

Soundpace Limited

Groveswood Residential Home

Inspection report

13 Woodland Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Groveswood Residential Home is situated in a residential area of Rock Ferry. The home provides personal care for older people. The home is able to accommodate a maximum of 32 people. At the time of inspection there were 22 people living in the home.

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

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.

People, their relatives and other health and social care professionals gave consistent, positive feedback about the service.

We observed support being provided in the home and saw that this was done in a caring, responsive and patient manner. We saw that people were comfortable in the presence of staff and positive relationships had developed between people receiving support and staff.

Staff were recruited safely and received regular training, supervisions, attended staff meetings and had regular practice checks. Staff we spoke to said that they felt well supported. The registered manager had implemented a number of new processes following learning gained through auditing systems and through the COVID-19 pandemic.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed and contained detailed information. People told us they felt safe with the service.

Accidents, incidents, safeguarding and complaints were managed appropriately and monitored by the management.

Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We saw evidence of how the registered manager and staff ensured people's beliefs, choices and rights were respected.

Medication administration was managed safely and new quality checks that had been implemented ensured practices were monitored. Staff had regular performance checks to ensure ongoing safety of people living in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 14

May 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 02 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing, recruitment and staff supervision.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grovewood Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Groveswood Residential Home

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 Care Act 2014.

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 two inspectors 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.

Service and service type

Groveswood Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the registered manager. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to safely recruit staff which placed people at potential risk from harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service.
- People and their relatives we spoke with felt there was sufficient staff on duty; they told us "Well when I've been there there's lots of staff around. I don't know what the ratio is but all I know is my aunt is well looked after" and "Yes, I do. I think the care staff are fantastic but I know they do bring in agency if they need to. Yes, whenever I've phoned there's always been someone there."

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.
- Body maps were used to document any injuries identified for example any skin concerns. However, the documentation did not always reflect the monitoring of the healing processes. We discussed the processes that were in place with the registered manager who was able to demonstrate that monitoring was in place. The registered manager actioned this immediately.
- Each person we spoke with told us that they all felt extremely safe living in the home. Comments included "Honest to God really safe. No one would ever hurt me. That's what it has done to me and when I talk to the carers, they say this is what we do. I mean it's brilliant. No one would ever do anything to you." Another person said "Safe, believe me the security around here, the staff are always around. I've got my alarm. My son pops to the window every day. I'm well fed, I do my exercises each day and its company as well. I have my telly on, I'm happy, content and the staff couldn't do more."
- There was a policy in place to ensure that people were protected from the risk of harm and referrals had been made to the local authority safeguarding team when abuse had been suspected.

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks. Risk management considered people's physical and

mental health needs and showed that measures to manage risk were as least restrictive as possible.

- Risks to the environment had also been assessed to help ensure people were safe. Regular checks on equipment took place to ensure that it was safe and fit for purpose.
- We were able to see evidence that the provider was in the process of updating fire doors and the environment to ensure they maintained the safety standards required.

Using medicines safely

- Medicines were managed safely.
- Staff who administered medication received training and had their competencies regularly checked.
- Appropriate measures were in place for controlled medicines and these were regularly audited.

Preventing and controlling 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us "Yes I ring up to get an appointment and they give you a COVID test. Once that's cleared, now we can sit in the conservatory and that's fine. Yes, we do have pinnies, gloves and masks."

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- There was a proactive and robust approach to managing performance of staff. Staff were supported to improve their practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff had not received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were given an induction in accordance with recognised standards for care staff and were also given regular additional training to improve their skills and knowledge. This was supported in discussion with staff.
- Staff received an appropriate level of support for their role through regular appraisal. Staff told us how the registered manager constantly had an open-door policy, and this was used by the staff who felt supported in their role.
- People we spoke with felt staff were well trained.

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

- Assessments were unique to an individual and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to the assessment, planning and delivery of care and treatment.
- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- People had the option to eat their meals where they chose.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required. We were told by one family member "Discussed with the GP and the community mental health team as these needs arise and the falls, they have kept me informed. I must

admit I can't say anything other than good about them. The team have given us as much time and space as possible."

- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care. One social care professional told us by email "It's a home I use regularly for respite and long-term placements if they have availability. When I call for feedback regarding any client they always know who the client is and where things are up to."

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

- Specialist aids and equipment were in place as required to provide essential care and support needed when bathing.
- The home had recently been refurbished and was bright and welcoming.
- People's personal spaces such as their bedrooms were personalised and reflected their choices.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and a robust best interest decision making process was followed and documented.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were supported to express their views and contribute to the development of the service at team meetings. Staff told us "I can go to [registered manager] and will help me improve and spends time with us all. No issues about bringing up issues. [Registered manager] has open door policy" and "It's improved a lot and I was apprehensive but the work [registered manager] has done is amazing. Really good relationships with family's which is really important."
- Everyone we spoke with were positive about the care provided and people said they were happy living at the home. This demonstrated continued good leadership and management. Comments included "It's a care house, it's really really good. They are really on your side. When I first came, they asked me what I wanted, if I wanted beans. I never had that." Another person said, "It's a beautiful place to be in. These people they've saved me. They are really really lovely people."
- The registered manager had challenged perceptions and decisions made by others to ensure the people living in Grovewood Residential Home had their rights, choices and wishes respected.

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

- The registered manager was responsive to feedback given throughout the inspection and immediately acted on the findings. They were also able to discuss how they used feedback from other agencies such as local authority to improve their processes and practices.
- Regular safety and quality audits were carried out to measure performance and generate improvements. When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- The registered manager had shared information with the CQC as required. The registered manager and staff we spoke with were clear with regards to what was expected of them within the home.
- Policies and procedures were in place, including infection control, data protection and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff told us they felt a part of the service and outcomes were met. One relative told

us "Yes I am, annual care reviews and involved in conversation with [registered manager] and the GP regarding resuscitation." People living in the home had the opportunity to give feedback regarding their care by meetings, one to ones and by completing quality questionnaires.

- Professionals we contacted all gave extremely positive feedback on how the registered manager and staff contributed to a person-centred culture.
- Any input from other professionals was clearly documented and incorporated into the service being delivered.

Continuous learning and improving care

- The registered manger had implemented a number of new processes to ensure the quality of the service was of a good standard. Examples included new monitoring systems for the health of the people living in the home.
- During the COVID-19 pandemic the registered manager and staff continually adapted the service to keep people safe and well.