people's care. The increased use of agency staff, not so familiar with the needs of the people using the service, had added additional pressures to staff when coordinating people's care.

We have made a recommendation about staffing.

The provider had a quality assurance framework in place to assess and monitor the service. However, these systems had not been used effectively at provider or registered manager level to identify issues we found regarding infection control practices, the impact in decreased numbers of staff and issues of a bullying culture amongst the staff team. Additionally, communication about changes in the management and staffing was not always shared with people, their relatives and staff in an open and transparent way. The quality improvement team had not been able to visit the service regularly during COVID-19 and acknowledged the service had been through a difficult time. They had arranged to carry out a full review of the service to identify and address the underlying problems in the service.

Equipment to promote people's health and welfare, such as hoists, and suction machines were safe and fit for purpose. Technology was used to promote people's safety, however further work was needed to ensure people with disabilities, or limited mobility had maximum choice and control of their lives and supported in the least restrictive way possible and in their best interests.

We have made a recommendation about use of assistive technology to promote people's independence, choice, and control.

We were somewhat assured that the provider had good infection prevention and control measures in place. Staff were not always using personal protective equipment (PPE) effectively and safely. Nor were they consistently following correct hand hygiene procedures or the provider's guidance for the use of face visors. Additionally, the practice of placing clean items on handrails and stair banisters increased the risk of them

becoming cross contaminated. Senior management were in the process of addressing these issues through staff meetings, supervision and carrying out staff competencies.

We have signposted the provider to resources to develop their approach.

People's relatives told us staff were kind and caring. We saw staff were intuitively providing care in line with the values of the company, but they were not clear about what the service's vision, values and goals were.

Staff had a good understanding of safeguarding processes to keep people safe and how to report concerns. People told us they received their medicines when they needed them. Risks to people had been identified and managed well, including those risks associated with mobility, skin, choking, hydration and care of feeding tubes inserted directly into a person's stomach. A thorough recruitment process was in place, which ensured staff recruited were suitable to work with people who used the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 24 December 2018).

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

We also received concerns in relation to the management of people's medicines and nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm, however we have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Grove - Care Home with Nursing Physical Disabilities

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors 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 Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 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

This inspection was unannounced. Inspection activity started on 09 June 2021 and ended on 17 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection to plan our inspection.

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.

#### During the inspection

We spoke with seven people's relatives about their experience of the care provided. We spoke with two members of the providers quality oversight team, the regional support manager and deputy manager. We also spoke with seven members of staff including a nurse, senior care workers, care workers, laundry assistant and one agency nurse. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People's relatives were happy with the service but raised concerns about staffing levels and how their family members were told to 'hurry up'. Comments included, "The home did not used to be short staffed but is now," and "It is hard to get hold of anyone (staff) when you phone, one day it took me an hour and a half to get hold of someone to help reposition my [Person]. The staff are pushed for time, there are less carers so less time to talk and interact with the residents."
- Staff told us there was not enough staff. A summary of staff comments concluded although the service was not at full occupancy with five vacancies the reduction in staff numbers had impacted on their ability to provide the level of care they used to and left them feeling rushed to complete tasks.
- Staff were concerned about the high use of agency staff, especially nurses. Comments included, "The use of agency has increased recently. We use agency every day," and "Most days we have at least two to three agency staff and although they are helpful it's harder as they don't know people's needs, we really need our own staff. Before COVID -19 we had good numbers, but staff have slowly left and not being replaced, where staff have left their hours have not been covered."
- Staffing numbers were discussed with the regional support manager. They acknowledged the feedback and advised they would review staffing levels, including staff deployment as they had identified they were not deployed effectively to utilise their time, skills and experience. Recruitment of new staff was also in progress.

We recommend the provider seeks guidance from a reputable source to ensure sufficient numbers of suitable staff are employed to support people to stay safe and meet their needs.

- A thorough recruitment was in place, which ensured staff recruited were suitable to work with people who used the service.
- Profiles of agency staff were obtained to ensure they had the right skills and experience to safely manage people's complex nursing needs.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed a staff member not following correct hand hygiene and the provider's own guidance around the use of face visors. Senior management were in the process of carrying out staff competencies around the use of PPE, which would address the issues we found.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The practice of placing clean items, including PPE aprons, mop heads and clothing on handrails and stair banisters, increased the risk of cross contaminated. Senior management told us they would take action to address this through meetings and staff supervision.

We have signposted the provider to resources to develop their approach.

#### Assessing risk, safety monitoring and management

- Risks to people had been identified and managed well. One relative told us how their family members health and quality of life had improved since their admission to The Grove, commenting, "Their care is overseen by a consultant, they have the right medication and have put on weight." Another told us how staff had noticed a deterioration in their family members condition and referred them to a health care professional, commenting their "Condition is being managed well."
- People's care plans included clear guidance for staff on how to support them to manage risks associated with their complex health and nursing needs. This included risks associated with their mobility, skin, choking, hydration, and Percutaneous Endoscopic Gastrostomy (PEG). [A PEG is a flexible feeding tube which goes directly into the stomach, via the nose or abdomen wall]
- Systems were in place to ensure that equipment used by people and staff to promote people's health and welfare, were safe and fit for purpose. For example, daily checks were carried out to ensure emergency suction equipment was in good working condition with no missing items and readily accessible. (This equipment is vital to clear a person's airway to support their breathing and prevent lung infections.)
- People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.
- Technology was used to promote people's safety, such as monitors and alarms to alert staff if people had fallen out of bed or were having a seizure. Call bell audits identified people were frequently using their call bells for support with non-related care tasks, such as changing channels on their TV, impacting on staff time to support people's care.

We recommend the provider considers current guidance on the use of assistive technology which enables individuals with disabilities, restricted mobility or other impairments to perform tasks that they are unable to do or need additional support to carry out to promote their independence, choice, and control.

#### Systems and processes to safeguard people from the risk of abuse

- Peoples' relatives told us they felt their family members were safe and protected from harm. Comments included, "Staff are very caring, we believe our relative feels safe and is certainly happy," and "We feel our relative is very safe, we are reassured as they are very well looked after."
- Staff confirmed they had received safeguarding training which had given them an awareness and understanding of the types of abuse that could occur.

- Staff were aware of the safeguarding procedures and whistle blowing processes in place to keep people safe and knew how to report concerns.
- The regional support manager and deputy manager were aware of their responsibility to raise safeguarding concerns promptly.

#### Using medicines safely

- Relatives told us people were supported by trained staff to take their medicines as prescribed. One relative told us, "There have been no issues with our [Person's] medication, always on time."
- Medicines were received, stored, administered, recorded and disposed of safely. One relative told us, "Any medication needed [nursing staff] are on hand and can deal with it straight away."
- Where people received 'as and when required' pain medication, an assessment tool with faces or behavioural observations was used to support staff in identifying if the person was in pain.
- We observed a nurse safely administering a person's medication via their PEG, which was carried out in a respectful, and caring way.
- Where support workers applied topical medicines, such as creams and lotions, systems were in place to ensure they knew why, where and when to apply these medicines.
- Where people had allergies, these were recorded on their electronic medicines record to ensure staff were aware.

#### Learning lessons when things go wrong

- Prior to this inspection we were notified of four separate incidents of people being admitted to hospital due to aspirational pneumonia. Following a clinical review of these incidents changes were made to ensure systems were in place to minimise the risks of further incidents.
- A national early warning (NEWS) assessment had been implemented to ensure nursing staff identified where people's health was deteriorating. This document sets out checks for staff to complete to monitor where people become unwell and identify when other professional input is required.
- People's needs had been reviewed and additional equipment and checks were put in place to reduce risks of aspiration of excess saliva, food and fluid.
- All staff, including agency had been retrained in PEG management and the use of suction machines, and had their competency assessed by a senior clinical member of staff. One member of staff commented, "We did a 'lessons learned' following a number of hospital admissions for aspirational pneumonia. We had suction training and put more checks in place to ensure equipment was working correctly. We also implemented 15-minute checks where people were nursed in bed."

# 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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the service was registered with CQC in October 2010 there has been five registered managers. Four of these registered managers started and left between April 2016 and June 2020. The current registered manager was appointed in June 2020 but has resigned and is currently not in the service.
- The service was being managed in the interim by an regional support manager. They told us they were in the process of recruiting a new manager but stated "It is important we don't just fill the management vacancy; we need to ensure we obtain the right manager for the post."
- The frequent changes in management had impacted on the culture in the service. Staff and relatives told us, there was lack of strong leadership and a lack of communication about what is happening in the service. Comments included, "The turnover of managers is concerning and has had a negative impact on staff, it's been unsettling," and "The regional support manager is brilliant, they are making changes for the better, I'm quite excited about the changes. The past few years have been difficult, with a succession of managers. The previous manager from 2017, was a very good manager, very down middle, very fair, and confidential, which hasn't been recently."
- Staff morale was very low, some staff told us they felt bullied due to attitudes, values and behaviours of other staff resulting in a poor culture. The regional support manager told us they had started work with staff to address the culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The providers quality business partner was present during the inspection. They provided an overview of the quality assurance framework used to assess and monitor the service. This included clinical governance, service delivery and a service improvement plan.
- The service improvement plan (SIP) had very specific actions, detailing who, what and when these needed to be completed. The quality business partner told us the SIP was a live document which was reviewed on a regular basis, however this had last been reviewed by the registered manager in March 2021, with no follow up actions to indicate if the identified improvements had been made.
- A governance report had been reviewed on 03 June 2021, however there were a high number of actions that had not been completed from the last review in May 2021.
- These systems had not identified issues we found regarding infection control practices, the impact in

decreased numbers of staff and issues of a bullying culture amongst the staff team. The regional support manager acknowledged the governance systems need to be embedded into the service to drive improvement

- The quality business partner acknowledged the service had been through a difficult time. They confirmed they had not visited the service in recent months, due to difficulties during COVID-19. They and the quality assurance team were at the service to carry out a full review to identify and address the underlying problems in the service.
- Staff told us they did not always feel supported. Comments included, "I love working here, but I don't always feel valued," and "We worked very hard, and well as a team to get through the pandemic, since then there has been a lot of changes, staff are depressed and have started not working together, staff are not taking responsibly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, 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

- People's relatives had mixed views about how the service engaged with them. Five out of the seven relatives told us they were kept informed about their family member and were asked for their opinions. However, two relatives commented, "There seems to be a general lack of information given to relatives on what is happening in the home. We found out from the staff that the manager had left," and "There was a ridiculous situation where my relative was due to have a health care assessment, however I was told that the manager had left, and there was no member of the management team available for four days."
- There is a limited approach to obtaining the views of staff, people who use services, external partners and other stakeholders. The last customer 'Have your say' survey had been carried out in 2017.

Continuous learning and improving care

- The regional support manager and deputy manager had a clear understanding of what was needed to drive improvement to ensure people received high-quality care. This had included meetings with staff to address underlying issues regarding the culture in the service, with agreed actions for staff to take more control and accountability for their actions.
- Staff received the training they needed to meet people's specific needs and had their competency assessed to ensure they were always maintaining best practice. One nurse commented, "We have PEG training every year and support from the dietician, who is brilliant." An agency nurse told us they had also been included in PEG training and had been observed to ensure they followed the process correctly.

Working in partnership with others

- The regional support manager had engaged well with the local authority safeguarding team and police as part of their enquiries to a specific incident that had occurred in the service.
- People's relatives were confident their family members were receiving input from health professionals when needed. Comments included, "Appointments are being made with health professionals from the local area. Staff have organised getting a local GP to visit and organised physio and a dentist visit," and "They keep me informed of any appointments and ask me if I want to take part in meetings relating to my relative."