Care For Your Life Ltd

Grosvenor Hall Care Home

Inspection report

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Date of inspection visit:
02 November 2017

Date of publication:
08 January 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 2 November 2017 and was unannounced. At our last inspection in September 2017 the overall rating for Grosvenor Hall was 'requires improvement'. At this inspection we found the provider had made some improvements and was meeting all legal requirements.

Grosvenor Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grosvenor Hall provides care for older people including people who are living with dementia. It provides accommodation for up to 40 people who require personal and nursing care. At the time of our inspection there were 31people living at the home.

There was a registered manager in post. 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.

On the day of our inspection staff interacted well with people. People and their relatives told us that they felt safe and well cared for. Staff knew how to keep people safe. The provider had systems and processes in place to keep people safe.

Medicines were administered to people safely. However the provider did not have systems in place to ensure the safe management of medicines and consistent recording of medicine administration.

We saw that staff obtained people's consent before providing care to them. Where people could not consent, assessments to ensure decisions were made in people's best interest had been completed. However it was not always clear what decision the best interests referred to.

We found that people's health care needs were assessed and care planned and delivered to meet those needs. People had access to healthcare professionals such as the district nurse and GP and also specialist professionals. Arrangements were in place to facilitate working relationships with other professionals and care providers. People had their nutritional needs assessed and were supported with their meals to keep them healthy. People had access to drinks and snacks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There was sufficient staff available to meet people's needs. Staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support. People were treated with dignity and respect.

Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place. A process for supervision was in place. People were

provided access to social activities. Relatives felt welcomed and people were supported to maintain relationships that were important to them.

The environment was clean and some adaptations had been made in order to meet people's specific needs. Arrangements were in place to protect people against the risk of infection.

People and their relatives knew who the registered manager and the provider were. The registered manager and provider created an open culture and people, staff and their relatives said they understood the needs of the service.

Staff felt listened to and able to raise concerns and issues with management. Relatives were aware of the process for raising concerns and were confident that they would be listened to. Audits were carried out and action plans put in place to address any issues which were identified.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems were not always in place for the safe management of medicines.

Risk assessments were completed.

There was sufficient staff available to provide safe care.

Staff were aware of how to keep people safe. People felt safe living at the home.

Arrangements were in place to ensure the environment was clean and hygienic.

Is the service effective?

Good

The service was effective.

The provider acted in accordance with the Mental Capacity Act 2005. However documentation was not always clear.

Staff had received training to support them to meet the needs of people who used the service.

People had their nutritional needs met.

People had access to a range of healthcare services and professionals.

Arrangements were ongoing to ensure the environment was appropriate to people's needs.

Is the service caring?

Good

The service was caring

People had their dignity considered.

Care was provided in an appropriate manner.

Staff responded to people in a kind and sensitive manner.

People were able to make choices about how care was delivered.

Is the service responsive?

Good

The service was responsive.

Care records were personalised.

People had access to a range of activities and leisure pursuits.

The complaints procedure was on display and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

There were systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an open culture and supported staff.

Grosvenor Hall 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.

This inspection took place on 2 November 2017 and was unannounced. The inspection was completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan our inspection.

We looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about. We also considered information that had been sent to us by other agencies when making our judgements.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with the registered manager, the provider, two nurses and two members of care staff. We also spoke with six people who used the service and six relatives. We looked at four people's care plans and records of staff training, audits and medicines.

Requires Improvement

Is the service safe?

Our findings

We looked at medicine administration records (MAR) for people who lived at the home. Where people were prescribed variable doses, for example, one or two tablets, guidance was not in place to indicate how to decide how many tablets a person required. In addition the amount of tablets administered was not consistently recorded on the MAR. There was a risk people would not receive the appropriate amount of medicine.

We found in the medicine records for people who required residential care allergies were not recorded consistently. For example, a person was recorded on the personal information sheet as being allergic to three medicines but only two were recorded on the MAR. Another personal information sheet did not record any allergies however the MAR recorded an allergy to a medicine. There was a risk people could receive medicines they were allergic to. This had been identified in an external audit in September 2017.

Protocols for 'as required' (PRN) medicines were consistently in place and easily available to staff when administering medicines. These are important because they indicate when these medicines are required and whether or not people could request and consent to having their medicines. People were asked if they wanted their PRN medicines during the medicine round.

Medicines were stored in locked cupboards according to national guidance. Staff received regular training to ensure they administered medicines safely.

People who used the service told us they felt safe living at the home and had confidence in the staff. One person said, "I feel safe, its home to me." Another told us, "I'm kept safe and sound. I'm closer to people now I'm on the ground floor." A relative told us, "[My family member] is very safe, especially as people have to be let in and out."

During our inspection we observed people were responded to promptly. However some people we spoke with told us that they thought there were times when there was not enough staff. A person said, "I don't think there's enough staff as often I have to wait, like for the toilet. I hang on." Another told us, "There's not always someone in the lounge (1st floor) to sort out tiffs between people." Although we observed short periods of time in both lounges where no staff were visible we did not see any times when people were not responded to. We heard call bells ringing intermittently during the day and these appeared to be responded to promptly. The provider had also introduced a monitoring system for call bells in order to ensure people were responded to promptly.

Staff told us they thought there were sufficient staff available to meet people's needs. Arrangements were in place to ensure when staff were unavailable gaps were filled by staff who were familiar with the service and people who lived there. This helped to ensure people received consistent care from staff who understood their needs.

The registered provider had a recruitment process in place which included carrying out checks and

obtaining references before staff commenced employment. This included Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with the people who lived in the home.

Individual risk assessments were completed on areas such as nutrition, moving and handling and skin care. Where people had specific issues we saw risk assessments had also been completed. For example, one person required the use of oxygen and risk assessments and care plans had been put in place to ensure safe care was provided. Accidents and incidents were recorded and investigated to help prevent them happening again. Individual plans were in place to support people in the event of an emergency such as fire or flood.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They were able to tell us how they would report concerns, for example, to the local authority. Staff told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

People were protected from infections. The environment was clean and hygienic. Regular audits had been carried out and actions taken to resolve any infection control issues. Staff were aware of how to keep people safe from cross infection and used protective clothing appropriately. Staff understood their roles and responsibilities in relation to infection control and hygiene. Policies and procedures were in place and followed in line with current relevant national guidance.

Good

Is the service effective?

Our findings

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. We observed people were asked for their consent before care was provided.

We checked whether the provider was working within the principles of the MCA. Where best interests decisions had been completed it was not always clear from the paperwork what decision they were specific to. This meant it was not clear from the documentation which decisions should be made on a person's behalf. However when we spoke with staff they were able to tell us about the best interest decisions for people. We saw the provider was in the process of introducing new paperwork which would detail specific best interests decisions. Consent forms had not been consistently signed. This meant it was not clear whether or not people who were able had consented to issues such as photography and care. When we spoke with staff and the registered manager about the MCA they were able to tell us about it and how it applied to people within the home. Staff had been given prompt cards to assist them with the process and explained how they used these.

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. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). If the location is a care home the Care Quality Commission (CQC) is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there were 13 people subject to DoLS, DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. We checked to see if the provider was following the guidance. We found that the DoLS had been completed according to the guidance.

People told us they thought staff had the skills to care for them. One person said, "I find them very well trained. They know how to handle me safely." Another person said, "The ones I see are very good with us." A relative told us, "A wonderful set of folks, they understand [my relative's] issues well." New staff received an induction. The induction was in line with the Care Certificate which is a national standard. Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. We saw from the training records that most staff had received training on core areas such as fire safety and moving and handling. We observed staff had the appropriate skills to deliver care. A nurse told us they had access to specific training such as catheter care to ensure they could meet people's needs appropriately. The registered manager was in the process of implementing regular supervision for staff. This is important to ensure staff have the appropriate skills to care.

Assessments had been completed prior to people moving to the home to ensure the provider could meet people's needs. Care records were personalised and included information about what practical support people required. Where people required specific equipment to meet their needs this had been provided. For example, specialist beds and pressure relieving equipment. We saw care plans had been reviewed and

updated. One person told us, "They hoist me or use that rotating thing to put me in my wheelchair some days. I've got this special (air) mattress too." Care records detailed what care people required and how it should be delivered. We observed staff responded appropriately to people and in a timely manner. For example, a person asked for a cup of tea and we observed a member of staff responded and supported them with the drink.

People told us they enjoyed the food. One person said, "I like my food. I think it's good and always tasty. I get a choice of two things at lunch. I could have a snack if I ask but I'm never hungry between meals." We observed lunchtime and saw people were offered a choice of meal. We saw photographs of the meals were available to assist people with their choices. A person told us, "I'll ask for something different if I don't fancy the menu. The puddings are very good. We can ask for snacks in the night." People had access to regular drinks and snacks throughout the day. In the upstairs lounge an area had been turned into a shop where people could access snacks and drinks.

Assessments had been completed with regard to nutritional needs and where additional support was required appropriate care had been put in place. For example, food supplements were given to ensure that people received appropriate nutrition. Where people had allergies or particular dislikes these were highlighted in their care plans. Staff were familiar with the nutritional requirements of people and records of food and fluid intake was maintained appropriately. This is important to support staff to monitor whether or not people receive sufficient nutrition.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. Where people had specific health needs such as diabetes information was available to staff to ensure that they provided the appropriate care. Care plans were also in place to support staff to deliver specific health care for example, oxygen therapy. People told us they had access to the GP and were supported by staff to access this. A person told us, "We usually get that nurse/doctor coming. I have the optician and chiropodist here, she does our finger nails too."

Hospital transfer forms were in place to ensure information was available to other clinicians in the event of requirement for medical treatment. In addition the home was working on a protocol for managing medical emergencies in line with local guidance with other care agencies. The home had also carried out a piece of work with the frailty team to reduce hospital admissions and improve information across teams.

We observed some refurbishment had taken place and we saw further plans to make changes to the environment. We noticed that some bedroom doors did not have photographs or names to help people to identify their room. In addition the bedroom corridors were decorated in a similar style and with no directional signage. The registered manager told us they were in the process of increasing signage around the building to assist people with their orientation. As well as bedroom areas people had access to a range of communal and outside areas.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives and people who lived at the home said they thought staff were kind, helpful and caring. One person said, "They're really kind to me, they buck me up and cheer me up." Another said, "It's like one big family and they know the residents well."

A comment in a survey stated, "Staff are always helpful." Another stated, "It's obvious that you people are doing your best. You're certainly taking better care of my relative than I managed myself."

We observed staff were kind and gentle when providing care to people. For example, we observed a member of staff supporting a person to have a drink. They knelt at their level and spoke gently to the person. We observed they gently touched the person's arm to gain their attention and were clam and supportive to them.

Staff were interested in people and how they were. For example, a person had been out for a walk and staff chatted with them about where they had been and what they had seen.

All the people we spoke with said that they felt well cared for and liked living at the home. Staff explained to people what they were going to do before providing care and asked people if that was alright. When supporting people with their care we saw staff checked that people were happy with their assistance. Staff ensured people received care how they wanted it to be provided. One person said, "They get me up about 8.30 to 9am which is fine. The girls [staff] ask me what I'd like to wear and hold up colours. I choose when to go to bed." In another person's care record it stated how a person preferred to receive an injection.

Staff supported people to mobilise at their own pace and provided encouragement and support. We saw when staff assisted people to mobilise by using specialist equipment they explained what they needed people to do and explained what was happening. Records provided detailed guidance about what support people required. For example, how many staff were required to provide the support and what equipment was required.

People were encouraged to remain as independent as possible and care plans detailed what elements of care people were able to either complete or assist with. One person told us, "They let me do as much as I can when we're getting up or going to bed. You've got to keep trying." Another said, "I help myself as much as I can when washing and can make all my own decisions."

People who used the service told us that staff treated them well and respected their privacy. We observed that staff knocked on their bedroom doors. Two people shared a room by choice. When we spoke with staff they explained how they protected people's privacy. However at the time of our visit due to refurbishment the shared room did not have screening available. We spoke with the provider who told us this would be addressed. The registered manager had introduced dignity champions within the staff team in order to support staff to understand the importance of dignity and respect.

One person told us, "They always knock on my door, I like that and it's only right they should." Another said, "You get your privacy when you want it here. They knock even when my door is open. I like my door open so I can see what's going on." A relative told us, "They're so kind with [my family member]. [Family member] can lock their door on the inside if [family member] doesn't want people coming in that aren't staff. They always knock first and respect that [family member] likes their privacy."

Staff we spoke with were aware of the importance of confidentiality regarding people's information. We observed a person had received a letter and staff supported them to open the letter and spoke discreetly to them about the contents. Records were stored appropriately in order to protect people's confidentiality. Where electronic records were used these were password protected.

Where people required support from lay advocacy services this was identified in their care record. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Information was available to people as to where this service could be provided from.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis during the week. We saw events had also been arranged for weekends and evenings. For example, bonfire and halloween evenings had been held. People we spoke with told us about the activities and what they enjoyed. One person said, "I go in the lounge if something is on, we do a lot of bingo and quizzes, and I do really well at those! I've got word searches I can do in bed. My husband often takes me for a walk round the garden if it's nice." However people also told us they did not have trips out and would like to have this. We observed a member staff sat with a person and completed a puzzle with them. Another staff member got the homes' guinea pig out and sat with people so they could handle it and chat about the animal. We observed this encouraged one person to talk about the pets they had had as a child. We observed people enjoyed petting the guinea pig and were interested in being involved in its care.

Care records included details so that staff could understand what things were important to people such as information about people's past life experiences and their preferences. Information such as this is important because it helps staff to understand what is important to people and why. We observed a member of staff sat with a person and talked with them about what they were writing in the record following a trip out. However the people we spoke with told us they were not aware of their care plans. The registered manager told us that as part of the new system care records would be reviewed and rewritten in partnership with people and their families to ensure the care they received was what they wanted.

Relatives told us that they felt welcome at the home and that they were encouraged to visit so that relationships were maintained. We observed staff offering visitors a drink and chatting with them and their family member. A person told us, "My husband spends most of the day with me and has a few meals too." A relative told us they were able to stay overnight when their family member was ill. Another person told us, "Family can visit any time at all."

People were encouraged to speak out about their care and their preferences. For example, the ladies who lived at the home told us they were always asked if they were happy with a male carer supporting them with their personal care. A person told us, "I don't mind either male or female but they do ask if I mind a man today." Another told us, "The ruling is that a male has to have a female with you too."

Where people were unable to communicate verbally we observed staff were aware of how to communicate with people and understand their needs. We observed a person was unhappy and staff tried to find out what was wrong. Despite the person not being able to communicate verbally staff ensured they resolved the issue and communicated using words and gestures.

A complaints policy and procedure was in place and on display in the home. People told us they would know how to complain if they needed to. They said they would go to the office if they were not happy about anything or speak to the managers. One person told us, "I've never had to make a proper complaint and would see [registered manager] if I did. Just a few niggles have been quickly sorted by the girls." We observed a recent complaint had been responded to within the timescales of the policy and action taken to

prevent the issue reoccurring.

People's preferences and choices for their end of life care were recorded. Staff told us they were due to have additional training on syringe drivers to ensure they could meet people's end of life care according to their needs and wishes.

Good

Is the service well-led?

Our findings

People felt the home was well run and told us all of the management team were approachable. One staff member told us they thought things had improved recently. Another told us the registered manager was very supportive and understood the service. They told us the whole team were involved in the care and support of people. One staff member gave an example, they told us in order to ensure people were responded to in a timely manner all staff had been asked to answer call bells initially and then find the appropriate member of staff to resolve the issue.

Where issues had been identified by the provider's quality checking system we saw action plans had been put in place in order to make improvements. For example, a care record audit had been carried out on 30 July 2017 which identified that a nutritional assessment had not been completed. We observed in the care record that this had subsequently been completed and reviewed.

A development plan had been introduced by the provider and we observed staff were aware of this and had been involved in discussions regarding its implementation. The plan included visions and values, a system for analysing quality improvements and arrangements to ensure legislation such as human rights act were followed.

Arrangements were in place to involve people and their relatives in the running of the home. Resident meetings were held on a regular basis. We looked at the minutes from the meeting held in October 2017 and saw discussions had taken place about choice and personal care. A member of staff was also responsible for speaking with people on a regular basis and asking them about activities, leisure and celebrations. As part of this they would ask people if they had any issues or concerns with the service. In addition surveys had been carried out with staff, visiting professionals and people who lived at the home and we saw responses were positive. Where issues had been raised action to address these had been put in place. For example, the issue of response times to call bells had been raised and the registered manager had subsequently put in place a new arrangement to support staff to respond in a timelier manner.

In order to encourage community involvement the registered manager had arranged for an amateur dramatic group to use the facilities at the home for their rehearsals. They told us that this had been well received by people at the home and they often joined in the sessions.

Staff understood their role within the organisation and were given time to carry out their tasks. They said they felt supported in their role and that staff worked as a team in order to meet people's needs. The registered manager had introduced a new system of allocation to ensure people's needs were met. This had improved staff morale because staff had specific responsibilities and understood what was required of them. Some staff had taken on lead roles such as being a dementia champion, to ensure staff were supported with these issues and that they remained high on the agenda of care. As part of the role staff liaised with other organisations to learn and share examples of best practice so that the quality of care could continue to improve.

Staff told us that staff meetings were held and if there were specific issues which needed discussing additional meetings would be arranged. Staff and relatives told us that the registered manager was approachable. We observed the registered manager was visible during our visit and spoke with people and their relatives. A person told us, "She's very nice and always pops in when she's passing. She comes in for a chat and makes sure I'm ok." Another said, "She chats around with us most days." Staff said that they felt able to raise issues and felt valued by the manager and provider. An example they gave was they had requested the reinstatement of a staff award scheme and this had been restarted following their request.

The service had a whistleblowing policy and contact numbers to report issues of concern, were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed.

The provider had informed us about accidents and incidents as required by law. The provider submitted notifications, for example, CQC had been informed about all the people who were subject to a DoLS. Notifications are events which have happened in the service that the provider is required to tell us about. The ratings for the last inspection were on display in the home and available on the provider's website.