

Spring View Care Limited

# Grosvenor House Care Home

## Inspection report

Aqueduct Lane  
Coopers Hill  
Alveschurch  
Worcestershire  
B48 7BS

Tel: 01214477878

Date of inspection visit:  
31 January 2017

Date of publication:  
03 March 2017

## 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

We carried out an unannounced comprehensive inspection of this service on 31 January 2017. At the last inspection on 2 February 2015, the provider was given an overall rating of Good.

The home is registered to provide accommodation and personal care for adults who require nursing care and who may have a dementia related illness. A maximum of 25 people can live at the home. There were 23 people living at home on the day of the inspection.

There was 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.

People told us that they felt safe in the home and were supported by staff to maintain their safety. All staff told us about how they kept people safe and how they knew what to do if they suspected the risk of abuse. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced people's risks. People told us they received their medicines as needed and at the correct time. They also said that if they needed extra pain relief or other medicines these were provided.

People told us staff had the knowledge to look after them and staff told us their training supported their role and reflected the needs of people who lived at the home. Nursing staff had clinical supervision which they felt supported and help them in providing care to people who lived at the home.

People told us they enjoyed their meals and we saw where needed people were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received support to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity.

People had been involved in the planning of their care and relatives felt they were involved in the care of their family member and were asked for their opinions and input. People told us staff offered encouragement and support to attend places of worship or go on day trips.

People and relatives we spoke with told us they were aware of who they would make a complaint to, but were confident to approach the management team if they were not happy with the care. The provider had reviewed and responded to all concerns raised.

The registered manager provided good leadership and management for the staff team. The service and staff demonstrated their commitment to care for people with dignity, to further improve and to follow best practice for the care of people living at the home. The management team linked with care forums and ensured people had access to the local community. The service had a good reputation within the local community and also with health and social care professionals.

The provider had a robust programme of audits in place to monitor the quality and safety of people's care and support. Action plans were developed where shortfalls or people's feedback had identified any improvements that could be made. The provider continually strived to make things work better so that people benefitted from a home that met their needs. The provider's planned improvements were followed up to ensure they were implemented.

## 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 remained good.

People felt safe and free from the risk of abuse and there were sufficient staff to meet people's needs throughout the day.

People received their medicines when needed and were supported by staff that met their care and welfare needs.

### Is the service effective?

Good ●

The service remained effective.

People were supported to make their own decisions.

People's care needs and preferences were supported by trained staff. People's nutritional needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

### Is the service caring?

Good ●

The service remained caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

Good ●

The service remained responsive.

We saw that people were able to make some everyday choices and had engaged in their personal interests and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

### Is the service well-led?

Good ●

The service remained well-led.

People who used the service and their relative's views and experiences were used to make changes to the service and drive any improvements required to make the service better.

People were looked after by staff who were committed to and shared the provider's vision and values to ensure people benefitted from the best possible care. The registered manager provided clear leadership and management for the staff team.

# Grosvenor House 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 inspection took place on 31 January 2017 and was unannounced. The inspection team consisted of one inspector. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority and Clinical Commissioning Group.

During the inspection, we spoke with six people who lived at the home and four visiting relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with four care staff, the deputy manager, the registered manager and two directors. We reviewed two people's care records. We also looked at provider audits for environment and maintenance checks, compliments, incident and accident audits and staff meeting minutes.

# Is the service safe?

## Our findings

All people we spoke with felt the home offered a safe environment and they had no concerns about their well-being. One person said, "I am comfortable here and there is always a nurse, so it makes me feel that bit safer at night". Relatives were confident their family members were kept free from the risk of harm and were happy their family members were safe.

All staff told us they would report any concerns about people's care immediately and action would be taken to keep a person safe. All staff said they would not leave a person if they suspected or saw something of concern. The registered manager had acted upon concerns raised and notified the local authority and CQC as needed.

People told us they were aware of their risks and we saw that where needed support from staff was available. One person told us, "The girls [staff] are very supportive, I use my frame for so far and then they are right behind me with the wheelchair when I need it". Nursing and care staff we spoke with knew the type and level of assistance each person required, for example, where people required the aid of hoists or assistance with food and drinks.

Care staff told us they were clear about their responsibilities in reporting changes to a person's risks to nursing staff, who then would review and detail any changes in the person's care plans. All care staff we spoke with told us that any concerns were always addressed without delay by the nurses and nursing staff told us the care staff were good at advising of any changes.

All people we spoke with told us care and nursing staff were available and attentive. We saw that care staff were able to spend time with people and respond in an appropriate manner to support them. For example, care staff spent time ensuring people were comfortable as well as responding to requests and call bells that people used when they wanted care staff.

We saw staff remained present and available for people in the communal areas, with only short periods where staff left to assist people elsewhere in the home. Care staff told us when needed the deputy manager and registered manager would cover shifts. The registered manager had reviewed staffing numbers and had a permanent staff team that were available to meet people's needs and wishes.

All people were supported by nursing staff or senior care staff to take their medicines and one person said, "The nurses put the tablets I need in the pot and I take them. If I need paracetamol I just ask". We saw people were supported to take their medicine when they needed it.

Nursing staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health and used a colour coded system to assist. One person told us they had a review of the medicines they were taking and were feeling better as a result. People's medicines records were checked daily by nursing staff to ensure people had their medicines as prescribed. Nursing staff told us they checked the medicines when they were delivered to the home to

ensure they were as expected. The medicines were stored in a locked clinical area and unused medicines were recorded and disposed of.



## Is the service effective?

### Our findings

All people we spoke with said the care and nursing staff knew how to look after them. One person told us, "Nursing care is superb". Care and nursing staff demonstrated that they understood the needs of people they supported and responded accordingly. All of the care and nursing staff we spoke with told us about the training courses they had completed and what this meant for people who lived in the home. For example, staff felt confident and knowledgeable in how to provide care for people who had complex care needs.

Care staff felt supported in their role and had regular meetings with the management team to talk about their role and responsibilities. This included talking about people's care needs. Care staff we spoke with told us there was good team work and support from the management team which helped them provide the care people required. They felt this equipped them with the skills and knowledge to carry out their role.

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.

All people we spoke with said that had a choice about their day to day decisions and all staff and management would listen to their requests or decisions. One person told us, "If I did not want something they [staff] would just not do it". All care staff and nursing staff we spoke with understood people's right to choose or refuse treatment and would respect their rights.

People who did not have capacity to make a decision received support from the management team to involve people that were important to that person and professionals to make a decision. The registered manager also knew where relatives had the legal authorisation to make, financial or care and welfare decisions on behalf of a person.

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 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 were being met. We saw that applications had been made to the local authorities where the management team had identified their care and support potentially restricted the liberty of the person.

All people that we spoke with told us they enjoyed the food and meal times in the home. People were always offered two main meal options or a meal they requested. One person told us, "The cook is excellent, not one meal that has been a disappointment". People's food preferences and dietary needs were known by the staff and had been recorded. One person told us, "Food is very high quality and local produce is used".

Where people required additional support to maintain a healthy diet, a dietician had provided them with a

nutritional assessment. The nursing staff told us who required fortified diets and some additional food types that reduced the risk of choking. For example, providing soft foods and encouraging people by offering smaller portions if needed. One person told us the meals were, "Small and frequent which is suiting me much better".

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists and were supported to see their GP when they required it. One person said, "The GP coverage is superb, there is a weekly visit for the non-urgent stuff".

Other professionals had been involved in supporting people with their care needs. For example, people attended hospital appointments for assessments and review of their health needs. One person told us, "I saw a specialist about my back to see if there was anything else to be done". Nursing staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. One person told us, "The Parkinson nurse is involved with my care". Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

## Is the service caring?

### Our findings

All people we spoke with told us staff were kind caring and attentive to them. One person told us, "I have good relationships with the staff here". People told us they enjoyed living in the home. One person we spoke with told us all staff were lovely but, said, "[Staff name] is good, first class".

Relatives told us the nursing and care staff were approachable and friendly with everyone. People told us when their friends and relatives visited they were always welcomed by staff at the home. One person told us, "There are no restrictions on when they [family] visit, just come whenever". People told us that the staff team had been consistent and were able to develop appropriate relationships with them.

The atmosphere in the communal lounges varied from quiet and calm to lively with staff and people enjoying games together. One person told us that, "I have fun with [staff] it's a pleasant atmosphere". People were comfortable with staff who responded with fondness. All care staff we spoke with told us they got to know people and what they were interested in. Where people were quiet care staff looked for non-verbal signs to see what people preferred or enjoyed.

People told us that the care staff listened to them about the care they wanted daily. One person said, "They wash my hair, which I love, it makes feel so nice and refreshed". Two care plans we looked at recorded people's likes, dislikes and their daily routine. This included how much assistance they needed or if they wanted to stay in bed or their bedroom. Staff we spoke with told us they respected people's everyday choices in the amount of assistance they may need. One person said, "Nothing is too much trouble, always ready to do that bit extra".

People told us they were free to spend time where they wanted. People told us they felt involved in discussing their care and support options with staff. Relatives told us the care suited their family member. We saw that nursing and care staff frequently checked and asked if people required anything.

People we spoke with told us about how much support they needed from staff and were happy they were able to maintain their independence within the home. Two people felt that staff would offer encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling. One person told us, "They [staff] keep me nice and comfortable".

People received care and support from staff that were respectful and protected and supported their privacy. We saw that screens were in use where people shared a bedroom, or to provide cover in the communal areas. Two people we spoke with felt the level of privacy was good. When staff were speaking with people they addressed them respectfully. We saw that care staff were careful to ensure people were covered when using a hoist or when they sat in the communal areas to maintain their dignity.

## Is the service responsive?

### Our findings

All people we spoke with told us they got the care and support they wanted. They also felt that any changes to their health had been recognised and acted on by staff. One person told us that following an operation, "The nursing care I received here was spot on, they knew just what to do to help with the recovery". There were examples that showed how nursing and care staff had improved people's wounds and quickly identified where infections had developed and people were getting medicines to treat the condition or to provide additional pain relief.

One person told us how staff had supported them when they had recently been unwell. They said, "I feel better now and the nurses helped with the pain and medicine". Relatives told us they were confident that their family member's health was looked after by the care and nursing staff and were informed of any changes or updates and took time to talk with relatives about how their family member had been.

Care staff told us they supported people and would record and report any changes in people's care needs to nursing staff. They were confident they were listened to and the nurses then followed up any concerns immediately. People's needs were discussed when the staff team shift changed and we saw that this information was recorded and used by staff on their shift to ensure people got the care needed. The nurse leading the shift would share any changes and help manage and direct care staff. All staff we spoke with knew where people required their skin to be monitored for changes or other areas of people's needs to look out for that may indicate a concern. Nursing staff told us they knew people well and were able to notice if people were unwell. Nursing staff held a diary of people's appointments and reminders were available for all staff to refer to if needed. People's health matters were addressed either by nursing staff at the home or by referring to other professionals.

People's care plans detailed their clinical needs, medicines and took account of their views, opinions and preferences in their care. We looked at two people's records which detailed people's current care needs which had been regularly reviewed and noted any changes. These showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets.

People told us about their hobbies and interests and the things they could do day to day and how they choose to take part in group activities. People told us they enjoyed dominoes, various quizzes and reminiscing and remembering the past with staff. One person told us they enjoyed some of the celebration themed days that were organised and told us about the recent 'Burns night' tea. People enjoyed trips out and were supported with their religious beliefs and received visits and bible readings.

The registered manager had employed one member of staff dedicated to providing activities alongside spending individual time with people in their rooms. One member of staff told us that this often involved just sitting with a cup of tea and chatting or having a walk. One person told us they liked the external entertainment that came in and told us, "The animal man is great".

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns. They said the registered manager always asked them how they were or if they wanted to talk about anything. All staff and the registered manager said where possible they would deal with issues as they arose. One person told us, " [Registered manager] comes in and sits down with you, brings a note book to write it all down". This reflected the views and opinions of people, their relatives and staff. One person said, "I don't have any problems, but I would just have a word with the nurse". The provider had reviewed and responded to all concerns raised.

## Is the service well-led?

### Our findings

People and their relatives were complimentary about the management team at the home and the positive culture they had developed that ensured people were at the heart of where they lived. We were told by one person, "The directors are here, involved and are very approachable" A relative told us, "Very approachable owners and nothing is ever too much trouble." Another relative said, "You mention the smallest thing and it's done. Not only that they will then check with everyone to see if it's an issue for all." People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during informal daily discussions, during planned care reviews, during social events, celebrations, parties and 'resident and relative' meetings.

Relatives told us they had a good relationship with the registered manager, deputy manager, providers and staff team. They all found the management team accessible, approachable and supportive. The registered manager welcomed everyone in to the home and chatted with them all about how things were going. Everyone we spoke with said they would recommend the home to friends and family.

The main reception area was used to relay information to relatives and other visitors about how the service was doing. When we visited the board displayed information about the outcome of the recent regulatory checks they had been completed and information about the home. The provider had achieved the 'Top 20 Recommended Care Homes West Midlands 2016' for the second year running. This had been awarded based of feedback from people using the service and their relatives. This is an external independent website that collates and publishes comments from the public about care homes.

The visions and values of the service were shared by the whole staff team. The aim was to provide individual care that the nursing home was 'Good enough for us and our parents to stay in' and 'to make out staff feel part of the extended family of Spring View Care. The staff team told us that the provider made sure there was the best possible environment for people living there. From our discussions with people, staff and visiting relatives, it was evident this vision was shared by all. The staff team was led by the registered manager, a qualified nurse with many years' experience in clinical settings and care home environments. They described themselves as passionate about the care of older people.

The staff team told us they were they were proud to work at Grosvenor House Nursing Home. The majority of staff had worked at the home for many years and staff turnover was very low, with staff being supported to leave to enhance their careers. One person told us, "Some staff don't stay, but they go on to train as nurses, they work here for six months or so first. I don't mind as I get involved, give the new staff the lowdown of life here". Staff were all committed to people's lives, providing them with a homely environment and helping them to have fun. This had been supported by people judging and selecting winners for a local painting competition and magazine photography competition within the local community. The provider told us, "I want the residents here to feel part of the community not just a home in the village".

The service had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed on a weekly, monthly, six monthly or yearly basis. Examples of

audits completed were medicines, infection control, health and safety, care planning documentation and a clinical governance audit. Where shortfalls were identified as a result of the audits an action plan with timescales was put in place to ensure the improvements were made.

The registered manager had to submit monthly reports to the provider. This ensured the provider was aware of how the service was doing. Any accidents and incidents were reported on. The events were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible. The number of complaints received by the service were also reported plus any safeguarding alerts, 'resident' and staff issues. One relative had commented how the provider had been key in building relationships with people and staff following a concern raised.

The registered manager and the deputy manager attended meetings with the provider. Amongst other things they shared information about events that had happened in their service, outcomes of CQC inspections, feedback following visits by health and social professionals and other regulatory bodies.

Regular staff meetings were held with the care staff (qualified nurses and care assistants), team meetings for each of the individual areas of the home, catering and housekeeping staff. Staff told us they were encouraged to make suggestions and were listened to. One member of care staff told us, "Good manager who is here to listen. Nice place to work. It reflects if we ([staff] are happy residents are happy". The registered manager or deputy also attended the local authority care home providers forum and this enabled them to share information and to learn from other service providers experiences.

The registered manager ensured they had sound working relationships with outside agencies such as the local authorities, the Clinical Commissioning Group the DoLs team and CQC. The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.