

Soundpace Limited

Groveswood Residential Home

Inspection report

13 Woodland Road
Dacre Hill
Wirral
Merseyside
CH42 4NT

Tel: 01516455401

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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

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 23 people living in the home.

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

We conducted a focused inspection of this service looking at the domains of safe and well-led. At this inspection, we found concerns with the management of medicines, record keeping, infection control and governance.

There were a range of provider and manager audits in place, however, a new auditing system had been implemented and not always completed. This meant we could not be certain that certain aspects of the service were being appropriately monitored.

Feedback we received from staff, people and relatives we spoke with during the inspection was mainly positive. We were told by the relatives we spoke with that the care staff communicated with families regularly.

There were enough staff on duty to support people, and staff were recruited safely. Care staff were friendly, and treated people kindly. People's relatives confirmed this and felt their loved ones were well looked after.

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

Rating at last inspection

The last rating for this service was good (published 03 September 2021).

Why we inspected

We received concerns in relation to concerns received about medicines, safeguarding, infection control and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines, accurate care planning and record keeping and governance 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 ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors and one 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Groveswood Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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 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 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 spoke with four staff members. We reviewed a range of records. This included four people's care records and three 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. We spoke with two people who use the service, the acting manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The Expert by Experience spoke with five relatives following the inspection.

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.

Using medicines safely

- Medicines were not managed safely.
- We identified a discrepancy in regard to the management of controlled drugs. This was immediately brought to the managers attention.
- Medicines used as when required did not have information appropriately recorded to support their safe use.
- The provider's audit process had not been carried out recently to ensure such checks were completed; therefore these issues had been left unnoticed.

The provider had not managed medicines safely so people were placed at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- There were some gaps and inconsistencies in people's monitoring information. For example, pressure area relief charts. This meant we could not be assured that skin care for people was appropriate.
- There were inconsistencies in regard to the information held in some people's care plans. For example deteriorations in one person's health had not been reflected in their risk assessments and subsequently not identified in their personal evacuation plan in case of emergencies.
- The provider auditing process had not identified these issues.

The provider had not managed risk safely so people were placed at risk of harm. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We identified issues in regard to the environmental safety checks not being completed at the time of inspection. However, the provider produced evidence following the inspection to show this was being addressed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Inappropriate hygiene practices within the home was identified and discussed with the manager and provider. For example inappropriate waste bins and in one case none in place.

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed as there were significant gaps in regards to temperature checks of people living in the home in relation to COVID-19 guidance.
- 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's infection prevention and control policy was up to date.
- Visiting arrangements aligned to government guidance. One family member told us "Visiting has been quite good, and they were very good at organising visits in the garden during summer period. The only time that they really shut down was for six weeks during the peak of the Omicron virus increase."

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- We could not be certain that accident and incidents were documented appropriately as the auditing system the provider had implemented had not been followed. This meant trends were not always looked for to ensure risks were identified and actioned.

Staffing and recruitment

- During the inspection we saw that there appeared to be an appropriate number of staff on duty.
- Staff were recruited safely with appropriate checks being undertaken before staff started employment. However, documentation was not always readily available and had to be sent following the inspection.

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; 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

- This inspection had been prompted by concerns we had received in regard to the care being delivered.
- The provider had recently changed their auditing system.
- The audits we looked at in regard to medicines, IPC, COVID-19 and care documents were not a true reflection of our findings. For example, the IPC audit scored very highly, there was no indication that the issues we found had been identified. This meant that the audits had become a 'tick box' exercise.
- We identified some significant gaps in dates in regard to some audits; for example pressure sensor equipment. This meant that we could not be certain the equipment was being safely monitored.
- COVID-19 and Infection control processes did not comply with government guidelines. The provider's quality assurance checks had not identified this.

The provider failed to operate effective systems to ensure the quality and safety of the service which placed people at risk of harm. They also failed to maintain accurate and up to date records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider, new manager and the staff we spoke with were clear with regards of what was expected of them within the home. However, we discussed with the provider the additional support systems that were planned to make further improvements.
- For example administrative and additional staff to support safe management of medications as at the time of inspection this was not in place. One family member told us "I am aware the manager has left and let's see how they get on."

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

- Records in relation to people's care did not always contain adequate information and were not always completed properly. This meant it was difficult to tell if people received the care they needed and if this care promoted good outcomes for people.
- The relatives we spoke with told us that there had not been a formal quality questionnaire recently sent but they felt they could talk with the staff regarding the care of their loved ones. We were told "They

telephone if there are any problems."

- Feedback we received from the people we spoke with indicated that relatives, for the majority, were happy with the support being provided by the staff and that there continued to be person centred care.
- Referrals to other health and social care professionals were made when people needed additional support.

Continuous learning and improving care

- The provider and manager was responsive to feedback given throughout the inspection and immediately acted on the findings.
- During the inspection, we found issues with the audits that the provider had already identified in regards discrepancies in scoring systems. This was acted on by the provider to make the system fit for purpose.
- The provider submitted an action plan following the inspection based on the findings stated above.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not managed medicines safely so people were placed at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems to ensure the quality and safety of the service which placed people at risk of harm. They also failed to maintain accurate and up to date records.</p>