Peak Care Limited

Grove House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Grove House is registered to provide personal care for up to 25 adults, which may include some people living with dementia. This inspection was carried out over two days and was unannounced on the first day. It took place on 28 April and 02 May 2017. At the time of our inspection there were 22 people living there.

There was a registered manager at this service. 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 2008 and associated Regulations about how the service is run.

During our inspection visit we observed that staff were friendly and approachable. When possible, they spent time sitting with people to offer them comfort or stimulation. We observed staff delivering care which met people's individual care needs and which supported them in a respectful and appropriate way.

Accidents and incidents were investigated and plans put in place to reduce risk. All people had a risk assessment to ensure staff understood the risk to them and what to do to mitigate this risk.

There were training and processes in place to keep people safe and staff followed these. People's physical and mental health was generally promoted. However staff were not trained to meet the special needs of people such as people living with dementia. Medicines were administered and recorded as prescribed.

We saw staff ensured people were comfortable. We saw people were supported in a relaxed and unhurried manner. However some people had to wait longer than they wanted to for assistance with eating. Staff were caring and communicated well with people. People were offered choices at meal times and some were seen to enjoy their food. However lunch was a solitary event. Attempts had not been made to make this a social occasion.

Staff focused on people they were caring for rather that the task they were carrying out. Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support. However, none of the staff we spoke with knew people's history.

People's privacy was respected. People had their independence promoted. Where possible they were offered choice on how they wanted their care delivered and were given choices throughout the day.

People were supported to maintain relationships with family and friends. Visitors were welcomed at any time. Records we looked at were personalised and had included decisions people had made about their care including their likes, dislikes and personal preferences.

There were very few activities for people to partake in. We saw they were left un-stimulated through the days of our visit.

People, relatives and staff spoke well of the registered manager and felt the home was starting to be well-led.

Most staff were aware of their roles and responsibilities for people's care. The provider and registered manager had systems in place to review the service and to ensure the service responded to the on-going needs of people.

Staff's moral was generally good. However they found the management structure confusing and often received conflicting directions from the management team that was not always in people's best interests.

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.

Staff knew how to keep people safe and how to report any concerns.

There were systems in place for the storage and administration of medicines. Staff understood these and administered medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always receive the training necessary to deliver specialised care. Most staff knew people and their individual care needs. All staff were aware of the extent of how DoLS impacted on people.

People's nutritional needs were understood and met. People were not always supported to eat in a timely manner. People were supported to ensure their physical and mental health was promoted.

Is the service caring?

Good

The service was caring.

Staff knew what care was important to people. People had the opportunity to partake in their care planning. Staff were caring and compassionate but did not have a lot of time to spend with people.

Staff ensured they always obtained people's consent, either verbally or by understanding their body language prior to assisting them. They ensured the privacy and dignity of people using the service was always promoted

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's backgrounds were not always known to staff. People who were living with dementia were not stimulated and were left unattended for long periods. Care plans were always easy to follow and contained personalised information and direction to staff on how to care for people.

People were not offered the opportunity to participate in their interests. They were not offered mental and physical stimulation and showed signs of boredom.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was not a clear management structure in the service. People health was promoted however their needs and wishes were not always known and because of that were not always put at the centre of the service. This created a service that was led by people's health care needs rather than their living experience.

The environment was not always dementia friendly.

There were quality assurance systems in place.

Grove House

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.

The inspection took place on 28 April and the 02 May 2017. It was unannounced on the first day. It was carried out by one inspector.

Before the inspection we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Usually before an inspection visit we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However this is a new service and we did not ask the provider for it.

As some people were living with dementia at Grove House we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with five people who lived at the home and two relatives. We spoke with, the provider the registered manager, four care staff, an activities organiser and the administrator. We also spoke with two visiting health care professionals and received written information from the local authority.

We observed how care was delivered and reviewed the care records and risk assessments. We checked medicines administration records and reviewed how complaints were managed. We looked at four staff recruitment records and staff training records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Oh yes it is safe here, I feel much safer in here." Another said, "Yes of course I am safe." A third said, "Yes it's safe here." A relative said, "I leave here knowing [relative] will be safe."

All people had risk assessments as part of their care planning. These were clear and gave detailed information to staff on risk and what to do to mitigate risk. For example, there were directions on how to assist people to move safely and how to keep people's skin from breaking down. People told us they were involved in accessing risk to them. We saw staff were aware of risk to people and how to mitigate this risk. We saw staff use appropriate equipment to assist people to move safely. People at risk of tissue breakdown had the appropriate cushions to help relieve pressure and keep their skin in- tact.

Falls were monitored and reviewed to ensure all reasonable actions were taken to keep people safe while still promoting their independence. From a review of the accidents that occurred in the previous year we saw that there were very few serious injuries from falls. Safeguarding issues were escalated to the local authority to conduct an independent investigation.

We saw staff assist people to move safely. When people needed equipment to assist them to move safely staff talked them through what was happening and offered re-assurance to them.

The service had a safeguarding adult policy in place. Staff we spoke with were aware of this and their duty of care to people. They knew how to report any concerns or allegations of abuse. They told us they were confident in raising any concerns they had. One staff member said, "Yes of course I would report it, that's what we have to do." Another said, "If it wasn't taken seriously I would go to the Local Authority or CQC." All staff knew the process of escalating their concerns should they need to, however they were all confident they would not have to do this as people's safety and welfare was the main priority of the service. .

Personal emergency evacuation plans (PEEP's) were in place for each person in the case of an emergency, such as a fire. These were colour coded for easy use. This showed the service was aware of risk, risk assessment and emergency procedures.

We saw there were enough staff to keep people safe. The manager determined the staffing levels using a recognised staffing too. Staff agreed there was enough staff to keep people safe. However, we saw and staff agreed there were not sufficient staff to provide personalised care and stimulation throughout the day. A review of rotas showed staffing levels were generally attained.

The provider followed a safe recruitment process to ensure the staff had the right skills and attitude to meet the needs of the people living at the service. The provider undertook criminal record checks called Disclosure and Barring Service (DBS), prior to prospective staff commencing employment at the service. This was carried out to ensure prospective staff were suitable to work with vulnerable people. The provider also ensured suitable references were sought. We saw from records staff did not commence employment until all

the necessary checks and documentation were in place.

People's medicines were safely managed. All of the people we spoke with said they were taking regular medicines. Although few people were able to tell us precisely what medicines they were taking, they felt content they were getting the correct dosage and at the correct times. Staff explained to people what their medicines were and what they were for. They encouraged people to take their medicines. However, one person refused to take their medicine. Staff left them for some time and offered them again, when they were more receptive to taking it. This showed staff were aware of people needs and habits.

Staff responsible for medicines administration had completed training in the safe handling and administration. Staff also told us they had been observed giving people their medicines by a member of the management team to ensure they followed best practice guidance. We observed staff giving people their medicines safely and in a way that met with recognised practice.

Records showed medicines subject to special controls were managed in accordance with good practice recommendations. This included two staff signatures whenever it was necessary.

Checks on a sample of medicines held in stock were found to correspond with the records held for them. Other records showed the temperature for the safe storage of refrigerated medicines was met. This showed medicines management was taken seriously and staff ensured people received their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

Most staff had basic training in how to care for people. This included how to assist people to move safely, infection control and how to keep people safe. However sufficient specialised training was not always provided. For example a high number of people were living with dementia in the service. Not all staff had training in caring for these people. Most staff had completed an introduction to caring for people who lived with dementia, while this assisted staff to provide basic care, all staff agreed they needed more training to improve the quality of life of those people. For example we saw that staff did not know how to connect with people living with dementia and therefore spent more time with people who could respond to them. Training in care of people living with dementia would assist staff to overcome this. New staff completed a period of induction and shadowed more experienced colleagues.

Staff explained to people and sought their agreement before they provided any care and support. Staff recognised the need to obtain people's consent before they provided care. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager understood their responsibilities to ensure applications were made for those people whose freedom and liberty had been restricted. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When required, the registered manager had made applications for assessment to the local DoLS team. The provider had policies and procedures in place for staff to follow in relation to the MCA. The registered manager understood the importance of acting in people's best interests and the key principles of the MCA.

The provider ensured people were offered varied and nutritious meals. One person said meals were, "Very good and well-cooked." Another person said, "The food is very good." We saw people were offered their breakfast at a time they chose. However, there was no effective system in place to ensure people who needed assistance with eating were given this assistance in a timely manner. There were no staff continually in the dining room and for some people lunch was a solitary occasion. We saw staff popped in and out and in passing encourage people to eat. We saw people were served lunch (fish and chips) at the same time. Staff did not sit down to assist a person until 16 minutes later, by which time the food was cold and staff did not offer to heat it. We saw the person ate very little. Another person was assisted to eat by a visitor (not their visitor) who cut up their food and encouraged them to eat. People were left alone and not given the support they needed to gain full nutrition from their meal. We were told this was unusual, however we saw the process continued on the second day of our inspection visit.

However, those whose care plan identified they needed full assistance with eating, had staff assist them and we saw this was done in a dignified manner. Staff sat beside the person and offered encouragement and assisted them to eat at their own pace. Where necessary, such as if people were losing weight, their nutrition was monitored. Care plans identified people with poor appetites or those who were at risk of weight loss. Visitors told us, "[Relative] won't eat without encouragement."

People told us they had a variety of health needs and were registered with the local medical centre. People consistently told us, if they wanted to see the doctor they would let one of the members of staff know and arrangements were made. One person said, "They [staff] will always get a doctor if you need one." We saw documentation which supported people had access to healthcare professionals. Two visiting health care professionals support this. They said they were very happy with the care people were offered. They said their directions were always followed and that they were consulted in a timely manner. District nurses supported people well and provided appropriate care and pain relief such as a syringe driver at the end of life.

Good

Is the service caring?

Our findings

People were cared for by kind, caring and compassionate staff who knew their daily care needs and wishes. The staff cared for people in a manner that promoted their dignity and independence.

One person said the staff were, "So very kind and caring." Another said, "They know I like being dressed nicely and they always make sure I am." A relative said, "The staff are beyond what you can reasonably expect, they are the best." Another said "It's a home not an institution. That matters when you are leaving someone you love in their care and they are the best."

People told us staff always got their permission before starting care. One person said, "Yes, they always knock and say who they are before coming in." Another said, "I like to dress nicely and they take care of that for me." We saw staff ask for a person's permission before they moved them and when staff brought a person to the sitting room they checked out where the person wanted to sit and made sure they had all they needed before they left them.

Staff ensured people were cared for in a calm relaxed manner. They created a calm relaxed atmosphere in the lounges by smiling and chatting with people in an unhurried manner, giving people time to reflect on questions before expecting an answer. Staff had good communication skills and took time and care to ensure they knew people's wishes and needs. There was a relaxed relationship between staff and people.

Staff respected people's right to privacy and dignity by knocking on doors prior to entering and checking if everything was alright. When people were being assisted to move staff did this with respect and promoted people's dignity by ensuring they did not outpace them. We saw staff walked alongside people allowing them to set the pace. We saw staff encourage people to be independent in walking for as long as possible but were there with a walking aid as soon as people needed it. Some people chose to stay in their rooms and this was respected.

Care had been taken to ensure people looked their best. The hairdresser was there on the day of our visit and we saw people took a pride in their appearance and staff encouraged this.

We spoke with staff and they were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, staff told us about how they maintained people's privacy while assisting them during personal care.

People were supported by staff to make day-to-day choices and decisions. For example, staff asked people where they would like to sit and would they like to join for lunch. Where staff assisted people with meeting their care needs, they ensured people understood what their choices were.

Requires Improvement

Is the service responsive?

Our findings

The provider did not ensure the service was responsive to the personal needs of people who, due to their dementia, were unable to care for themselves. People were not offered stimulation. The social aspect of care planning was not fully explored. Some life histories had been completed by families. This information helps staff care for people who were no longer able to communicate their needs and wishes clearly. While most care plans we looked at had some information on people's backgrounds, none of the staff we spoke with were able to tell us what this was. This is important in the care of people who are living with dementia because staff may have a better understanding of people wishes, needs and lifelong habits.

People were not offered newspapers, magazines or any objects that would offer them comfort such as a familiar soft object, photograph of people close to them. There was no music playing. People were left in a silent environment without stimulation. We saw people were bored and dozed to pass the time. However we noted that when staff arrived people opened their eyes and dropped off again when there was nothing interesting offered to occupy them.

We asked staff about this and were told that there were objects about in the home in cupboards but were not in use. Staff could tell us what some people reacted to or found comfort from. However this was not offered on a daily basis and staff were unable to say how often this was offered. It was agreed it might be offered or offered once a week. There was a lack of understanding that people living with dementia lived in the moment and those who were living with dementia need stimulation to assist them to maintain as much brain function as possible. This issue was raised at the last inspection we carried out in October 2015. The provider had made some progress with this, such as the recent appointment of a dedicated member of staff (activity co-ordinator) to develop a programmed of events, people were still been left without adequate stimulation.

Staff got conflicting directions from the management team on the use of objects. Some staff told us they were left with the impression that having a tidy home was more important than offering people newspapers or magazines as people may drop them or not be able to keep them tidy. This could result in poor dementia care.

All people had a key worker who had responsibility to ensure people had someone to speak to and to ensure they had all they needed such as toiletries. However none of the staff we spoke with knew the background of the people they were key worker to. By knowing this staff could have offered more personalised care.

The provider did not ensure the environment was 'dementia friendly'. Some walls in communal areas were papered with paper that had a large dark pattern. This could cause distress to people living with dementia as the patterns may confuse and upset them. The reception area had a high counter most people could not see over. This could cause people living with dementia to be confused or frightened as they can hear voices but not see people. The doors to people's room were all the same and did not offer any assistance to people who may be trying to find their room. An example of this could be a replica of their front door at home or a

photograph that meant something to the person, such as their wedding photograph or other personal object.

All people had a care plan. They contained good information on people's health care needs. Most had a personal history, however most staff, while they had read the care plans, they were unable to tell us people's personal history. This is important because staff can use this information to communicate with people particularly those living with dementia. This is because talking about the past may offer them comfort or help staff understand needs they can't always express.

At the time of this inspection visit no one living at the home had diverse needs in relation to their social life or their spiritual needs.

People living in the service who had mental capacity had the opportunity to partake in activities and outings. They told us while they would like more to do they were very happy living at Grove House. We saw plans for daily activities. These included, flower arranging and scrabble. We also saw the outings from the home for the rest of the year. These included, in the month of May, Highfield House Farm Shop and in June, Willow Tree Fare.

Staff handovers between shifts were good and thorough. The manager and all staff attended these and got an update on people's changing needs and wishes. This meant staff, who attend people indirectly, such as domestic staff and kitchen staff, were made aware of and could respond to people's changing needs and this meant all staff got the same information in a timely manner.

The provider had a complaints process in place and we saw this was followed. People and relatives told us they knew how to raise a concern and who to make a complaint to, should it be necessary. One person said, "If I wanted to complain, there are staff who are easy to talk to." We saw there were noticeboards with lots of relevant information on display. However this was not easy to access and to see. We saw that the service received many complements.

Visitors were welcomed to the service at all times. During our inspection visits we saw a steady stream of people visiting the service.

Requires Improvement

Is the service well-led?

Our findings

Grove House is required to have a registered manager and one was in post. The provider and registered manager were present throughout the inspection and both knew the people and the day-to-day running of the service well. They were aware of the provider's responsibilities to send statutory notifications to the Care Quality Commission when required. Statutory notifications are changes, events or incidents providers must tell us about.

Staff told us they found the management structure confusing and were unsure who their manager was and whose directions they should follow. They all agreed it would be better if it was clear who their line manager was and who they took directions from. Presently staff told us directions came from various members of the management team who approached them directly. This approach to management left staff confused as sometimes the direction were direct contradictions on how to manage people's care. The provider showed us a chart of how the management structure would look in future. We are unable to comment on this as it was not in use at the time of our visits.

The provider had a quality assurance process in place and recent audits included an audit of medicines, accidents and a review of care plans. All accidents in the past year had been analysed on time, place and the extent of injury. Over the year the number of serious injury was very small and actions such as referring people for further investigation were completed. However, all the areas of concern we identified at the service were not recognised by the registered manager and the provider. This meant, areas for improvement were not always recognised and acted on.

Staff found the registered manager was supportive and had an open door policy. One staff member said, "The manager is in and out of the office all the time. She does not always show she is listening and that can be a bit frustrating, but she always puts people first." Another said "[manager] always attends handovers so [manager] know what's what and that is good."

The manager told us they were very proud of how caring their staff were. Staff told us this was shared with them and the provider had recently written to them to share complements the service had received. Conversations with people and our observations confirmed staff were caring.

Staff had regular team meetings. These were used to keep staff updated on important issues and were an opportunity to exchange information. These meetings were recorded and staff who were unable to attend could have access to minutes.

Visitors confirmed they knew the manager and found them easy to approach. One visitor said, "I can't speak highly enough of this place."

Staff told us they valued their induction, training and the support they received from their colleagues and the wider management team. However this training did not cover areas of specialism such as dementia. All staff we spoke with said they would like more training on this and said the training they already had was very

good but they wanted more.

One member of staff told us they participated in supervision with their line manager. The provider conducted the annual appraisals. They said they appreciated the opportunity to speak directly to the provider. All staff appreciated supervision.as it is a way of voicing any concerns. There was a plan for all staff to receive supervision regularly. Supervision is a process where staff meet with their manager to discuss their work performance and any training and development needs.