

# Rethink Mental Illness

# Grove Court

## Inspection report

100 Lancaster Road  
Newcastle Under Lyme  
Staffordshire  
ST5 1DS

Tel: 01782628983  
Website: [www.rethink.org](http://www.rethink.org)

Date of inspection visit:  
26 April 2023  
28 April 2023

Date of publication:  
16 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Grove Court is a care home providing personal care to up to 12 people. The service provides support to adults with mental health conditions. At the time of our inspection there were 11 people using the service. Grove Court is an adapted building with shared areas for people to access independently.

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

The provider had not assessed all environmental risks and where risks were identified actions were not always taken to keep people safe. Hygiene levels in the care home were not always effectively maintained which meant people were at increased risk from the spread of infections.

Quality assurance systems needed to be more robust to identify all environmental risks which could place people at risk of harm. Actions needed to be taken swiftly to address areas of concern when this had been identified.

People were supported by enough suitably trained and safely recruited staff. People were kept safe from the risk of abuse. People's medicines were safely managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked with other professionals to achieve good outcomes for people. People were involved in their care planning and had input into the service.

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

### Rating at last inspection

The last rating for this service was good (published 8 February 2019).

### Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to infection control practices, safeguarding, mental capacity, care planning and food and fluid monitoring. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grove Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to people's safety in the environment, the cleanliness of the premises and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Grove 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Grove Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grove Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people living in the service and 2 relatives. We spoke with 5 members of staff including the registered manager, head of service, team leader and health recovery support workers. We viewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records, quality audits and policies and procedures were reviewed.

After the inspection we continued to seek clarification from the senior management to validate evidence found.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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

- Not all risks had been assessed and where monitoring was taking place, the provider had not always addressed areas where risk had been identified.
- For example, radiators throughout the home were uncovered. This meant people were at risk of burns from hot surfaces. Additionally, although hot water temperatures were being recorded, these were consistently above the recommended guidelines. This meant people were at risk of scalding themselves.
- Although people had condition-specific risk assessments in place, some of these needed more information. For example, 1 person's diabetes risk assessment contained information and symptoms of high blood sugars, however, it did not contain symptoms of low blood sugars. Staff knew people well and understood their needs, however, there was a risk of signs or symptoms not being identified swiftly if new or unfamiliar staff were to provide support.

We found no evidence people were harmed. However, systems in place were ineffective in identifying safety issues and concerns. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Despite people and relatives telling us they felt the home was clean and staff confirming they were cleaning daily; cleaning was not always effective. We observed staff did not always follow safe hygiene practises in regular handwashing and wiping of surfaces.
- Some areas of the home appeared visibly damaged which impacted on effective cleaning. For example, there was damage to walls and some furniture where food and drink was placed was damaged.

The building was not well maintained and infection control and hygiene practices were not always effective which placed people at risk of harm. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us about and shared the care home's refurbishment plans, which they felt would improve the effectiveness of the cleaning. Some of the plans were to commence shortly; this included a deep clean of the home, replacing flooring throughout the home and advertising for a domestic member of staff.

We were somewhat assured that the provider was supporting people living at the service to minimise the

spread of infection.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong.
- A local authority report highlighted areas where improvements were needed, however, swift actions had not been taken for all areas identified. For example, infection control and cleanliness were identified as issues, however, this was still apparent when we inspected.
- The head of service and registered manager were receptive of our feedback in relation to environmental safety concerns, such as the uncovered radiators and the hot water, and the registered manager took swift action to reduce risks to people.

Visiting in care homes

People were able to have visitors without restrictions.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough safely recruited staff.
- The provider applied for Disclosure and Barring Service (DBS) checks for staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us they planned to recruit more care staff and agency staff were used when needed. One staff member told us, "We are managing. Sometimes we are short staffed but always pull together. If we haven't got the staff, we use agency. If we are short staffed the registered manager will work over."

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- People and relatives told us they felt safe. One relative told us, "I feel [my relative] is safe and [my relative]



has never said they feel unsafe."

- Staff understood how to keep people safe from abuse and how to report their concerns. Staff knew how to access the safeguarding and whistle-blowing policies if needed. The registered manager was reporting concerns to the local authority and notifying CQC in line with their responsibilities.

#### Using medicines safely

- People's medicines were managed safely by trained staff.
- People and relatives felt staff managed this well. One person told us staff were supporting them to safely manage their own medicines, "I want to self-medicate. Staff are sorting this for me."
- The team leader and registered manager told us they carried out spot checks of staff administering medicines and staff confirmed this.
- Regular medicines audits were completed. The registered manager explained how staff count medicines each time they administer them as well as weekly and monthly audits being completed to enable them to identify and address errors swiftly.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The provider's systems were not always effective in identifying all risks to people. For example, the radiators in the home did not have any covers to protect people.
- The provider's systems to monitor people's safety had failed to identify that some people's risk assessments did not contain enough information to guide staff on how to meet people's needs.
- Quality assurance systems were not always effective in ensuring all areas of the home were hygienic.
- Actions had not always been taken to address concerns. For example, where hot water temperatures were identified as having been more than recommended guidelines, actions had not been taken to reduce the risks to people.

Governance systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2002 (Regulated Activities) Regulations 2014 .

- The head of service and home manager were receptive to feedback and started addressing concerns identified during the inspection and after.
- The service worked in partnership with health and social care professionals.
- The registered manager told us they had good links with professionals. We saw records of professionals who had visited people in the service as well as information when staff had liaised with relevant professionals when needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in their care planning and treated with respect. People's preferences and cultural needs were considered.
- People were involved in resident's meetings and felt listened to by staff and management.
- One relative told us, "If I had any concerns, I would feel comfortable telling [the registered manager] as they are approachable and deal with any concerns."
- Staff told us they felt able to raise concerns with the registered manager as well as feeling supported in their roles. One staff member told us, "[The registered manager] is very approachable to everyone."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility when things went wrong. They explained they would be open and honest with the person involved and all others involved in that person's care, including their family and other professionals.

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 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure adequate hygiene and IPC throughout the premises.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not effective in identifying concerns to ensure people were safe or acting on areas where improvements were needed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to identify hot water temperatures were exceeding guidelines placing people at risk of scalds and burns. The provider had failed to cover radiators to ensure people were not at risk of burns from hot surfaces.</p>

**The enforcement action we took:**

Serve warning notice.