

J W C Dunn

Grove Hill Care Home

Inspection report

Grove Hill
Highworth
Swindon
Wiltshire
SN6 7JN

Tel: 01793765317

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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

Grove Hill Care Home is a residential care home providing personal and nursing care to people aged 65 and over. The service can support up to 27 people and at the time of the inspection care was delivered to 21 people.

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

People and their relatives told us they felt the service was safe. The provider had effective systems to ensure people who used the service were safe from avoidable harm. Where there were risks to people, these had been assessed and relevant management plans included clear guidelines to help reduce the risks. People received their medicines safely and as prescribed. Lessons were learned when things went wrong. The provider had processes for recording and investigating incidents and accidents. Appropriate recruitment checks were carried out before staff started working for the service.

People were supported by staff who were suitably trained, supervised and appraised. Staff worked closely with other healthcare professionals to ensure that people received the right type of support. People's nutritional and healthcare needs were met and we saw that staff took appropriate action where any nutrition-related issues were identified.

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 told us staff were kind and caring. People said they felt well-treated by staff and they were involved in their care. Staff supported people to maintain their independence and their privacy was respected.

Care plans were detailed and provided guidance for staff to support people with their care and support needs. These records were maintained and updated as required. People felt able to raise any concerns and make complaints, and these were immediately addressed by the registered manager.

The registered manager was committed to providing high-quality and person-centred care. They were responsive to feedback and used audits to continually monitor and improve the service. Staff praised the

communication flow throughout the service, the leadership and the support they received.

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

Rating at last inspection (and update)

The last rating for this service was good (published 7 February 2017).

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.

Grove Hill 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 one 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

Grove Hill 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 CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is situated in Highworth near Swindon and the accommodation is arranged over three floors.

The service had a manager registered with the Care Quality Commission. The registered manager is also the owner of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present during our inspection. We were assisted by the assistant manager and we spoke to the registered manager via phone the day after inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications received from the registered provider. A notification is information about important events which the provider is required to tell us about in law. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives of other people about their experience of the care provided. We observed how people were being cared for and supported. We spoke with the assistant manager and three carers. We reviewed a range of records. These included care records for five people and multiple medication records. We looked at four 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 the evidence found. We looked at training health and safety records and we spoke to the registered manager to seek further clarification.



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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm by staff trained to recognise and respond to any safeguarding concerns.
- Staff understood the whistleblowing policy and told us they would not hesitate to raise concerns if needed. A member of staff told us, "We have to report our concerns to the manager. If nothing would be done, we can report things further. We can raise them with the Care Quality Commission (CQC)".
- People and their relatives told us people felt safe and well cared for at the home. One person told us, "You couldn't find better staff. I feel safe with them". Another person told us, "I feel both safe and secure".

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and well-being, these had been assessed. Individual risk assessments were thorough and included measures in place to prevent recurrence.
- There were also environmental risk assessments which included the use of chemical products, moving and handling, and kitchen equipment. Health and safety checks were undertaken regularly and were up to date.
- People received support to meet their needs and staff put emphasis on people's safety. Staff understood people's needs and the risks to people's safety, therefore they were able to provide support in a safe way.

Staffing and recruitment

- People were supported by staff who had been safely recruited; appropriate checks helped make sure suitable staff were employed.
- Staff told us and records confirmed there were enough staff deployed to meet the needs of the people using the service.
- People and their relatives praised the strong and well established staff team who knew people well. One person's relative told us, "There's almost no staff turnover. They all know him and his preferences".

Using medicines safely

- People were safely supported to take their medicine as required. There were systems in place to ensure that people who required medicine at specific times received this support in time.
- Guidance was available for staff to support people with medicines that people only needed occasionally, such as pain relief.
- Prescribed medicines were recorded on Medicines Administration Record (MAR) charts. We saw these were transparent and included details regarding each medicine, such as the dosage and the frequency of administration. Staff signed appropriately after administration and we saw no gaps in recording.

Preventing and controlling infection

- Staff had completed training to prevent and control infections and had access to suitable equipment such as disposable gloves and aprons.
- The home was clean and smelled fresh. There were sanitizing gel dispensers placed in different parts of the home. One person's relative told us, "I think the cleanliness is second to none. There's a high level of hygiene".
- We noted few areas within the service that required some maintenance or re-decoration. We were assured by the assistant manager that repair and refurbishment work had already been arranged for the areas requiring urgent maintenance.

Learning lessons when things go wrong

- The registered manager had a system in place to analyse incidents, accidents and safeguarding issues, and look for themes and trends. There was evidence that action was taken to reduce the risk of future recurrence.



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 Good. At this inspection this key question has remained the same. This meant 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

- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- People's care records contained a life history and background, which included information about people's choices and preferences.
- Staff had access to a range of national and local guidance to ensure care was delivered in line with best practice recommendations.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Staff regularly updated their training and the provider encouraged staff to continually learn and develop their skills. A member of staff told us, "We always have regular training or training refreshers".
- Supervision meetings and annual appraisals were used to monitor staff's well-being and set goals to achieve. For example, a goal to complete a nationally recognised qualification.

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

- People were provided with a varied and balanced diet that was freshly prepared on the premises. The staff had a good understanding of people's individual preferences. Choices were offered for each meal and alternatives were available if people preferred another option. One person told us, "The food is good – you can't really go wrong with it. There is a choice of pudding and I can have a different main course if I ask for it".
- We saw the service excelled in ensuring people's nutritional needs were met. For example, the service always prepared two plates of meal for a person to make sure they always ate warm, good quality food. Once the person's food started getting cold, the second plate of warm food was being served to them. As a result, the person could always enjoy warm and tasty meal, eating it at their own pace.

- Staff monitored people's weight and told us they involved other professionals, such as a dietitian or a speech and language therapist, when they identified a concern with a person's eating or drinking.

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

- People were supported to access external healthcare professionals where needed. Records of visits, advice and treatment were documented in people's care plans alongside information on any specific health conditions a person had.
- We saw examples of how staff had recognised that people were unwell or unhealthy and had contacted relevant professionals.
- We received very positive feedback from healthcare professionals working with the service. One healthcare professional wrote, "The residents are extremely well cared for, which I can see when visit the service".

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

- People were able to personalise their rooms with furniture and items that were important to them.
- We saw that communal toilets were dementia friendly. The toilet seats were coloured in red to help people living dementia find them easily.
- Some areas of the service needed re-decoration. For example, we saw sinks in people's bedrooms peeling off and some walls in people's rooms were faded and in need of painting.

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.

- We observed that staff consistently requested consent from people before providing support with personal care. Staff understood the principles of the MCA and best interest decisions.
- We saw that where needed, assessments evidenced who had been involved in decision making and how the person had been supported to try and make the decision, before establishing lack of capacity. For people that were deprived of their liberty, appropriate authorisation had been completed and was reviewed regularly to ensure care was delivered in the least restrictive way.



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.

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

- People who used the service told us staff were caring and considerate, and treated them with respect. One person told us, "All the staff I've ever dealt with have been good. They call me [person's preferred name] and I think that shows you much affection there is".
- Throughout our inspection, we saw staff supporting people in a kind and caring way. We observed staff interacting with people throughout the day, sharing a joke or having a chat.
- People's religious and cultural needs were recorded and respected. Religious services could be organised to support people in sourcing particular faiths.

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

- People were consulted about and involved in making decisions about their care. Each care record included a resident profile, which highlighted the person's likes, dislikes and personal wishes.
- There were details about the person's background and career achievements as well as information about what they enjoyed doing during the day.
- People and their relatives were encouraged to express their views on the service through regular meetings. These included discussions about any staffing updates, planned events and activities, organizing sports day for children and any other important and relevant information.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff were respectful when interacting with people. Staff talked to people at their level and ensured their dignity and privacy were maintained while delivering personal care.
- Staff were able to give examples about how they ensured that people's dignity was always maintained. One staff member told us, "We respect people's dignity and privacy. We always knock on the door and wash our hands before we enter people's rooms".
- Staff told us they promoted people's independence. A member of staff told us, "We try to convince people to wash themselves as much as they are able to, so they do not lose their independence".



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

- People were supported by staff who understood their needs and knew what was important to them; care plans contained detailed information about people's likes, dislikes and preferences.
- People and their relatives told us that staff were always keen to learn and were responsive to people's needs. One person's relative told us, "The staff are so caring and very keen to learn. For example, my relative is diabetic. They are not diabetic experts but they are experts in her diabetes. They understand how to manage it for her. That's a good example for me of their personalised care".
- People told us they could choose how they wished to spend their day and staff respected their choices. One person told us, "I'm able to do things I like. I read and listen to my music, but I also come downstairs to join in the exercise sessions and I like the musicians and entertainers when they come in".
- There was an activity ideas folder to which staff, people and their relatives could contribute in order to provide people with new types of social stimulation.

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 understood people's communication needs and knew how to share information in a way each person would understand.
- Where people's communication needs were limited because of their condition, for example, dementia, staff communicated with them using images and objects of reference. Some people whose first language was not English reverted back to their original language. Staff were provided with short sentences in people's native language to communicate with them and comfort them.
- People's individual communication needs were identified and recorded. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of this guidance.

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.

- People were encouraged to take part in activities of their choice. We saw there was an activity planner displayed in the communal area and activities took place as planned on the day of the inspection.
- We saw evidence that people took part in activities such as Bollywood Afternoon, Golden Toes Seated Dance Club, cinema experience and Music for Health. People had access to a hairdresser regularly visiting the service.
- The service organised specialist dementia activities which were tailored to people's needs. We saw evidence that activities such as arranging flowers took place on regular basis.

Improving care quality in response to complaints or concerns

- There had been no formal complaints about the service so far, but people felt confident the provider and the registered manager would respond to their concerns if such were raised. One person told us, "If I had a complaint, I'd talk to the head person here and I'd be happy about doing that".
- There was a 'Niggle' book in place to resolve issues before they escalated to official complaints. We saw that provider was very responsive to the issues recorded in the 'Niggle' book.
- There was a system in place to manage complaints. The provider had a policy for the management of complaints and key information was available to people who used the service.

End of life care and support

- We saw that documentation concerning end-of-life wishes was documented in care records. Where people had stated their advanced decisions, these were recorded.
- At the time of the inspection no one was supported with end of life care.



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

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

- The registered manager had a good oversight of the service, and staff showed commitment to providing high standard care and continuously enhancing the service.
- The service had been nationally recognised as one of the 'Top 20' care homes in the UK for going above and beyond for the individuals they supported; they promoted a person-centred culture and were committed to continually developing the service.
- People who used the service told us they were happy living at Grove Hill Care Home and thought the service was well-led. One person told us, "It's well managed, if you had a problem I'm sure the manager would listen, which is very important".

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

- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The service held staff meetings to discuss any issues and concerns. Staff told us they felt listened to, valued and the manager was available to support them. A member of staff told us, "[The registered manager] is ok, very supportive towards residents and staff. I am happy with the way it is managed".
- Staff and the people living in the home felt confident that the registered manager would respond appropriately to any concerns.

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

- Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls

were identified.

- We received positive feedback from people, relatives and healthcare professionals in relation to how the service was run, and our own observation supported this.
- Staff felt valued and enjoyed working at the service. Care was well organised, and staff were clear about their individual roles and responsibilities. Staff worked together well as a team and all the staff members said they helped each other when needed.

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

- Staff, the management team and the provider worked in partnership with people, their families and other professionals to develop the service.
- The people and relatives we spoke with all knew who the registered manager was and told us they felt able to discuss any issues with them.
- The service had a variety of strategies to engage and involve people using the service. This included annual surveys, the 'Niggle book' and staff, resident staff and relatives' meetings.

Continuous learning and improving care

- The registered manager undertook a number of audits within the home which covered accidents and incidents, administration of medicines, health and safety checks, care plans and staff's training. This information was used to identify areas for improvement and ensure the home was run safely.
- The service engaged external company to run a mock CQC inspection, which also included people's dining experience. The results were very positive and were provided using the CQC's inspection methodology.
- Supervision sessions and staff meetings also helped to ensure staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with quickly by the manager.

Working in partnership with others

- We saw the service worked closely with other agencies and would seek advice when additional input and information was required. This included consultations with a GP, the district nurse and a speech and language therapist.
- We received a very positive feedback about the service from healthcare professionals ahead of our inspection. One healthcare professional wrote, "The management is always friendly and extremely helpful".
- The service worked with the local authority and health and social care professionals to make sure people received joined up care. We saw where referrals were needed for specialist advice, this was done in a timely manner to support people remain well.