

Radacare Company Ltd

# Grovelands Lodge

## Inspection report

21 Grovelands Road  
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Essex  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Grovelands Lodge is a residential care home providing accommodation with personal care to up to 4 people. The service provides support to younger people and people with mental health needs. At the time of our inspection, there were 4 people using the service.

### People's experience of the service and what we found:

Better governance systems needed to be implemented to monitor and improve the oversight of the service. Policies and procedures were not always up to date with relevant information to underpin the management of the service.

People's care and support needs, including risks to their health and wellbeing were not always recorded in detail or in a person-centred way. Personal emergency evacuation plans had not been completed.

People's wishes and preferences about their end of life care arrangements had not been discussed with them.

People told us they were happy living at Grovelands Lodge and had the support they needed.

People were safeguarded from abuse as staff knew people well and knew who to report any concerns to. There were enough staff to support people and staff were recruited safely. Staff received training to carry out their roles and responsibilities.

People received their medicines as prescribed. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were supported to access healthcare from other professionals such as the GPs and mental health services.

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 were being updated and implemented to support supported this practice.

People's nutrition and hydration needs were met to keep healthy. People and their relatives were involved in planning their care. Staff were kind and caring and looked after people well, respecting their dignity and privacy.

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

Rating at last inspection Good (published 12 October 2017). The rating has now changed to Requires improvement.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

### Enforcement and Recommendations

We have identified breaches in relation to the care planning and oversight and monitoring of the service. 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Grovelands Lodge

## 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.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Grovelands Lodge 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. Grovelands Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

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

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 3 members of staff, including the registered manager (who was also the provider), the deputy manager and 1 staff member. We also received email feedback from 3 family members and 3 professionals.

We reviewed a range of records. This included 2 people's care records and medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for quality assurance, medicines management and health and safety records.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and recorded. However, risks were not as robust and detailed as they could be to support people safely. These included risks of choking, and personal care.
- Risk assessments were in the process of being reviewed and transferred over to a new system of recording. Therefore, some information about people's up to date needs was difficult to find and staff would not have easy access to guidance and how to deal with the associated risks.
- Despite support and guidance from the local authority in June 2023, the provider had not sought risk assessment training or made the completion of the risk assessments a priority and completed them in a timely way.
- There were no personal emergency evacuation plans in place to identify what support people may need in the event of a fire.
- The registered manager told us there had been no fire drills completed at night and this was to be considered. People could be at risk of harm if night staff have not had practical training in fire safety drills.

Although we found no evidence of harm, risk management was not robust and placed people at risk of unsafe care. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks on the building, internal environment and equipment were completed by the provider. There was a process in place for staff to complete daily checks on specific aspects of the service such as medicines and money management.

### Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were kept safe from avoidable harm because staff knew them well and how to protect them. However, the provider's safeguarding policy was not up to date. This was discussed during feedback with agreement for this to be reviewed.
- Staff had received training in safeguarding people from the risk of abuse and knew how to raise any concerns.
- People using the service and their relatives told us they felt safe. A person said, "I am safe here, yes the staff know me." A family member said, "[Relative] is happy and settled at Grovelands."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority or CQC and had sent the appropriate notifications when necessary.

### Staffing and recruitment

- The provider told us they had enough staff to support people and did not use agency staff as they could utilise staff from their other service. This meant people were supported consistently by the same staff.
- We reviewed staff recruitment files and found the provider was following safe recruitment processes including taking up references, and carrying out identification checks and obtaining a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People were supported to take their medicines at the prescribed times by staff who had completed administration of medicines training and had their competencies checked by a senior manager.
- Medicine administration records were checked daily for each person and all records reviewed monthly to identify any possible errors.
- There had not been any medicine errors. The deputy manager told us if a medicine error was identified, it would be investigated, and the staff concerned would be supported with additional training and competency checks.
- There was a clear process for collecting, storing, and managing medicines for people. People were supported to self-administer their medicines such as insulin injections and test their blood sugar levels. Advice was sought from the district nurse if needed.

### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received training in infection prevention and control.
- Personal protective equipment (PPE) was available for staff to use.
- There were cleaning rotas and environmental checks in place.

### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- People told us they looked forward to seeing their family members. A person told us, "I see my [family member] often and they can come anytime to see me."

### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accident and incidents were recorded, and the provider shared lessons learned with staff during meetings.
- Safeguard concerns were investigated, and improvements made as a result. The provider told us how they had taken advice from the local authority and changed their rota and shift arrangements. This was to ensure staff were able to support people safely.



# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care and support was delivered in line with current standards to achieve effective outcomes.
- People's needs and choices were assessed before they came to use the service. However, support plans were not always written in a person-centred way showing their wishes and aspirations. These were in the process of being rewritten to make them clearer and from people's perspective.
- People's protected characteristics were mostly recorded to ensure they continued to meet people's diverse needs.

Staff support: induction, training, skills and experience

- Staff received an induction to the service and shadowed experienced staff to get to know their role and responsibilities.
- The provider had a system in place for the training of staff. Staff updated their training every 2 years which was mostly online e-learning. Practical training in medicines administration and managing finances was given in-house so staff were checked they could follow the policy and procedures correctly.
- Staff received supervision and appraisal of their work and progress. These were recorded and signed by staff and supervisor.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they were happy with the food and drinks at the service. They had enough choice about what they liked to eat and drink. One person said, "We sometimes have a takeaway or there is plenty of meals in the freezer to eat."
- The weekly menu was discussed with everyone with a consensus agreement of what meals to have together. From this a shopping list was produced and shopping was done weekly. The deputy manager told us, "I like to get fresh food as well as ready meals and usually a person comes with me to help."
- People helped with the cooking of the main meals and had an individual cupboard for their own snacks and drinks.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

- People had access to health and social care professionals such as their GP, social workers, district nurses, and mental health specialists to support their physical and mental wellbeing. A professional told us, "Staff are good at communication, and they are welcoming and engaged well with me during my visits."
- The staff supported people to remain healthy and well. Staff were always available to support people to attend medical and hospital appointments as and when necessary.

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

- People had their own bedrooms which were personalised by them with their own belongings. People shared a bathroom, lounge, and dining room. A person said, "My bedroom is my own space, I go there when I want to do my own thing."
- We found the general environment was clean and well kept. The provider had put down new flooring upstairs and was due to do the lounge and dining room.
- The stairs leading to the first floor had bare floorboards and the walls and skirting needed painting. The provider told us they had removed the carpet as it was stained some time ago and they had not got round to deciding what flooring to put down. They told us they would address this when completing the other flooring.
- The service had a small garden where people could access to sit outside.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the MCA.
- Where people had capacity, they were supported to make decisions about their care and support and to be as independent as possible.
- People had mental capacity assessments undertaken and these had been put in place. With support from the local authority, these were being improved to ensure they were completed correctly, and in a person centred way.
- Where appropriate, and if people was being deprived of their liberty, DoLS authorisations had been applied for to ensure people's best interests and rights were upheld.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and people told us staff were caring and kind to them.
- People told us they were happy living at Grovelands Lodge. A person told us, "Staff are nice, and I get on with [name of staff member]." Another person said, "I don't want to live anywhere else."
- Family members were also positive about the service. A family member told us, "Overall I am happy with the care and support provided to [relative] by the staff at Grovelands Lodge. Another family member said, "We do feel that [relative] is cared for well and is always clean and has clean appropriate clothes on."
- People's individual and diverse needs were met as they were supported to be themselves. A family member told us, "I feel [registered manager and deputy manager] and other staff members do care for [relative] and they know what they like and don't like and understands what makes [relative] tick." A professional said, "The staff have presented as friendly and caring and appear supportive to people."

Supporting people to express their views and be involved in making decisions about their care

- People were fully supported and involved in their care arrangements. Their views were listened to and discussed so that the service met their needs, and they had equal access to amenities in the service.
- Meetings were held and recorded to discuss cleaning, menu planning and any plans for appointments or going out.
- People had a named key worker who worked closely with them to discuss their needs and how they would like to be supported. Key workers had responsibility for ensuring people's needs were being met with their involvement.

Respecting and promoting people's privacy, dignity and independence

- People got on very well and their views were respected by each other and the staff.
- People were supported to maintain their independence. People had their own household tasks and social activities they did with or without support. Some people accessed the town and bus service independently and some people were supported when going out.
- Staff treated people with dignity and their privacy was respected. We observed warm interactions between staff and people, chatting and laughing. People had lived at the service for a long time. Staff showed familiarity, empathy and a clear understanding of people's current strengths and past struggles.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed. Their physical, emotional, and mental health needs, personal care, oral health and nail care had been identified. This included people's background history, personality, and lifestyle preferences.
- The care plans were not always written in a person-centred way. Staff had undertaken training in person-centred care to help them write about people in a more respectful and individual way, using more acceptable ways to describe people. This work was underway in the review of risk assessments.
- The daily notes were written in a respectful way. They contained important information about how people were feeling and what they had done each day.
- The registered manager shared with us some positive outcomes people had achieved at Grovelands Lodge over the past year, which included taking on responsibility and new challenges and increasing people's quality of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were able to express their needs verbally to staff.
- People were supported with any communication where needed, such as with understanding letters or appointments. Staff knew how to talk with people and understood their styles of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities relevant to them.
- People were able to follow their own interests in the service and in the community. People enjoyed their own TV and music, shopping, swimming, and lunches out. A person told us, "I like to play some games, Connect 4 is good."
- Relationships and contact with family members were encouraged and supported to ensure people were not socially isolated. A family member said, "[Relative] is able to go out often which we think is nice as it keeps some normality and good for them to get out, look in shops and do the things they like."

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- Concerns and complaints were recorded and investigated. People's comments about their care were responded to quickly. A family member said, "If I had any concerns then I would raise them with the service as soon as possible. [Relative] has not raised any concerns recently and remains happy at the service."

#### End of life care and support

- People's wishes and preferences about how they would want to be cared for at the end of their life had not been discussed with them. The registered manager told us they would do this if it was needed.
- There was nobody at the service receiving end of life care.

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

- The provider's governance systems needed improvement to effectively monitor the oversight of the service.
- Some of the provider's policies and procedures were out of date and did not contain good practice guidance to underpin the service provision.
- Care records did not always contain the necessary information staff needed to support people safely and promote positive outcomes for them. Whilst reviews of the care plans and risk assessments were being undertaken, priority in completing them had not been taken. Therefore, information about the action to take to meet people's needs was hard to follow for staff to support them appropriately.
- Care plans lacked a person-centred focus and an over reliance on staff knowledge of how people preferred to be supported. New staff would not always have up to date accessible information about a person's needs and risks associated with their care and support.

We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had employed a consultant to work with them to address issues at the service and was working with the local authority to identify how they would make improvements.
- The staff worked in an inclusive and empowering way promoting people's independence and wellbeing.

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

- The provider understood their legal responsibility to be honest and open with people and organisations if something went wrong.
- People were involved in regular meetings with staff on the running of their service. There was an informal atmosphere at the service where people were able to discuss with staff any concerns and felt included in decisions made about them.
- Staff meetings were held, and discussions and actions noted. The notes of the meetings identified areas for development and improvement.

- The registered manager worked with people to get their feedback on the care they received. We saw an annual survey had been completed. We discussed with the provider during feedback the need to analyse and address why people were not a 100% happy with the service.
- The service supported people to access healthcare professionals and attend appointments with GPs, district nurses and mental health professionals. A professional told us, "I have never noted any concerns in relation to the quality of the service or staffing and found the staff very involved and caring."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not robust enough to manage and mitigate risks relating to people's care needs and the service's fire arrangements. This placed people at potential risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have sufficient oversight of quality assurance systems to support the effective running of the service.