

Soundpace Limited

Groveswood Residential Home

Inspection report

13 Woodland Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: Grovewood 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 18 people living in the home.

People's experience of using this service:

This inspection found that significant improvements had been put into place by the new manager. People and relatives, we spoke to told us that they had noticed that the home has improved.

During this inspection we found improvements in all areas however additional improvements were required surrounding recruitment, staff supervision and training. However, following the inspection the manager provided us with ongoing evidence that this was continually improving.

We observed support being delivered within the home and saw that people were comfortable in the presence of staff. This indicated that positive relationships had developed between people receiving support and care staff. People told us staff were kind and treated them with respect.

People we spoke with told us that there had been a 'vast improvement' since the new manager had been in post and would now recommend the home to others. An external training provider representative also commented on the improvements in the home.

We saw significant improvements had been made to the environment and this was ongoing. We saw the positive impact that this had had on the living conditions for people living in the home. Improvements had been made to the management of the health and safety issues; fire safety, water and building management.

Staff and people spoke very highly of the manager and the work they were doing. Improvements had been made to the management of DoLS and how people's capacity was considered. There were good audit trails of actions taken and why.

People's monitoring of their dietary intake was good, and healthcare was managed well. There were person-centred care plans in place that described what people needed and wanted to keep them safe and well. People told us they felt safe living in the home due to the support they received from staff. Individual risks to people had been assessed and measures were in place to mitigate those risks.

Systems were in place to manage medicines safely and people told us they got their medicines when they needed them.

Systems were in place to gather feedback from people, including meetings or surveys. People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.

Safeguarding and whistleblowing procedures were also in place for staff to follow. Staff spoken with were knowledgeable about safeguarding procedures and how to raise any concerns they had.

Rating at last inspection: The home was previously rated as Inadequate and was placed into special measures. We had previously found breaches of regulation in regard to consent, safe care and treatment, safeguarding, staffing and recruitment and governance.

Why we inspected: This inspection took place as it was a scheduled based on previous rating.

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

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

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 ●

Groveswood Residential Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector, one adult social care inspection manager 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 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 who was going through the registration process 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.

What we did:

We reviewed information we had received about the service. During the inspection we spoke with two people using the service and one relative to ask about their experience of the care provided. We spoke with four staff and the manager. We also received feedback from other social care professionals and an external training provider.

We reviewed a range of records. This included four people's care records and medicine records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of

staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Systems and processes

- Improvements had been made following the last CQC inspection. Safeguarding information was available in the home.
- The manager had maintained a clear audit trail of incidences and actions taken in response to concerns.
- We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.

Assessing risk, safety monitoring and management

- The fire risk assessment for the premises had been recently carried out. This was an improvement following the previous inspection.
- Evacuation processes were now in place including equipment in stairwells. People's emergency evacuation plans (PEEP's) were updated and those we looked at matched their risk assessments and care plans.
- During our previous inspection we had seen that some parts of the home had appeared shabby and some areas in the home looked dirty. At this inspection we found improvements had been made as the home had been decorated and refurbished so that the environment was brighter, cleaner and more welcoming.
- One visitor told us that they were happy that their family member was in a safe environment. They said, "I feel my relative is safe and the staff are lovely, [person's] always watched when getting up and down from their chair."

Staffing and recruitment

- Improvements had been made to how staff were recruited but further improvements were needed. Gaps in employment histories had not always been explored and references had not been checked or verified. Concerns about people's previous conduct had not been risk assessed.

This meant that staff were not always safely recruited which placed people at potential risk from harm. This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.

- We looked at the medicines and saw that for the majority they were safely managed. We identified one discrepancy that was brought to the managers and senior carers attention who actioned this immediately.
- Medicines were stored safely within the home.
- Staff who were administering medication had completed training.

Preventing and controlling infection

- We looked at how the manager and home were preventing and controlling infection. We saw that improvements had been made to the environment and we observed good practice by staff. One person living in the home told us "It is a lot cleaner than it was. My bedding is changed regularly, and the staff always wear gloves if attending to anyone's personal care." Another person told us "It is always clean and since the new management, it's very clean and it no longer smells of urine." A relative felt that the home was clean, they said "The home is always clean, but it improved a lot recently, my relatives' room is spotless and always clean bedding."
- The laundry area was improved since the last inspection with additional improvements planned.

Learning lessons when things go wrong

- We looked at the records relating to accidents and incidents and saw that audits were carried out that looked at every event that had occurred and documented them to look for trends and patterns that could minimise future events.
- We could see that increased monitoring, assistive technology and staff awareness had significantly reduced the number of falls and incidents over the three-month period prior to the inspection.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.

Staff support; induction, training, skills and experience

- Disciplinary processes were in place and had improved since the last inspection.
- The manager had started to carry out supervisions, however this needed continued improvement. Staff training had improved following the previous inspection, however this still needed improvement.

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 continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough with choice in a balanced diet

- The manager informed us that the menus were going to be looked at to be improved. We observed lunchtime and saw that the food served was hot and plentiful. One person told us "The food is ok it is getting better, it is the same old things. The chef will make me something else if I don't like the choice of the main or a sandwich." Another person said "The food is ok, but they are looking to change the menu. You get a hot choice or a sandwich. I like pies, so the chef buys them for me when he goes shopping and leaves them in the freezer for me. When I fancy a pie, he cooks it for me, he is very good."
- People we spoke with said they got plenty of snacks and drinks throughout the day. One person said, "You are always offered hot drinks and biscuits and plenty of them."

Staff working with other agencies to provide consistent, effective and timely care

- The service worked with other health and social care professionals to ensure people's healthcare needs were met.
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

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

- The home was currently going through a massive refurbishment programme. We saw changes in flooring and décor. Windows that had previously been identified as inappropriate had been replaced.
- We saw that there were sufficient communal bathing facilities that was accessible for those living in the home. The manager ensured that during the programme of refurbishment the people living in the home

continued to have access to bathing facilities.

Supporting people to live healthier lives, access healthcare services and support

- The home was using the 'Red Bag' scheme which was a national initiative to improve communication between care providers. The appropriate documents were completed in case anyone needed to be admitted to hospital at short notice. This meant that information to keep people safe was communicated when necessary.

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

- We observed that the staff had a good understanding of consent and capacity issues and that people were actively encouraged to make their own decisions. When people could not make their own decisions then legal processes had been followed and this was a significant improvement from the last inspection.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and concluded that they were which was a further improvement following the last inspection.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Some people living in the home had religious beliefs and we could see from care plans that these were recognised and supported.
- People were comfortable in the presence of the staff and it was obvious that the staff knew the people well.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- Throughout the inspection we saw lots of examples of people being encouraged to make choices for themselves about what they wanted to eat and how to spend their time. We saw that some people had made very clear decisions about how they chose to spend their day and where they wanted to eat their meals. Their choices were respected.

Respecting and promoting people's privacy, dignity and independence

- We observed lots of warm, positive interactions between staff and people who lived in the home. Staff knew people well and how they liked to be cared for. We saw one person cuddling a hot water bottle soft toy. We were told that they did this regularly and it enhanced their well-being which we could see. Many people had blankets which were used for comfort as well as to keep them warm.
- Staff were discreet with support that they provided by approaching people quietly and carefully and offering support.
- There were people in the home who valued their independence and we could see that this was respected. People we spoke with told us that they were encouraged to do what they can for themselves. People felt their privacy and dignity were respected at all times. One person said "Yes, they are always respectful and always knock before coming into my room."
- One relative told us that their relative liked the staff who supported them. They said, "I can tell my relative likes the staff, they are always kind and patient with them." People we spoke with told us they liked the staff who looked after them and that they were caring and respectful. One person said, "I really like the staff who look after me."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plan files we looked at were very detailed and informative, regularly reviewed and reflected the needs of the people living at the home. The files contained relevant information about the individual, such as their communication methods, health, emotional, and physical health needs.
- We saw lots of examples of staff spending time with people, talking quietly and offering reassurance. People told us that the staff knew them well. One person said, "The staff know me well." Another said, "They all know me and I know them very well as I have been here a long time."
- People were choosing how to spend their time. One person told us about the garden and the work they did to maintain it. There was a program of activities to engage people. The manager told us that they were looking into bringing the local community into the care home for people who were unable to access.
- People we spoke with said they had choices over their day. These included getting up and going to bed when they chose to and choosing what clothes they wore. One visitor told us "My relative takes part in any activities that go on. I also take part with them. They do bingo or games and also make craft things appropriate to the time of year."

Improving care quality in response to complaints or concerns

- The complaints procedure and complaints forms for people to use were on display in the home in the entrance foyer.
- There have been no formal complaints made since the last inspection.
- People we spoke to and their relatives told us that they would not hesitate if they had any complaints and felt comfortable with raising any complaints.

End of life care and support

- Staff understood how to support people and their families at the end of their lives.
- Some people had advanced care plans in place to make their choices clear for the end of their lives to ensure that the home understood their wishes. These included details of religious beliefs and practical arrangements that people had made in advance.
- The manager recognised that the home needed to develop and improve their end of life care and was looking into applying for accreditation with various organisations that could support them.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There had been significant improvements made to the home however additional improvements were needed regarding recruitment, staff supervision and training.
- The provider had made a significant financial investment into the home to make the improvements that had been required and address all of the issues that had been identified at the last inspection.
- CQC had been notified of incidents that had occurred within the home as required.

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

- The manager had made an application to CQC to become the registered manager. This was in progress at the time of the inspection.
- The report and current CQC rating was displayed in the home and on the provider's website as required. This was an improvement on the last inspection.
- The manager had introduced a number of audit systems and processes into the home that identified where further improvements were needed and ensured that improvements already made were sustained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff, relatives and people living in the home spoke very highly of the manager and the impact that they had on the home. One staff member said "It's nice to have someone who knows what they are doing. It used to be tense here but now the atmosphere is good. It's a lovely place to work now."
- The manager had received emails and other feedback from relatives thanking them for the improvements to the environment and the care being provided.
- We saw evidence of regular staff meetings and residents and relative's meetings that were taking place for people to engage with the changes and improvements being carried out in the home. One relative told us how they had attended a meeting. They said "Yes there's one a month now and I always attend, they are very informative. " They had also completed questionnaires in the past.

Continuous learning and improving care

- The registered manager positively encouraged feedback and acted on it to continuously improve the service.
- The manager had devised a number of action plans in relation to different areas in the home and was

working on them consistently.

Working in partnership with others

- We saw evidence that the manager was engaging with the local authority and other stakeholders to support the staff team to make improvements in the home.
- We were told by people and relatives that they had noticed an improvement in the home. We were told "The home is getting there, it's a lot better and more organised" another person said "It is changed for the better and it is starting to be re furbished. The staff look happier since the change of manager." We were also told "[Manager] is very nice and he's done marvellous things since being here."
- An external training provider representative told us how they come into the home each week and each week it gets better and better. They said it is a pleasure now to come into the building and that their colleagues back at their office have also said they cannot believe the change that's happened so quickly to the home.