

Leonard Cheshire Disability

# The Grove - Care Home with Nursing Physical Disabilities

## Inspection report

Scotts Hill  
East Carleton  
Norwich  
Norfolk  
NR14 8HP

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Tel: 01508570279

Website: [www.leonardcheshire.org](http://www.leonardcheshire.org)

## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

The Grove is a residential care home for 32 people who have physical disabilities. The home is a period building over two floors. A newer extension provided ensuite facilities and communal areas. At the time of our inspection there were 30 people living within the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The people who lived at The Grove had a wide variety of needs and health conditions and complex physical disabilities. Some people required more significant support than others and most were wheelchair users. The people who lived in The Grove were provided with high quality, safe, caring, person centred support which was responsive to their needs. People received personalised support and there was a clear understanding of seeing each person as an individual, with their own social needs.

Staff received training in all areas relating to people's individual health needs and holistic activities. Staff also received support from external healthcare professionals on how to best care for people. People were encouraged to socialise and pursue their interests and hobbies.

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

People were involved in all aspects of their care and were supported by staff to communicate their wishes, likes, dislikes and decisions. People were supported through the use of verbal communication, pictorial forms and electronic aids.

People were protected from risks relating to their physical and mental health and possible abuse. Risks to people had been assessed and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Staff and volunteers treated people with respect and kindness. There was a warm and pleasant atmosphere at the home where people and staff shared jokes and laughter. Staff knew people and their preferences well. People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people were supported individually to ensure their specific needs around food and drink were met.

Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines was regularly checked. Staff told us they felt comfortable raising concerns.

There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |               |
|--|---------------|
| <b>Is the service safe?</b><br>The service remains Good.       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good.  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good.     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good.   | <b>Good</b> ● |

# The Grove - Care Home with Nursing Physical Disabilities

## **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 was a comprehensive inspection. The inspection took place on 6 and 9 November 2018 and was unannounced.

The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had a background in adult social care.

Before the inspection we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

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

During our inspection visit we spoke with 12 people living in the service, five relatives, three care staff, one nurse, the volunteer co-ordinator, the deputy manager and the manager.

We observed interactions between people and care staff. We reviewed three people's care records, policies and procedures and records relating to the management of the service.

# Is the service safe?

## Our findings

Our inspection in April 2016 rated the service Good in the Safe key question. At this inspection we found people continued to receive a Safe service and have rated the service as Good.

People said they felt safe living at The Grove. One person said, "I like it here. I feel safe and at night too. There's always staff around and with my call bell I know they will come quickly if I need them." Another person said, "I feel safe in my room."

Staff knew how to keep people safe from abuse or harm. The provider ensured all staff continued to receive regular training in how to safeguard adults at risk as well as in equality and diversity. This helped staff to stay alert and recognise signs that could indicate a person may be being abused or harmed and the appropriate action to take to safeguard and protect them.

Where there were known risks to people's health, safety and welfare, measures were put in place to reduce them so that people could be appropriately protected. One person said, "I feel very safe when the staff hoist me. There are always two staff to do this." Senior staff assessed and routinely reviewed risks posed to people due to their specific healthcare needs. They ensured there was a clear plan for all staff to follow on how to reduce these risks to keep people safe whilst allowing them as much freedom as possible. For example, for people who were at risk of developing pressure ulcers, their support plans guided staff on how to ensure any risk to them was reduced by supporting people to re-position and transfer safely. This included the use of specialist equipment to reduce the risk. In our conversations with staff they were knowledgeable about the individual risks posed to people and able to explain clearly how these should be minimised to protect them.

There was an on-going maintenance and servicing programme in place for the premises and equipment which the manager monitored monthly. They followed up promptly on any maintenance issues that needed to be resolved to reduce any impact this could have on people. The service had a food hygiene rating issued by the food standards authority of five. This rating is awarded to services that have 'very good' hygiene standards. We saw the environment was maintained to a high standard and clean. Staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene.

There were enough staff to support people. One person said, "They are quick in responding when I call them." A relative said, "I haven't noticed a lack of staff here day or night nor at weekends." The manager reviewed staffing levels every month using a dependency tool. This helped them to check there were enough staff to meet people's needs in the home and out in the community. Staff were visibly present and providing appropriate support and assistance when this was needed. The provider continued to follow safe recruitment procedures carrying out the relevant checks. Checks were also carried out on people working in the service as volunteers.

People continued to receive their prescribed medicines. A person told us, "Medications I feel are appropriate to me, they are always on time. I don't ask what they are for, I trust the staff to get it right." Another person said, "My meds are on time, I never have to wait. They explain to me what they are for."

Medicines were stored safely. Medicines administration was recorded on a computer. A nurse explained this system to us and how it ensured that medicine was administered appropriately. This together with our checks of stocks and balances of people's medicines confirmed these had been given as prescribed.

Accidents and incidents were recorded by staff and these were reviewed by the manager. Action was taken to respond where appropriate in order to ensure incidents did not reoccur if preventable.

## Is the service effective?

### Our findings

Our inspection in April 2016 rated the service Good in the effective key question. At this inspection we found people continued to receive an effective service and have rated the service as Good. People told us that staff were able to meet their needs. One person said, "They [staff and volunteers] seem to know what they are doing, they always use the same lifting hoist, always two of them to do it. Even with new staff they seem to show them what to do."

Since our last inspection, all staff continued to undertake training in topics and subjects relevant to their roles. This ensured their knowledge and skills were up to date and reflected current best practice in supporting people effectively. New staff were required to complete comprehensive induction training before supporting people unsupervised. There was a programme of regular supervision (one to one meeting) and annual appraisal through which staff were supported to reflect on their work performance and training and development needs. Staff told us they were encouraged to talk about any issues or concerns they had about their work in supervisions and supported to identify practical solutions for how these could be resolved. One member of care staff said, "I can go to [supervisor] for support. They have very very good knowledge."

Staff encouraged people to have enough to eat and drink to meet their needs. To support people to do this, staff ensured meal times were an enjoyable and personalised experience. We observed the lunch time meal. The atmosphere throughout was relaxed and unhurried and staff were attentive to people's needs and offered and respected their choices for what they ate. One person said, "We have no set menus here, it changes all the time with the seasons." Another person said, "The food is excellent here, it's well presented." Throughout the day people were offered a choice of hot and cold drinks with coffee freely available from a machine in the lounge.

Where people had specific dietary needs these were assessed and action taken to ensure their needs were met. A relative told us, "My [relative] has dietary needs specific to them. They always make certain that it is the correct consistency and it tastes good too."

During the inspection we spoke with two visiting health care professionals. They were complimentary about the service. They said the service listened to what they, as professionals had to say and were also pro-active in requesting referrals. A relative also told us that the service had made an appropriate referral for their family member saying, "We are waiting for a speech and language therapy assessment."

People told us they continued to be supported to access healthcare services. One person said, "I have regular medical check-ups with the doctor that comes here to the home." Another person said, "In the last year I have seen the doctor, dentist and the optician has come to the home too."

The premises continued to meet the needs of people. One person said, "I like the grounds here. When it's warm I like going around the lake with my relatives or with the staff." We saw that the walkways in the grounds were specifically designed to allow easy access to all parts of the garden. All doors were accessible for people who used wheel chairs, for example the automatic front double door which ensured people were



able to come and go as they wished. The extensive grounds of the service were also used to meet people's needs. The manager told how a fishing platform had been built on the lake for a person who had moved into the service and had a love of fishing.

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. We found that these were being dealt with appropriately. A member of nursing staff had been given protected time to review all of the DoLS and ensure they were still relevant.

People's ability to make and consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support. One person said, "We are not forced to do anything. We are always asked if we want to join in." People's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so.

## Is the service caring?

### Our findings

Our inspection in April 2016 rated the service Good in the caring key question. At this inspection we found people continued to receive a caring service and have rated the service as Good.

People said The Grove was homely, comfortable and welcoming. A visitor to the service told us, "The staff here care about the residents, always feel that the residents are cared for and the staff are not here just because it's a job." Visitors said there were no restrictions on when they could visit and enjoyed coming to the home. We observed artwork created by people and photographs of people and their families and staff enjoying various activities and celebrations were displayed throughout communal areas and in people's rooms which helped to reinforce the homely and welcoming atmosphere.

People told us staff knew them well and supported them to be as independent as they wished to be. One person said, "We mostly have the same staff here, but new staff normally work beside them [experienced staff] until they get to know us and find their feet."

People's support plans contained detailed information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves. Staff told us they prompted people to do as much as they could and wanted to do before stepping in to help. We observed this happening during our inspection and staff encouraged and praised people to do as much as they could for themselves in order to retain as much independence and control as possible. We observed a volunteer in the service discussing a future outing with a person living in the service. They spoke about who would be going with the person making sure that they were happy with the arrangements.

We observed a wide range of interactions between people and staff during our inspection. People were addressed warmly and by their preferred name. In the communal lounge, staff were friendly, chatty and encouraged people to join in conversations and with any activities taking place. Staff made sure each person was invited to take part so that no one was excluded. Staff and volunteers were attentive to people's needs. When speaking with people the staff made certain that they were at the same head height as people. Where people took time to express their wishes staff did not assume they knew what the person wanted but took time to wait and listen. However, we did observe two occasions where staff did not respect people's decisions. For example one person wanted to stay in the dining room after lunch but the member of staff said, "You will be by yourself here, why not come into the lounge as we are going to have music this afternoon." The member of staff then wheeled the person into the lounge. This did not respect the person's wish to have some time on their own. We have spoken with the manager about these incidents who was confident that these were isolated incidents but will address the issue with the staff team.

## Is the service responsive?

### Our findings

Our inspection in April 2016 rated the service Good in the Responsive key question. At this inspection we found people continued to receive care that was individual and personalised to their needs. We have rated the service as Good.

We saw from care records that people had person centred care plans in place which were very inclusive of people's views and wishes. One person who used the service told us, "The care plan, I leave it to the staff to deal with, but if I need to know anything I read it in the room." The information in the care plan enabled staff to support people in the way they wished to be supported and to live full and active lives. There were systems in place to help ensure staff were up to date with any change in people's needs. Daily handovers took place between shifts and records were updated as required. Support plans were regularly reviewed so that staff had the most up to date information to support people.

People were supported to take part in a variety of activities both within the service and in the community. One person said, "There are lots of activities here." Another person said, "We have singing, knitting, crafts and cooking." We saw examples of the crafts in the service, these included Christmas decorations and ceramics. A volunteer told us, "We try to involve as many residents as possible and try to spread out the work according to the individual ability." They then gave us an example of a person who liked to join in making cakes but had limited manual dexterity. They told us this person had been given the job of mixing the cooking ingredients which they had thoroughly enjoyed.

People were able to access the local community and the local community were encouraged to visit The Grove. One person told us, "I like to go out. We use the mini bus for trips to the town and the city for shopping." The manager told us how the local community visited for organised events such as walks around the grounds and a music festival. There was a pool of trained staff and volunteers able to drive the service transport which enabled people to access the community with greater flexibility and freedom.

Staff were supported by a team of volunteers. The service had a part-time volunteer co-ordinator who managed the volunteers. The volunteers supported people with activities and community involvement. They received training from the service to support them. In one case a volunteer had built a close relationship with a person living in the service and had been trained to support them in more personal areas such as with their meal. Other volunteers were trained to drive the mini bus.

The service used technology to support people with the care and social needs. There was a computer room with computers available for people to use with internet access. One of the computers had a keyboard with larger keys. The service had a policy to guide people on keeping safe when using the internet. The provider told us in their PIR that technology was also available to support people's care needs for example eye gaze and magic carpet which is a form of assistive technology. During our inspection we observed a person using breath call which enabled one person who could only tilt their head and blow to use the call bell. On the day of our inspection visit the wi-fi access within the service was being upgraded to enable people to access wi-fi throughout the service.

The service had a policy for dealing with concerns and complaints. People told us that they knew the procedure to make a complaint and were confident that if the need arose to complain their concerns would be dealt with effectively. One person said, "If there are any conflicts, small or large, I feel the management here handles it with dignity and respect." The manager gave us an example of how a recent complaint had been managed with an outcome that satisfied all concerned.

# Is the service well-led?

## Our findings

Our inspection in April 2016 rated the service Good in the well-led key question. At this inspection we found people continued to receive care that was well-led and have rated the service Good.

The registered manager had left the service prior to our inspection. The provider had employed a replacement manager who had applied to register. 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 current manager displayed a good knowledge of the legal requirements to notify the CQC of changes and incidents affecting the service. People were aware of the changes in management. One person said, "Yes we have a new manager, he seems a very nice man." Another person said, "I have seen the new manager, seems a nice chap. He asked me if there is anything I need."

Staff told us they worked well as a team and supported each other where possible. In addition, they told us that the management and team leaders were approachable and always available for advice and guidance if needed. Team leaders had received training in conducting supervisions and appraisals which supported these to be an effective interaction.

People told us they felt involved in developing and managing the service. The service had one person who acted as a spokesperson. One person said, "I like having [person] as our chairperson, I feel you can mention things to them and they will bring this up at meetings." One person told us how they were involved in interviewing staff. They said, "I interview potential staff which I hope has influence on the care homes decisions." They also explained that people could put their views forward on changes in the service. Minutes of a recent resident meeting had discussed whether people wanted name plaques on their bedroom doors as the service still had numbers which some felt was institutional. It had been agreed that this would be implemented for those that wanted their name on their door. A relative told us, "The care home leave the minutes of the residents meetings in the room for us. If not you can ask for them from the office."

There was a well-developed performance framework which assessed the safety and quality of the service. Where audits had identified that actions were needed, they had been carried out. The manager maintained a quality improvement plan which was reviewed monthly. This covered areas across the service such the safe management of equipment storage and the management of medicines.

The service worked in partnership with other organisations to provide care and support which met people's physical and social needs. This included other care professionals and the voluntary sector.