

Country Court Care Homes 2 Limited

The Grove Care Home

Inspection report

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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

The Grove Care Home is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 52 older people, some of whom may be living with dementia. Accommodation is provided over two floors and all rooms have en-suite toilet facilities; some rooms have a small kitchen so people can make themselves drinks and snacks. At the time of this inspection, there were 44 people using the service.

We undertook this unannounced inspection on the 24 and 26 October 2017. We last inspected the service on 1 and 2 December 2016 and found the provider was meeting the fundamental standards of relevant regulations. At that time, we rated The Grove Care Home as 'Good' overall and 'Good' in four out of the five key questions; we rated the well-led key question 'Requires Improvement' to ensure the improvements found during that inspection were sustained over time. We carried out this inspection in response to recent complaints and concerns that local commissioners had raised following their visit. During our inspection on 24 and 26 October, we identified shortfalls throughout the service and breaches of regulations.

The service had 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 about how the service is run.

The provider's systems to assess, monitor and improve the quality of the service provided had not been effective in identifying and addressing all the issues highlighted during our inspection or consistently driving improvements in line with their own action plans. This lack of robust quality monitoring meant there was inconsistency in how well the service was managed and led. Following the inspection, we were given assurance that additional resources and senior management support were provided to the registered manager to address the improvements needed at the service.

There were shortfalls in the administration and recording of some people's medicines. We also found one person's medicines had been out of stock for a period of time. There was limited guidance for staff around the use of 'as needed' medicines, to ensure consistent administration.

We found shortfalls with the standards of hygiene in areas of the home. There was a strong stale odour in the lounge and we also found items of furniture and equipment which were damaged and could not be cleaned effectively.

The training, supervision and support provided to staff were inconsistent and did not ensure they were confident and competent in their role.

We saw people had assessments of their needs prior to admission to the service and staff completed risk assessments and care plans. Whilst some of these were person-centred and tailored to people's individual

needs, others lacked important information. This meant staff may not have full and up to date information about people's needs.

We found some people's risk assessments had not been completed or updated if their needs had changed. We found gaps in the risk management of some areas of the environment. Staff had not always followed the provider's incident reporting procedures and the registered manager completed three notifications retrospectively.

Some redecoration had taken place but we also observed areas of the service were looking tired and in need of refreshing. Improvements could be made with providing a more dementia-friendly environment. Although there was no renewal programme in place, the registered manager gave assurances that the home was scheduled for refurbishment early in 2018.

Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns. The local safeguarding team had directed the registered manager to complete investigations into four complaints about standards of care; we will report on this at the next inspection.

We received a mixed response from people who used the service and relatives about staffing levels. Staff considered the staffing numbers were satisfactory overall, but improvements were needed with the management of short notice sickness and the staff allocation systems. We observed times when people were not supervised appropriately and staff were not visible. We have made a recommendation that the provider reviews the deployment and supervision of staff on shifts.

We found staff ensured they gained consent from people prior to completing care tasks. They worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions.

Suitable recruitment procedures were in place to ensure staff employed to work at the home were safe working with vulnerable people.

A range of activities were provided and people told us they enjoyed these. However, people also told us they wanted more opportunities to go out. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

People praised the staff and we observed some kind and caring interactions between staff and people who used the service. However, we also saw occasions where staff practice compromised people's privacy and dignity. The registered manager took action to address these shortfalls.

Staff completed assessments of people's nutritional needs and monitored their weight. They referred people to dieticians when required. We saw the menus provided people with a choice of nutritious meals and people told us they liked the meals provided to them. Although we observed people were served drinks and offered a biscuit, we have made a recommendation to improve people's accessibility to drinks in the lounges and the range of snacks offered between meals.

People's healthcare needs were met. People told us they had access to their GP, dentist, chiropodist and optician should they need it. The service kept records about healthcare visits and appointments.

People told us they had no complaints but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was readily available to people who used or visited the service. There were systems in place to enable people to share their opinion of the service provided and the general

facilities at the home.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which related to safe care and treatment, staff training and supervision, providing personalised care and having good governance systems in place. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Satisfactory standards of hygiene and cleaning had not been maintained in the service.

Some people did not receive their medicines as prescribed.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Staff were recruited safely. Although sufficient numbers of staff were provided, improvements were needed with the deployment and monitoring of staff on shifts.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were not provided with adequate training, supervision and support to ensure they felt confident and skilled in their role.

People gave their consent to receive care and support, where this was not possible the principles of the Mental Capacity Act 2005 were generally followed to protect people's rights.

People's health and nutritional needs were met. They had access to community health care professionals when required. People said they enjoyed their meals and had choices and alternatives. The range of snacks between meals and access to drinks in the lounge was limited.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People told us they were well-cared for. Care staff were kind and had a positive rapport with people who used the service. Some shortfalls were identified in relation to the promotion of people's privacy and dignity and the registered manager took action to address these.

Staff knew people well and promoted their independence where possible. People were provided with information and explanations so they could make choices and decisions about aspects of their lives.

Is the service responsive?

The service was not consistently responsive.

Some people's care plans did not provide sufficient guidance for staff in how to meet their needs and in the way they preferred.

There was a range of activities provided which helped people to have meaningful occupation and stimulation.

People knew how to raise any concerns or complaints they may have and these were acted on appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Systems for quality monitoring required strengthening in order to identify all shortfalls and support effective improvements.

Inconsistent management of the service in recent months had impacted on the delivery of care and staff morale.

People who used the service and staff said the registered manager listened to them and they felt able to make suggestions.

Requires Improvement ●

The Grove 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 unannounced inspection took place on 24 and 26 October 2017. The inspection was led by an adult social care inspector who was accompanied on the first day by 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. A performance officer from North East Lincolnshire Clinical Commissioning Group also attended the service on both days, to complete a contractual monitoring assessment.

We usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion. Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law, such as allegations of abuse and serious injuries. We used this information to help us to plan the inspection.

During the inspection, we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

During the inspection we spoke with ten people who used the service, six of their relatives and two health care professionals. We also spoke with the regional manager, registered manager and a selection of staff; these included a team leader, senior care worker, two care workers, the cook, the maintenance person, three housekeepers and a laundry assistant.

We looked at care files for six people, 22 medication administration records and monitoring charts for food,

fluid, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at documentation relating to the management and running of the service. This included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the building and checked the environment.

Is the service safe?

Our findings

We completed a tour of the premises as part of our inspection. We identified a number of shortfalls in regard to the standards of cleaning and hygiene in areas of the service. There was a strong stale odour in the lounge throughout the inspection. Some carpets, especially in the ground floor corridors were heavily stained. We found items of equipment and furniture such as a commode, toilet and bathroom shelving were not clean and hygienic. We found where there had been a change of use for two rooms, (hoist storage) these rooms had not been cleaned and tidied beforehand. One room contained the previous occupant's topical creams and the other, the previous occupant's toiletries.

We found furniture and equipment which was damaged and could not be cleaned effectively. This included worn toilet seating pads and areas on chairs and hoists where the paint or varnish had worn off. The cleaning rotas did not clearly identify the frequency of some of the tasks and there were some gaps in the completion of the records, which indicated staff had not completed the cleaning tasks on those days. Discussions with one of the domestic workers identified that their understanding of cleaning procedures was limited and aspects of their practice was not in line with guidance issued by the Department of Health.

These issues meant there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

The registered manager confirmed they were revising the cleaning schedules, had recently increased the cleaning hours and were currently recruiting another member of domestic staff.

When we asked people who used the service and their relatives about the cleanliness of the service, we received mixed comments. These included, "My room is kept lovely and clean" and "Sometimes I think hygiene could be improved; there is an odour issue now and then."

Safe medicines practices were not always followed which meant people were at risk of not receiving their medicines in line with prescribed guidelines. When we checked the medicine administration records (MARs) for 22 people we found medicines were not always given as prescribed by the doctor. For example, one person had not received their medicine for five days as the stock was not available.

Most medicines could be accounted for clearly and showed that the majority of medicines had been administered correctly. However, we found a small number of missing signatures on records and it was unclear if medicines had been given or omitted at those times. Another person's MARs indicated there were recording or administration issues, as they were prescribed a course of 21 antibiotic tablets and there were 23 staff signatures on the person's MARs. Where medicines were prescribed at a variable dose, the actual dose administered had not always been recorded.

Topical medicines, such as creams to be applied to people's skin, had not always been dated on opening and records relating to them were poor. Information was not always in place to show staff where topical

medicines should be applied. Topical medicines administration records held in people's rooms were not completed consistently, although staff told us they regularly applied these medicines. The records had not been reviewed or evaluated by the senior staff to determine the topical medications were being administered or if they were effective. This lack of recording meant people were at risk of not receiving their medicines in a consistent way.

Records showed that staff had been applying two topical medicines to one person and these medicines were not currently prescribed. The registered manager contacted the person's GP and obtained an updated prescription to ensure the person was receiving the correct medicine.

Many people were prescribed medicines that needed to be taken only when required. We found there was not enough information available to guide staff on how to give these consistently. Although protocols were in place, there was no information recorded to direct staff on the amount of medicine to give when a variable dose was prescribed, when to give the medicine or how to tell when a person with communication difficulties needed their pain relief medicine. It is important that this information is recorded to ensure people are given their medicines safely, consistently and with regard to their individual needs and preferences at all times.

These issues meant there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

We found medicines were stored safely and this included those medicines which required special control measures for storage and recording. Records showed staff had completed training in the safe management of medicines and assessments of their competency had recently been completed.

Equipment used in the service was maintained and checked to make sure it was in working order. We saw people had risk assessments in place for areas such as nutrition, falls, moving and handling, fragile skin, behaviour that challenged and choking. Staff knew about the risk assessments and the care people needed to minimise risk. We saw accidents and incidents were investigated and appropriate action was taken to prevent their re-occurrence. For example, outcomes showed the involvement of healthcare professionals and the introduction of technology such as sensor mats, following a fall. During the inspection, we found three incidents which had not been reported to the registered manager, they took action to follow these up and notify relevant agencies.

When we asked people and their relatives if they considered there were enough staff on duty, we received some mixed comments. These included, "Most of the time, but it varies", "I do think there are sufficient staff and some chat if they have got a few minutes", "Possibly not, at meal times they could do with more", "Not always" and "There are plenty of staff, but they all look rushed off their feet."

We identified times during both days when people were not adequately supervised. For example, on the first day of the inspection in the afternoon, we found one person on the first floor corridor looking confused and not aware of the location of their room. We found no staff present and had to go to the ground floor to report the concern; we observed the person was then provided with support. Half an hour later we found the same person in the same situation and had to find a member of staff to assist them again. We also observed times when there were no members of staff in the communal areas and on one occasion there were some verbal exchanges between two people, which staff could have managed and supported if they were present.

Rotas showed that the numbers of staff had been maintained by the use of bank staff, staff working additional shifts and agency workers. There were occasions when there were insufficient staff planned to be on duty and the registered manager explained this was due to short notice absence and all efforts had been made to provide cover where possible, including asking staff to stay late and arrive early for duty.

We found staffing levels were formally calculated based on the number of people and their dependency. The registered manager told us people's care needs were assessed each month and the home's staffing levels were reviewed in line with people's dependency. They had recently reviewed and increased the staffing levels on night duty. Records showed staff turnover of senior staff had been high in the last six months. The registered manager confirmed they had struggled to recruit experienced senior care staff to fill the vacancies. They considered the numbers of staff were sufficient, but senior staff needed to deploy and supervise care workers more effectively.

Comments about staffing levels from staff included, "The manager tries to cover any short notice sickness", "We have busy times, but on the whole the staffing seems okay" and "The staff allocation system is not good for new staff as we are allocated people randomly on both floors. It is better if you can 'buddy up' with a colleague but this isn't always easy." We recommend the provider reviews the deployment and supervision of staff to ensure there are sufficient and consistent numbers of staff available to meet people's needs.

The provider had policies and procedures in place to guide staff in dealing with allegations of abuse or poor practice. The majority of staff had completed safeguarding training and in discussions staff were clear about what constituted abuse, the signs and symptoms which may alert them to concerns and the action they would take to protect people. Two of the staff we spoke with were not clear about reporting to external agencies and the registered manager confirmed she would follow this up. The registered manager had been open and transparent in raising issues with the local safeguarding team when required. The local safeguarding team told us they had directed the registered manager to investigate care issues regarding four people and would review the investigations and let the registered manager and the Care Quality Commission know the outcomes when completed. During our discussions with two people they raised concerns in relation to staff practice and attitude. We passed these on to the registered manager who took responsive action to look into the concerns raised and ensure people were safe and their well-being was protected.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, hot water, gas and electrical items were maintained and checked by competent people. Contingency plans were in place for emergencies.

Recruitment of staff remained robust and thorough. Appropriate checks had been undertaken before staff began working for the service, including written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

We found there were gaps in the staff training programmes. The training record showed some staff had not received training in areas which the provider considered essential such as fire safety, equality and diversity, moving and handling, safeguarding, infection prevention and control, dementia, Mental Capacity Act 2005 (MCA), health and safety and first aid. The records showed that although some staff had completed the essential training, many of the annual courses were now out of date and some staff required refresher sessions. Records also showed staff had not completed training at the service on food safety, pressure damage prevention, the management of behaviour that challenged the service, dignity and end of life care. Records showed some staff had not provided copies of certificates for training they had completed when employed at other services and therefore could not demonstrate they had done this and their training was still in date.

The registered manager told us how they had identified the newly recruited senior care staff would benefit from training in leadership and had requested this from the provider in May 2017; there had been a delay and this leadership training had not yet been authorised and arranged.

Records showed the registered manager had made some improvements overall with the staff supervision programme, however, we found the senior care staff and the deputy manager had not accessed adequate supervision sessions with their line manager for support and development in their new role. One member of senior staff had commented about this in their recent supervision session. The registered manager confirmed the service demands had impacted on the frequency of support given in recent months.

These issues meant there was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

Following the inspection the operations manager confirmed staff had completed training in equality and diversity, person-centred care and dignity. Fire safety training and care plan workshops had been arranged and courses in pressure damage prevention and infection prevention and control had been authorised. The operations manager also confirmed they were reviewing the training needs of all the staff and other outstanding training would be prioritised and arranged.

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. Records showed the senior staff had made improvements in relation to records to support consent. Individual capacity assessments were carried out and there were records about the decisions people were able to make for themselves. Any physical restrictions such as the use of bed rails had been considered. The staff were in the process of completing records to support the use of sensory equipment. When people were deemed to lack capacity, any decisions made on their behalf included relevant people;

the decisions were documented as made in their best interests.

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 hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered provider was working within the principles of the MCA regarding DoLS for people who used the service. Applications had been made to the local authority to deprive people of their liberty in line with legal requirements. Records showed 13 applications had been made; five applications had been granted and the remainder awaited assessment by the placing authority.

Staff displayed a basic understanding of the MCA and DoLS. Staff understood people had the right to refuse care and in such situations, they would always consult with senior staff for further support and advice. People who used the service told us staff asked their permission before carrying out care tasks. They also said they could make their own choices and decisions. Comments included, "They leave us alone to get on with our lives where we can, which is good" and "Staff are polite and always consult me about my care."

We found people's health care needs were met. Care records showed people had access to a range of health care professionals such as GPs, community nurses, dieticians and opticians. Staff contacted emergency services as required and used the out of hours call centre for advice. Records were made of when the professionals visited and what treatment or advice they provided. In discussions, staff demonstrated a good understanding of the signs and symptoms that would alert them to a person whose health was deteriorating. People confirmed staff contacted their GP when required. A relative said, "When [Name of person] was ill some months ago, staff responded very quickly and informed us about everything." Two visiting professionals confirmed that appropriate referrals were made and their advice acted on by staff.

People told us they enjoyed their food and their comments included, "Food is okay, I usually go to the first sitting for lunch and I'm happy with this", "Meals are good, I eat when and where I feel like it" and "I had lost a lot of weight when I first came in, but my appetite has improved and I've put weight on. It's excellent food." We observed people were provided with a variety of nourishing meals and the choices for these were on display, although there were no pictorial menus to assist people living with dementia. People's care files contained evidence of nutritional assessments and monitoring of their weight, although the frequency of the weight monitoring did not always match the person's assessed needs or risk. The registered manager confirmed they would address this issue. Records showed involvement from dieticians or community professionals, such as speech and language therapists where this was required and people were provided with special diets to meet their health needs.

We observed the meal service on both days and found the organisation at lunch time was inconsistent which impacted on people's overall experience. For example, on the first day there was only one sitting at lunch time and staff struggled to provide some people with the timely support and supervision they needed. The lunch time service on the second day was more organised, as two sittings were arranged and staff had more time to assist people. The registered manager confirmed they were in the process of recruiting a member of staff who would be responsible for organising and supervising the meal service.

Staff offered and provided people with hot and cold drinks from the tea-trolley during the drinks rounds. Although a new hydration station had been provided in the main lounge, we observed people sitting in the lounge were not regularly provided with drinks at other times. Checks on records showed those people who were at risk of dehydration did not have their fluid intake target identified. We also found the snack provision between meals was limited to biscuits and the registered manager told us some people who used the service had requested this, following consultation at meetings. We discussed the benefits of providing a

full range of high calorie snacks between meals, for those people who required encouragement with regular intake, to help them increase or maintain their weight. We recommend the service consider current guidance on identifying people's individual optimum fluid targets and review their provision of snack options to meet the nutritional needs of older people and those living with dementia.

The service was purpose-built and had good facilities suitable for older people's needs. Corridors were wide and had hand rails. There was appropriate equipment such as a call system, moving and handling items, profile beds, specialist mattresses and cushions, and sensor mats. Adaptations for people living with dementia were limited or under- used. For example, the corridors were bland with little use of contrasting colour to aid orientation. We saw some pictorial signage was in place, but there was little use of photographs or pictures on doors and memory boxes were empty, which could assist people living with dementia to locate their room. We observed people walking around but there were no particular areas of interest or sensory items to keep them occupied or engaged. The registered manager confirmed a full programme of refurbishment was planned at the service and this included improvements in relation to the 'dementia friendliness' of the environment.

Is the service caring?

Our findings

People and their relatives told us staff were caring. Comments included, "Staff are very good and they are attentive", "Carers are good", "They [staff] are good, they listen", "I find the staff are cheerful, helpful, amicable, willing and good humoured", "Excellent, can't fault the care, lovely staff" and "They [staff] are very friendly, caring and approachable, but busy." One person who used the service raised concerns with us about the way a member of staff had spoken with them. This was mentioned to the registered manager to check out in more detail with the person. A relative told us they were very pleased with how well their family member had settled into the service and considered this was due to the friendly support and kind care from the staff.

We spoke with two visiting professionals who told us people always appeared well-cared for and the staff were always friendly and helpful.

During the inspection, we observed some staff practice that did not fully support and promote people's privacy and dignity. We saw most staff knocked on doors before entering. However, on two occasions when we were speaking with people in their rooms, staff entered without knocking. When people were supported to move using mobility aids such as hoists, staff were patient, explained what was happening and provided lots of reassurance during the transfer. But, we observed an instance when staff were transferring someone in a hoist in a communal area and the person's clothing was disturbed by the sling, exposing their underwear to other people in the lounge. Staff took no action to preserve the person's dignity and privacy.

At lunch time on the first day, we observed one member of staff assisting two people to eat their meals, which was not personalised care. Another member of staff handed people their meals without talking to them and provided one person with a clothing protector without discussing their preference for wearing this. On one occasion, we overheard two staff discussing an issue of a personal nature in the corridor and did not fully protect a person's privacy when assisting them with their toileting needs. The registered manager told us these issues would be addressed with staff and senior staff would be monitoring the delivery of care much more closely. Following the inspection, the operations manager confirmed they were arranging for the registered manager's office to be moved from the entrance area to the main facility, where they could better oversee the care support provided. The operations manager also informed us that 34 staff had completed person-centred care and dignity training.

Staff approach to people was otherwise positive. Care staff spoke with warmth and fondness about the people they supported. They knew people well and understood their individual likes and dislikes. People looked comfortable in the presence of care staff and we saw exchanges of banter and laughter between some people and staff. We saw some examples of staff sharing conversations with people about topics which interested them, such as their relatives, events in the news and television programmes. We also saw staff offered gentle encouragement to people to help them with tasks such as mobilising and eating and drinking. This was done in a warm and inclusive way.

People confirmed they were free to remain in their rooms and relax as they wished. They told us they chose

when they got up, went to bed and how they wanted to spend their time. During the inspection we observed people could make choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms, visiting the dining room for meals and they participated in activities if they chose.

People confirmed they were involved in making decisions about their care and treatment. For example, one person told us they preferred female staff to assist them with their personal care and this was respected. People were listened to and their choices were respected. One person's relative told us, "We [family] have been involved in [Name of person's] care planning. It's a joint effort with all family members."

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw arrangements were in place to support people's religious beliefs and regular church services were held. Records showed the majority of staff had completed training on 'equality and diversity' and we saw no evidence to suggest that anyone who used, visited or worked at the service was discriminated against and no one told us anything to contradict this.

People told us they were able to have visitors at any time and could see people in private. Visitors said they were always made welcome and could turn up at any time. They said although staff were busy, they were always friendly, approachable and they were offered refreshments.

We saw people who used and visited the service were provided with a range of information. There were notice boards with information about the organisation, staff, activities and events planned. There were leaflets in reception about the service including how to complain. People had been provided with detailed information packs about the service on admission. We saw information about advocacy services was available to people and when needed the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

A monthly newsletter edited by one of the people who used the service, provided people and visitors with a range of information. The articles included, local people and history, an update from the gardening club, staff changes, amusing anecdotes, resident's birthdays and in the October edition, a poem written by another resident.

We found all records were held securely and the computers were password protected to aid security. We saw staff completed telephone conversations with health professionals or relatives in the privacy of an office.

Is the service responsive?

Our findings

We saw people had assessments of their needs prior to admission to the service. There were also risk assessments completed for each person who used the service. The risk assessments covered a range of areas and we identified some needed to be updated when people's needs changed. We also saw some risk assessments could contain more detailed control measures to guide staff in how to help minimise risk, for example, with one person's mental health needs.

Some care plans had detailed information about how to support the person in a person-centred way but this was not consistent throughout all the care plans we looked at. Care files did not always have sufficient information to show that needs were adequately planned to provide guidance for staff. We saw two people who had been admitted to the service five weeks previously, had no care plans in place to guide staff in how to manage their needs. Both people required support with their medicines, personal care and one person had a urinary catheter.

There were other examples of care plans where staff would not have full information about how to support people in accordance with their needs or preferences. For example, one person's care plan to support their continence needs was basic and had not been updated to reflect their high levels of anxiety about maintaining their continence and the support the person now needed, to continue to be able to use the toilet. In a recent daily record, staff had detailed the person had sustained pressure damage, which when checked out by the registered manager was actually a scratch caused by the person's long nails. The person's skin care needs had not been reviewed by staff, nor did the care plan contain any details about their nail care. The care plan to support a person's behaviour, which could be challenging was also basic and lacked information to guide staff about positive strategies to use.

Feedback from two people identified that they were not receiving support with bathing in line with their preferences. One person told us they only had a bath every three weeks when they preferred one every week. The other person said, "I would like more baths, I get one a week if I am lucky." Checks on the care records and discussions with staff confirmed people were not receiving baths as often as they wished.

Supplementary records were used to document some peoples' change of position and their food and fluid intake, but we found staff had not always ensured the records were completed consistently. This meant their care support in relation to skin damage, nutrition and hydration could not be reviewed accurately and effectively.

These issues meant there was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

The provider had a complaints policy and procedure on display. This detailed who to refer complaints to and timescales for acknowledgement and completion. People who used the service and their relatives told us they felt able to raise concerns. Comments included, "I would tell [Name of care worker], she would sort

it", "I would speak to any of the staff", "There is a suggestion box and I write in this; I wanted paper napkins back at lunch, as linen ones are not always washed in time and back in use." During the inspection we noted that paper napkins had been provided at meal times. A relative told us, "I would see the lady on front desk or seniors in the office. I did tell them about a dial missing on [Name of person's] radiator and it was fixed straightaway." The registered manager maintained a complaints file and we found complaints were managed in line with the provider's policy.

The registered manager confirmed the activity co-ordinator was on leave and the care staff were providing support with activities around their care duties. They were also in the process of recruiting another coordinator to provide additional support with activities. Comments from people who used the service and their relatives about activities included, "I enjoy the Gardening Club; we plant bulbs and seeds. We entered an inter-care home competition", "It has gone down, there used to be more activities on. I have seen entertainers in, but I don't think there is enough", "I love the exercise sessions and the singer's best" and "I like to join [Name of family member] for bingo every week; its good fun and we enjoy ourselves."

The activity programme was produced weekly and the one in place for the week of the inspection included a church service, evening Bingo sessions, a quiz, entertainers, an exercise session, an art session, decorating the home for Halloween and pumpkin carving, dominoes, gardening club and a visit from a therapy dog. Staff told us they tried to take people out to the local pub or the shop in the village when they had time, although some people and families told us they would like more opportunities for outings.

During the inspection, we observed music played in the lounge continually; at times this was quite loud and on one occasion we observed the registered manager turning this down. We noted a TV was also on in another area of the lounge without the volume or subtitles on, although some people were trying to watch it. One person said they would prefer one or the other, but preferably the TV on. We mentioned this to the registered manager to address. We saw some people participated in singing and dancing sessions with the staff, some joined in the gardening club and some enjoyed the bingo session. People were also supported with other meaningful occupation; one person told us how they liked to fold towels and did this every day, we observed staff took some towels to the person's room for folding.

Is the service well-led?

Our findings

At the last comprehensive inspection on 2 and 3 December 2016, we rated this key question as 'Requires Improvement' as the manager had not yet completed their registration with the Care Quality Commission (CQC) and although we found improvements with the quality monitoring of the service and improvements in other key questions, we needed to be assured these improvements were sustained over time.

We brought this inspection forward due to the number of concerns raised about the quality of care provided to some people and the findings of a monitoring visit made by a contracts officer from North East Lincolnshire Clinical Commissioning Group (NELCCG) on the 27 September 2017. Following this visit, the registered manager was directed to complete an action plan and we attended a meeting with the registered manager and NELCCG on 4 October 2017 where the improvements needed at the service were discussed.

At this inspection we found the previous deputy manager and a number of experienced senior care staff had left the service earlier in the year. Although new senior staff had been recruited, the registered manager confirmed they were much less experienced and considered this had had a significant impact on the monitoring and delivery of care at the service in recent months, and in part to the support they could contribute and provide towards the overall management of the service.

The registered manager was able to demonstrate to us the arrangements in place to assess and monitor the quality of the service provided. This consisted of audits, questionnaires and meetings so people could express their views. Although some regular audits had been undertaken, we found many aspects of the programme and the action plan were not effective and lacked 'rigour' in identifying and driving all the improvements needed.

For example, the recent audits of medicines systems had not identified the issues we found on inspection in relation to records. The care plan audits focused on the records in place and not the quality of recording and whether records had been updated and reflected the person's current needs. The audit programme had not identified that two people did not have care plans in place. An audit of infection prevention and control was completed in June 2017 and scored 96%, however two weeks later the community matron for NELCCG completed an audit and the score was 80%. On 10 October 2017, the service audit score for infection prevention and control was 91% but few of the shortfalls we found on the inspection two weeks later, had been identified. Although there was evidence some decoration had taken place, the 'home audit' did not include a review of dementia friendly adaptations and there was no formal renewal programme available to schedule the outstanding work needed. The recent dignity audit action plan identified numerous 'immediate' actions, but we found most had not been reviewed. There were no specific audits for training or staff supervision and we found shortfalls in the programmes.

We found the provider had systems in place to review and analyse accidents and incidents each month, to see if any improvements could be made. However, we found a completed incident record in one person's care file (the file had been audited following the incident) and two records of incidents in the person's daily records, which demonstrated that staff were not following the provider's incident reporting procedures. In

the past we have always found the registered manager had reported all relevant incidents to the local safeguarding team and CQC when necessary. Records showed these incidents had taken place when the registered manager was on leave. The registered manager reported these incidents to the relevant agencies retrospectively.

Although the staffing levels in the service were satisfactory, staff time was not organised effectively to meet people's needs, for example some people did not receive support with bathing as often as they preferred, staff presence in the communal areas was not consistent and the organisation of meal service was muddled. There had been no formal observations of care routines by the registered or operations manager to identify shortfalls and support measures for improvement.

Audits had not identified shortfalls in relation to aspects of risk management of the service. Areas not covered included the stair gates at the bottom and top of the stairs and the lack of secure garden areas at the service.

These issues meant there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

This lack of robust quality monitoring meant there was a lack of consistency in how well the service was managed and led. Following the inspection we were informed there had been a new operations manager allocated to the service, who visited the service at least two days each week. Senior staff from the provider's other services in the area were providing more regular and consistent support 'on the floor', assisting with and overseeing care practices, to ensure an appropriate standard of care was maintained. They were providing more support to the registered manager and senior care team at the service in managing the shifts and supervising the care staff. New systems had been put in place to monitor and improve the care records, new cleaning schedules had been introduced and an assessment to support work to secure the garden areas had been completed. We were also told that staff had received training in areas where shortfalls had been identified, such as dignity and person-centred care.

Despite the above, people and their relatives were generally positive about The Grove Care Home and confirmed they attended residents' meetings. Comments included, "I think it's a good home and well-run, they check everything works well", "I go [to resident's meetings], we moan about all sorts of things but the boss puts it right", "At the last meeting we complained about laundry issues and it has got a little bit better" and "We can see there have been some improvements but they could do more, especially with the carpets. The manager is very approachable and deals with any issues we raise."

There were meetings, shift handovers and communication books to ensure staff had up to date information about issues affecting the service and people who lived there. Staff were able to participate in the meetings, express their views and make suggestions.

Staff told us they felt supported by the registered manager and had confidence that she would address any concerns that were raised in an appropriate manner. Staff felt morale had been affected by staff turnover, staff sickness levels and a lack of organisation. Comments included, "It's a good place to work and we have a good team of carers, but the skill mix on some shifts has been affected by all the staff changes", "If the manager sees someone doing something wrong, she will talk to them and explain how they should do it", "The care staff don't always listen to the senior staff", "The manager is very supportive; it doesn't matter how busy she is she will find time for you. She also helps out on the floor" and "It's a nice home, but there are lots of things that need sorting."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who used the service did not consistently have their needs assessed, care planned and met in a person-centred way. Regulation 9 (1) (a) (b) (c) (3) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The standards of cleaning and hygiene were not maintained to a satisfactory level to ensure people were protected from the risk of infection. Regulation 12 (2) (h) The registered person had not ensured people who use services were protected against the risks associated with unsafe management of medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems or processes to assess, monitor and improve the quality and safety of the services provided and mitigate risk had not been operated fully. Regulation 17(1) (2) (a) (b) (f)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Suitable arrangements were not in place to ensure staff received the training, supervision and support they required to carry out their roles effectively.

Regulation 18 (2) (a)