

# Premiere Care (Southern) Limited

# The Grosvenor Court

## Inspection report

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Date of inspection visit:  
28 January 2019  
05 February 2019

Date of publication:  
20 March 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service:

The Grosvenor Court is a residential care home that accommodates up to 62 older people who may be living with dementia. At the time of the inspection 54 people were living at the service.

People's experience of using this service:

We found that the service no longer met the characteristics of Good in all areas. The domains of safe, effective, responsive and well led are now rated Requires Improvement. The overall rating is now Requires Improvement.

There had not been consistent leadership at the service since September 2018 and this had impacted on the quality of the service. The provider had recognised this and employed an experienced manager who planned to join the service in March 2019. An interim manager was leading the service at the time of the inspection and had begun to identify and address the shortfalls. People knew their provider and interim manager and told us they acted on what people told them. Staff told us they felt supported and appreciated by the provider and were motivated.

Three people had moved into the service without a robust assessment of their needs and preferences. Staff had identified risks to the three people and provided their care in the way they preferred and people told us they were happy at the service and they received the support they needed. However, formal assessments of their needs and any risks to them had not been completed and care had not been planned with them to ensure they always received the support they needed in the way they preferred. Other people's care had been planned with them, including the management of any risks and was kept under review. People told us staff supported them in the way they preferred and supported them to continue to be as independent as possible.

Two people had not received their medicine as prescribed on one occasion. Other medicines were ordered, stored, administered, recorded and disposed of safely. Changes in people's health had been identified and people were supported to see health care professionals when they needed. Some people had lost weight. The interim manager had referred them to a dietician and they were offered a diet fortified with extra calories to reduce the risk of them losing more weight.

Electronic records of people's care were not always completed at the time the support was offered and were not sufficiently detailed in some cases. The provider put arrangements in place to retrain staff around the electronic records keeping system during our inspection to support them to keep more accurate records. Records held securely and easily accessible to staff when they needed them.

Checks and audits the provider required managers to complete to assess, monitor and improve the quality and safety of the service had not been completed on occasions. The provider was aware of this and had put arrangements in place for them to be completed as required. The interim manager had begun to complete

these and had acted to keep people safe and well. The provider completed other checks and audits, including regular quality checks by a consultant to make sure they had oversight of the service. Where shortfalls had been found they had supported staff and managers to improve their practice. Where staff did not fulfil their role to the required standard the provider had followed their disciplinary process to keep people safe. The views of people and staff were requested regularly and used to improve the service.

Staff were kind and caring and treated people with dignity and respect. They took time to get to know each person. Staff knew the signs of abuse and had raised any concerns they had with the manager or provider and action had been taken to keep people safe. People were not discriminated against and received care tailored to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's capacity to make specific decisions had not been assessed, however, staff offered people choices in ways they preferred. The manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS) and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.

There were enough staff to care and support people. New staff were recruited safely and had the skills they needed to meet people's needs.

Rating at last inspection:

Good (last report published 23 March 2017)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good. We will revisit the service in the future to check if improvements have been made.

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

## 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 effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive 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 Grosvenor Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

During the inspection period an incident occurred in which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk relating to the building. This inspection checked to make sure other people were protected from the same risk.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

The Grosvenor Court 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.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details

about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority safeguarding team, service commissioners and health care professionals. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

Some people living at The Grosvenor Court could tell us about their experiences living at the service, we spoke to six people and two relatives and visitors. We spent time observing staff with people in communal areas during the inspection. We spoke with the provider, the operations manager, the interim manager, the deputy manager, five care staff, two social workers and a visiting nurse practitioner.

We reviewed a range of records. This included four people's care records, reviewed medicine records. We looked at recruitment records for one new staff member and supervision and training records of all staff. We reviewed records relating to the management of the home including audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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.

Assessing risk, safety monitoring and management

- Risks to three people who had recently moved into the service had not been assessed. We met the people, who told us they felt safe and staff had taken steps to keep them safe. This included using equipment to notify staff if they were at risk of falling.
- Risks to other people had been assessed and guidance was in place and followed by staff.
- We observed staff acted quickly when people's needs changed and they were at risk. For example, one person felt unsteady while walking, staff supported them to sit down and they used a wheelchair for the remainder of our inspection. Staff contacted their GP for advice.
- The risk of people developing pressure ulcers had been assessed and reviewed. Staff supported people to change their position regularly and used pressure relieving equipment safely. The interim manager had identified that guidance had not been provided to staff about how to use pressure mattresses correctly and planned to contact manufactures to obtain this. No one had a pressure ulcer.
- People were protected from the risk of choking. People who may be at risk had been referred to a speech and language therapist. Guidance received about how to prepare meals, such as to thicken drinks was followed by staff and included in people's care plans.
- People were moved safely. Staff followed guidance in people's care plans about equipment and techniques when they moved people. People told us they felt safe when staff moved them.
- The local fire and rescue service visited the service during our inspection to complete a check on the systems and processes in operation at the service. The provider knew about recommendations they had made and had begun to implement them.
- Staff had completed fire training and knew how to evacuate people in an emergency. Everyone had a personal evacuation plan in place. The provider had identified that some people could be evacuated quicker if they moved bedroom and was discussing this with people and their families to gain the agreement.

Using medicines safely

- Some people were prescribed Warfarin, a medicine to thin the blood and stop clots forming. People had regular blood tests and their Warfarin was prescribed according to the test result, and the dose could change. The dose was recorded in a 'yellow book', which staff should use when administering the medicine. Two people had not received their Warfarin as prescribed on one occasion. Staff contacted the people's GP for advice.
- The interim manager had completed an audit of the medicines a week before our inspection. Shortfalls they found had been addressed, including providing guidance to staff about how to administer 'when required' medicines.
- Some people were given their medicines without their knowledge, these were crushed and disguised in

food, known as 'covert medicine administration'. Guidance about this had been requested from the community pharmacist shortly before our inspection to make sure the medicines continued to be effective.

- People's medicines were ordered, stored and disposed of safely.
- Staff administering medicines had completed training and the skills had been assessed to make sure they were competent.

#### Learning lessons when things go wrong

- When staff made medicine errors investigations were completed. When necessary staff completed further training and their competency was retested.
- Incidents and accidents had been recorded. However, the provider's policy to audits falls to look for patterns and trends had not been completed for two months and an audit was planned. We observed action had been taken to reduce the risk of people falling, including the use of bedrails and falls alert mats. One person told us having bedrails made them feel safe and records showed they had not fallen.
- Other incidents had been reviewed and systems had been changed and equipment modified to reduce the risk of the happening again. We observed staff following these processes to keep people safe.

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

- Policies were in operation to safeguard people from abuse and available to staff. Staff knew about different types of abuse and were comfortable to report any concerns to the interim manager or provider.
- Concerns raised had been addressed quickly and discussed with the local authority safeguarding team. Any advice had been acted on to keep people safe.
- Staff knew how to whistle blow outside of the service if they needed to.

#### Staffing and recruitment

- There were usually enough staff to meet people's needs, when they wanted. The provider considered people's needs, staff skills and the lay out of the building when deciding how many staff to deploy on each shift. They had identified people often had to wait a long time to get up and have breakfast. We observed this at our inspection. They planned to introduce a new 6 am to 10 am shift two weeks after our inspection. Some staff had covered this shifts in addition to their planned shifts and told us on these days people had not had to wait.
- Staff were allocated to different parts of the building to keep people safe and respond promptly to their requests for support. This was effective and people told us they did not have to wait.
- Staff were recruited safely. Checks on staff's character, including Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- When staff were unsafe to work with vulnerable people the provider had followed their disciplinary process and referred staff to the DBS.

#### Preventing and controlling infection

- The service was clean and odour free.
- Staff had received training in infection control and used personal protective equipment such as gloves and aprons, when required.



# Is the service effective?

## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider's policy had not always been followed and staff had not met with three people to assess their needs before they began to use the service. Instead staff had used information from people's social workers to decide if they could provide the care the people needed. Staff told us the people did not have complex needs and they were able to meet them. We met the people and they confirmed this.
- The interim manager had completed the assessments to the required standard at another of the provider's services, and knew what was required. The provider was not taking new placements into the service at the time of our inspection.
- During our inspection the provider decided not to offer a service to any new people until they were confident the shortfalls at the service had been addressed.
- Other people's needs had been assessed using recognised tools such as MUST to assess people's nutritional needs and Waterlow to assess people's skin integrity, following best practice guidance.

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

- People told us they liked the food at the service. One person commented, "The beef stew is very good".
- Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences.
- Meals were balanced and included fresh fruit and vegetables.
- Staff knew what people preferred to eat and if they did not fancy what was on the menu staff offered them alternatives they liked. Plans were in place to review the menus with people.
- Snacks and drinks including crisps and chocolate bars were available in the lounges and we observed people helping themselves.
- Meal sizes were generous, and we observed several people enjoy second helpings of meals.

Staff working with other agencies to provide consistent, effective, timely care

- Some people were living at the service on a temporary basis until they were read to move elsewhere. Staff worked with local authority social workers to provide a safe place to live until they were ready to move to new homes where they could be more independent, such as extra care schemes.
- People told us staff kept in contact with their social workers and knew when they were going to move and when. One person moved during our inspection and staff helped them prepare for this.

Supporting people to live healthier lives, access healthcare services and support

- The interim manager had audited people's weights a week before our inspection and referred nine people who had lost weight to the dietician for advice. Staff followed recognised best practice guidance and

everyone who had or was at risk of losing weight was offered food and drinks fortified with extra calories.

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. The nurse practitioner told us that staff contacted health professionals at the right time and followed the advice given.
- Staff were trained to complete basic observations and passed this information to health care professionals to assist them in understanding the person's health needs.
- People had access to health professionals such as dentists, opticians and chiropodists.
- People were encouraged to be as active as possible and lead as healthy life as they wanted.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The interim manager had completed a DoLS audit of shortly before our inspection. They found that 19 applications were required and were in the process of completing these.
- Some people had conditions on their DoLS and these were being met.
- People's capacity to make specific decisions had not been assessed or reviewed. However, we observed staff offering people choices in ways they preferred, such as showing them items.

Staff support: induction, training, skills and experience

- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as diabetes and dementia.
- Staff took part in some practical training, such as using hoists and evacuation equipment to help staff understand how people felt when being supported as well as develop their skills.
- New staff completed an induction including shadowing more experienced staff to get to know people's choices and preferences. New staff who did not have a recognised qualification in care completed the Care Certificate, an identified set of standards that staff adhere to in their daily working life.
- Staff met with a supervisor regularly to discuss their practice and development. Staff told us they were supported to develop and some had been promoted.

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

- The provider had completed some refurbishment of the building and further works were planned.
- Landings and corridors were colour coded to support people, visitors and staff to know which floor they were on. People had been involved in choosing the colours.
- Pictorial signs helped people move around the building more easily.
- The rear garden had been renovated to include a sensory garden and was accessible to people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring. Their comments included, "The staff are very caring" and "I couldn't have a better team, they are all so friendly and nice". "The carers are very good".
- However, staff did not always treat people in a caring way. On the first day of our inspection people told us they were cold in one area of the lounge. Staff, including the maintenance person knew about this but no one had acted to keep people warm. The interim manager acted when we told them people were cold.
- We observed one staff member serve thick and stodgy porridge to a person. They told the interim manager they would not eat it themselves but had been happy to serve it to the person. The interim manager intervened, and the person was served an alternative of their choice.
- Other staff knew people well and spent time chatting with them about things they enjoyed.
- Staff sat with people and gave them the support they needed at mealtimes. People were supported at their own pace and staff checked they were enjoying their meal.
- The provider had introduced a new scheme to encourage staff to share mealtimes with people to make them more social occasions. We observed some staff ate with people during the inspection.
- People were encouraged to maintain relationships that were important to them. Visitors were welcome at any time and were encouraged to join in with activities and events.

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

- People had been asked about their lifestyle choices and these were respected. This included supporting people to continue to follow their chosen religion. People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected.
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.
- Staff knew what caused people to become anxious and gave them the reassurance they needed. One person was anxious when using the hoist. Staff took time to explain what they were going to do and only moved the person when they were ready. They held the person's hand and chatted to them throughout. The person told us that they did not like using the hoist but felt safe.
- People who needed support to share their views were supported by their families, social worker or paid advocates. Staff knew people's advocates and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. People told us staff gave them the support they wanted but did not do things for them without their permission.
- People told us they had privacy and we observed, staff knocking on doors and waiting to be asked in.

- The provider knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs  
People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Guidance was in place for staff about most people's needs, preferences, life history and how they liked their care provided. However, guidance was not in place for three people. The people had shared information about themselves with some staff, however staff had not got all the information they needed to make sure they provided a personalised service to the people. Staff began to write the people's care plans during our inspection.
- Staff knew people's likes, dislikes and preferences. This included how people liked their meals prepared and how they liked to dress. We observed staff supporting people in the way they preferred, for example one person requested to see the hairdresser during our inspection and staff arranged this for them.
- A social worker told us staff knew their service user very well and were able to provide all the information they required to complete their review of a person's care.
- Information was available to staff when they needed it on handheld electronic devices which they carried with them all the time. Reviews of people's care were completed monthly and the computer system reminded staff when reviews were due. All the care plans in place were up to date.
- People took part in a wide range of activities. They told us they enjoyed baking and eating food they had prepared such as cakes and pizza. Other people continued to be involved in domestic tasks such as folding laundry.
- We observed people joining in and laughing together as they played games. Staff spent time on an individual basis with other people who preferred not to join in group activities.

### End of life care and support

- People had shared some of their end of life preferences with staff, such as not wanting to be resuscitated.
- The interim manager had recognised that people had not been fully involved in planning their future care. Plans were in place support people to do this using the philosophy of the Gold Standards Framework (GSF) for end of life care. The GSF is a recognised approach to ensuring that everyone receives appropriate and individualised care which takes account of their wishes and preferences at the end of their life.
- The nurse practitioner told us staff had supported to be comfortable at the end of their life, including contacting community nurses to manage people's pain.

### Improving care quality in response to complaints or concerns

- People and their loved ones we spoke with were confident to raise any concerns they had with staff, the manager or provider.
- Complaints and concerns received had been investigated and resolved.
- A log of complaints received, along with the themes of the complaint was kept and used to look for any patterns and trends. No themes had been found.
- The provider considered complaints and concerns as opportunities to continue to improve the service.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The leadership at the service was not consistent. The previous registered manager had left the service in September 2018. Managers appointed after this time had not always followed the provider's processes and the quality of the service had reduced.
- A new manager who had experience of leading this type of service had been appointed and was due to start in March 2019. They intended to apply to be registered by CQC. An interim manager was leading the service and had started a week before our inspection.
- The provider was recruiting to other senior positions at the service to strengthen the leadership team to support staff and make the necessary improvements to the service.
- The provider had a clear vision of the service which included supporting people to be independent and treating them with dignity and respect. Most of the staff shared the provider's vision and worked as a team. Where staff had not been supported to fully understand the provider's vision, the provider had arranged additional training and support. One staff member told us the interim manager "knows what they are doing and shares their knowledge to develop the staff".
- Before and during our inspection the provider had received negative feedback about the culture of some staff. They acted on this immediately and we observed an improvement in the approach of staff during our inspection.
- Staff told us the provider had addressed discrimination to ensure all staff were treated equally.

Continuous learning and improving care

- Checks and audits the provider required to be completed monthly had not been completed in November and December 2018. The interim manager had completed most of these in their first week to check the standards at the service. They had acted on high risks to keep people safe and had a plan in place, with the provider, to address other shortfalls.
- The provider had identified that three people did not have care plans and risk assessments and had instructed staff to complete these. However, they had not checked that these had been done and staff continued not to have guidance about how to meet the people's needs.
- The provider kept their quality assurance processes under review and improved these following incidents to prevent them from occurring again.
- A consultant completed regular reviews of the quality of the service. The November 2018 check found several shortfalls. These were being addressed by the interim manager including a review of restraint which had led to five people no longer using bedrails, as they did not need or want them to remain safe.
- Staff used an electronic record keeping system. The provider was in the process of arranging further

training for staff about the system as they had identified that not all staff used it well. Information was not always consistently recorded as it happened or detailed and this made it difficult for staff and others such as social workers to understand what had happened when and why.

- The provider had plans in place to improve the service, this included an area where people would be able to enjoy drinks and snacks in a pub type environment.

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

- Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings.
- The provider had supported staff who were not fulfilling their role to understand what was expected of them and develop their skills. Where staff's practice had not improved the provider had followed their disciplinary process and they no longer worked at the service.
- Reasonable adjustments had been made to support staff to fulfil their role. These were effective and people received the support they needed.
- Staff told us they were motivated and felt appreciated by the provider and interim manager. One staff member said, "If they see potential in staff, they will nourish it" and "They see staff's strengths".
- The provider had conspicuously displayed their CQC quality rating in the reception area and on their website, so people, visitors and those seeking information about the service were informed of our judgments.
- We had been informed about important events that happen in the service like a serious injury or allegation of abuse, so we can check that appropriate action had been taken.

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

- There was an open culture at the service and the provider and interim manager encouraged people and their loved ones to share their views of the service. This included meetings to inform people, their loved ones and staff of changes at the service and monthly surveys.
- People we spoke with told us they had been asked for their views and the provider had acted on them.
- People knew the provider well and raised any concerns with them. The provider agreed solutions with people and their loved ones to meet their needs and their preferences. For example, one person told the provider during our inspection they did not like the diet their speech and language therapist recommended. They discussed what the person would like to eat and arranged for them to do this in a way that met their needs and kept them safe.
- An activities survey had been completed shortly before our inspection and several people had commented they would like to go out more and have more in-house entertainment. We will check the provider has acted on people's feedback at our next inspection.
- Staff were given opportunities to share their views and make suggestions. Staff gave us examples of where their suggestions had improved the service, as a new blood pressure monitor and products for the in-house shop.

Working in partnership with others

- The provider, interim manager and staff worked openly with external stakeholders including the local authority safeguarding team and social workers to provide people's care. Social workers told us staff had acted on their recommendations to ensure people's religious and cultural needs were met.
- The provider received information about the local clinical commissioning group (CCG) about local service improvements and acted on these. For example, they followed the 'red bag scheme' processes to ensure hospital staff had quick access to important information about people and their needs including their need to wear hearing aids or glasses.

