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Grove Residential Home

Inspection report

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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

About the service:
Grove Residential Home is a care home providing personal care and support for people with mental health needs. The home is registered for seven people.

At the time of the inspection it was providing a service to three people.

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.

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

People's experience of using this service:
People and relatives told us the service was safe and well led, and staff provided an effective, caring and responsive service.

People were safeguarded from the risk of harm and abuse.

People received safe care from staff who were knowledgeable about the risks and how to manage them safely.

People's needs were safely met by sufficient and suitable staff.

People's medicines needs were met safely by staff who were well trained and skilled.

The home was clean. Staff safeguarded people from the risk of infection.

Staff told us they felt well supported.

Staff knew the individual needs for people including their likes and dislikes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were person-centred. Staff knew how to provide personalised care.

Staff treated people with dignity and respected their privacy. People and relatives were involved in the care planning process and their independence was encouraged.

People and relatives knew how to raise concerns.

People, relatives, staff and health and social care professionals told us they the service was well led. They told us that they found the registered manager approachable.

The provider worked collaboratively with other organisations to improve care.

The provider had effective systems and processes in place to ensure the quality and safety of service.

Rating at last inspection:
Good (report published on 28 November 2016)

Why we inspected:
This was a planned inspection to check that this service remained Good.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Grove 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:
The inspection team consisted of one inspector.

Service and service type:
Grove 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Our inspection was announced.

We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure the registered manager was at the location to facilitate our inspection.

What we did:
Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House.

Due to technical difficulties, we did not ask the service to complete 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. However, during the inspection, the service was able to show us all relevant documents and the plans they had in place.

We spoke with three people who used the service and one relative. We also spoke with one health and social care professional who was visiting the service.

We spoke with the registered manager and one care worker. After the inspection we spoke with one care worker.

We reviewed three people's care records, two staff personnel files, staff training documents, and other records about the management of the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
• People and a relative told us they felt the service was safe. One person said, "I feel safe." A relative told us, "Absolutely safe. [Staff] are very aware of [relative's] needs and personality."
• People were protected from the risks of harm, abuse and discrimination.
• There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
• Staff and management we spoke with had a good understanding of their responsibilities. One member of staff said, "I would have to report to the manager quickly."
• Staff completed safeguarding training to provide them with knowledge of abuse and neglect.
• The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management:
• People's care files included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as health and safety, hygiene, physical and mental, nutrition, medicines, religious and social needs, finances, diabetes and independent supported living.
• Risk assessments were personalised and regularly reviewed.
• Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom. One staff member said, "The process would [be to] bring up to manager. For example, when [person] became [ill]. We went to the doctor and the social worker. Everyone knows what is going on when there is a change. The paperwork changed. I addressed to the manager and she made the changes." This showed staff met people's needs safely.
• The service had contracts in place for the regular servicing and maintenance of equipment. We saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, and fire equipment.
• People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency. People's safety in the event of an emergency had therefore been considered.

Staffing and recruitment:
• Through our discussions with the registered manager, staff, people who used the service and their relatives, we found there were enough staff to meet the needs of people who used the service.
• Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One person said, "There is a lot of staff." Another person commented, "Two is enough staff [in the day]." One relative told us, "If someone goes out on a trip there will still be staff here."

• Staff told us there was sufficient staffing levels and their shifts were covered when they were on sick and annual leave. One staff member told us, "Yes definitely is [enough staff]."
• The provider followed safe recruitment practices.
• Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely:
• People's medicines were administered safely.
• The service had a medicines policy in place which covered the recording and administration of medicines.
• Records showed staff were up to date with medicines training.
• Staff shadowed an experienced staff member and then were supervised with giving medicines.
• People who were supported with medicines had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
• MARs were checked regularly by the registered manager to ensure they were appropriately completed.

Preventing and controlling infection:
• Staff completed training in infection prevention. Records confirmed this.
• Staff had access to personal protective equipment such as gloves and aprons. One staff member told us, "Always wash my hands. I wear gloves when giving personal care."
• The home was free from malodour.

Learning lessons when things go wrong:
• There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong. However, we found they did not always record lessons learnt.
• We discussed this with the registered manager. They told us told us lessons learnt would be included with future accidents and incidents recording. Also, they told us the staff meeting agenda will now include a topic on lessons learnt for staff to discuss.

Good

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.

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:
• The service aimed to obtain as much information about a person before a new care package commenced. Before admission to the service a needs assessment was undertaken to assess whether the service could meet the person's needs. This included assessments from commissioning bodies, and feedback from people and their relatives.
• Staff knew people's preferences, likes and dislikes. Information available included meal choices, and personal hygiene routines.

Staff support: induction, training, skills and experience:
• When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "I had induction. Induction was [for] two weeks. We did training. [Registered manager talked] about dignity, safeguarding, [manual] handling and the food menu."
• Records showed staff completed The Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
• Training was provided in subjects including challenging behaviour, care planning, communicating effectively, COSHH, diversity and equality, fire training, food hygiene, hand hygiene, health and safety, infection control, moving and handling, record keeping, risk assessments, depression, medicines, safeguarding adults, Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and dying, death and bereavement.
• Staff told us the training provided helped them to perform their role. One staff member said, "I get training. I do training online. It helps me a lot."
• Staff felt supported and received supervision and annual appraisals. One staff member said, "My manager supervises me. End of the month we have face to face [supervision]."

Supporting people to eat and drink enough to maintain a balanced diet:
• People and a relative told us the food was good. One person said, "Food is alright. Get meat and potatoes." A relative told us, "There is always food cooking and snacks on offer. [Staff] are very careful with [relative's] diet. She had a [medical condition] last year and had to change her diet and medication."
• People's dietary needs were recorded in their care plans along with any associated risks and instructions for staff to meet those needs safely.
• Staff recorded what people ate and drank to enable them to monitor their food and fluid intake.
• People prepared their food menus with staff's help. The menus contained food pictures to enable people to make decisions regarding what they ate and drank.
• Records confirmed staff had received training in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care:
• The service worked with other agencies and professionals to ensure people received effective care.
• Where people required support from other professionals this was supported and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs, and health and social services. Records of communication and correspondence confirmed this.
• One health and social care professional told us, "Any issues dealt with there and then. [Registered manager] will give any support when needed. I come with a team doctors and students and they sit with [people who used the service]. It is a very nice place."

Supporting people to live healthier lives, access healthcare services and support:
• Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin. One staff member told us," I would call the ambulance [if person unwell]. Manager will go on appointments [with people]."
• One person told us, "I see the dentist every six months." A relative said, "All [relative's] medical side is followed through. The GP is next door. [Relative] saw the optician and dental service."
• Records showed the service worked with other agencies to promote people's health such as GPs, dentists, optician, ophthalmologist, physiotherapist and the mental health team.

Adapting service, design, decoration to meet people's needs
• People and a relative told us the home was well maintained. A health and social care professional commented, "It is a lovely home. I like the way it is structured. The garden and sunlight."
• The home's design and decoration met people's individual needs. The home had recently been refurbished. During the inspection, we observed people accessing their bedrooms, garden and other communal areas with ease and comfort.

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

People can only be deprived of their liberty to receive care and treatment 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.

• During the inspection, we observed staff encourage people to make choices and asked their permission before they provided care.
• Staff ensured that people were involved in decisions about their care and understood the procedures to make sure decisions were taken in people's best interests. One staff member told us, "Always have to ask [people] first." Another staff member said, "Always ask [people's] permission]."
• People's capacity was assessed on a regular basis and their care plans stated whether or not they had capacity to make decisions. People who were subjected to DoLS had approved DoLS authorisation certificates in their files.

• Where people had been assessed as not having mental capacity to make decisions, the registered manager was able to explain the process they would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals. A health and social care professional told us, "We had a best interest meeting. [We] looked at [person's]history. Person has capacity and [they] can give consent."

Good

Is the service caring?

Our findings

Caring – this means 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; respecting equality and diversity:
• People and relatives told us they liked the service and they found staff caring and helpful. A person said, "[Staff] care about me." Another person told us, "It feels like home." A relative said, "Wonderful, absolutely wonderful. The vibe is lovely. I just felt content to know this place is right for [relative]. Life is so different now for [relative]."
• Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I treat [people] like my own mother and father. That is what my relationship is like with them. I enjoy my work." Another staff member told us, "People get very close here. It is family orientated."
• During the inspection, we observed caring interactions between people and staff. Staff were sensitive to people's needs, listened to them patiently, and supported them with compassion. The home had a pleasant and warm atmosphere.
• Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
• People's care plans stated their needs in relation to their gender, culture and religion. This enabled staff to meet people's needs in relation to their protected characteristics.
• Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We welcome everyone. I would patch them into LGBT networks. There is a [local LGBT] group that regular meets." A staff member said, "We treat them as equal as anybody else. There is no judgement here on my part."
• The service displayed compliments from people and their relatives. This showed they found staff to be caring and kind. Comments included, "Thank you for all the love and care you gave [person] over the past 11 years. Also, to all the staff who cared for [person]" and "Thank you for the lovely buffet you put on and once again, thank you very much for taking care of [person]."
• People were encouraged and supported to maintain relationships with their loved ones. Relatives told us there were no restrictions on visiting hours and they felt welcomed by staff.

Supporting people to express their views and be involved in making decisions about their care:
• People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
• Relatives told us they were involved in the care planning process. A relative told us, "[Registered manager] will send out [care plan]. I did oversee [relative's] life story [documentation]. [Registered manager] will

always print off the relevant paperwork. [Registered manager] will always tell me about meetings."

Respecting and promoting people's privacy, dignity and independence:
• People and a relative told us their privacy and dignity were respected. One person told us, "[Staff] knock on the door." One relative said, "There is a lot of consideration for my [relative's] dignity with her personal hygiene. [Staff] are very considerate."
• Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "You have to knock before you enter their room. You close the door and blinds before giving a shower."
• Staff promoted and encouraged people's independence. A staff member told us, "A lot of it is allowing [people] to do things on their own. For example, if they want to dress themselves. We give them the space they need. You judge if they need help. With independence we keep it as free as possible, so they can do what they want."
• Promoting independence was reflected in people's care plans and this enabled staff to support people to maintain their independence.

Good

Is the service responsive?

Our findings

Responsive – this means 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:
• People and their relatives told us the service was responsive and met people's personalised needs. A relative said, "The communication is very good. If [relative] ever ill, [staff] contact me immediately and update me."
• Staff knew people's likes and dislikes, and how to provide personalised care. A staff member said, "In the induction a lot of it was learning the routines of the [people who used the service]. They have certain habits and quirks."
• People's care and support plans gave staff information on their life history, likes, dislikes, healthcare needs, routines, how they would like to be supported.
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements.
• The care documentation clearly showed that the service identified and recorded communication impairments.
• People had access to planned activities and local community outings. During the inspection we saw people doing exercises, sitting in the garden and going out in the community.
• People and their relatives told us they enjoyed the activities provided. One person told us, "I love my exercises." Another person commented, "I go up to the café. I go to [place of worship] for the service." A relative said, "[People] do painting, [and] they go the coffee shops. They have singing sessions in the church and a jazz session. They do loads."

Improving care quality in response to complaints or concerns:
• The service had a system in place to record people's feedback, concerns, complaints and compliments.
• Staff knew how to provide feedback to the registered manager about their experiences which included supervision sessions and team meetings.
• People and their relatives were aware of how to make a complaint. One person said, "I would speak to the staff." A relative said, "Can't imagine I would complain but I would discuss with [registered manager] first. If still not happy I presume she would give me information."
• Records showed the service had received no complaints since the last inspection.

End of life care and support:
• The provider had an end of life care policy that detailed how to support people receiving palliative and end of life care.
• Currently no one was being supported with end of life and palliative care.
• Recently a person who used the service died suddenly. Staff told us they felt supported through this

process. One staff member said, "[Registered manager] was emotional. We were part of the funeral. It was nice to process things for us and the family to talk about [person]. It was nice to share stories. Even the other [people] were emotional. This was processing time for all of us."

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:
• People and their relatives told us they felt the service was well run and responsive to their concerns and needs. One person told us, "I like it here. I like [registered manager]." Another person said, "[Registered manager] is a hard worker." A relative said, "I think it's a wonderful piece of mind that [relative] is happy and content and has a life here. [Registered manager] is very good. She has a good balance of being professional and a connection with the family and your needs as a person." A health and social care professional commented, "It is a fantastic home. I recommend the home if we have a [person] that needs a residential [placement]. The [people who used the service] have a happy face."
• Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems. For example, staff meetings were held on regular basis. One staff member said, "I go to most of the staff meetings. They talk about new technology they want to add. They want to go paperless." Another staff member told us, "You are allowed to [talk] about issues."
• The service had a policy and an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
• The registered manager said, "It's about being truthful, honest and transparent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• Staff spoke positively about the registered manager. One staff member said, "You are free to tell [registered manager] problems. She is a lovely manager. She is like family." Another staff member told us, "[Registered manager] is wonderful because she is very open. She is very good with the [people who used the service]. She is very friendly. Any suggestions she will listen."
• The registered manager had a clear understanding of her role and the organisation.
• The service had a number of effective quality monitoring systems in place. These were used to continually review and improve the service. The audits included weekly and monthly medicines checks, infection control and housekeeping checks.

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

• The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed on any changes.
• The quality of the service was also monitored through the use of a survey to get the views of people who used the service. We looked at the survey results for 2018. Overall the results were positive.
• The service also monitored the quality of the service with a staff survey. The last survey sent to staff was for 2018. Overall the feedback was positive.

Continuous learning and improving care:
• Throughout our inspection we saw evidence the registered manager was committed to drive continuous improvement.
• There was a quality assurance programme in place.
• The registered manager told us they attended the local branch for Skills for Care, local authority safeguarding board meetings and was part of the local authority care manager forum. Skills for Care is the sector skills council for people working in social work and social care for adults and children in the UK. They said, "I found skills through the network. It is a huge support network. You get to learn from small and bigger providers. We are all going through the same thing. I am now one of the co-chairs for the East London branch."

Working in partnership with others:
• The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with the local authority and local health services.