

Grove Place Village Limited

# Grove Place Retirement Village

## 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

This service provides care [and support] to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [or] [rented], and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service. At the time of inspection, 24 people were using the service. Others who lived at Grove Place could receive care and support should they need it in an emergency.

At the last inspection, the service was rated Good

At this inspection we found the service remained good.

Why the service is rated good

Risks to people were assessed, monitored and mitigated. Where incidents occurred, these were analysed for reflection and future learning. Staff received training in safeguarding, which helped them identify and prevent people coming to harm. There were sufficient staff in place and the provider had thorough pre-employment checks in place to determine their character and skills. There were systems and processes in place to reduce the risk of infections and safely manage people's medicines. Staff understood how to put this guidance in place.

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 were mostly independent in their nutritional and healthcare needs. However, where required the support needed was clearly identified. Staff received ongoing training and support in their role to promote effective care.

People were given choice and flexibility around their care arrangements. The registered manager and staff worked in partnership with people to provide services which were personalised, responsive and met people's needs. There were policies in place to manage people's complaints and the registered manager investigated concerns thoroughly when they arose.

Staff were competent, confident and caring in their role. People were treated with dignity and respect and staff gave them choices about how their care was delivered.

The registered manager was fully involved in the day to day running of the service. They understood people's needs and were responsive to feedback when given. The registered manager carried out a series of checks to monitor the quality and safety of the service and worked in partnership with other stakeholders to provide support and resources to people.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Grove Place Retirement Village

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection.

The inspection took place on 9 January 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 9 January and ended on 15 January 2018. It included visiting the office where the service was managed from, speaking to people around the housing complex and speaking to people via telephone to gain their views on the care provided. We visited the office location on 9 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

We spoke with four people who used the service. We also spoke with the registered manager and four staff members.

We looked at the care plans and associated records of three people. We reviewed other records, including the provider's policies and procedures, incident reports, staff training records, staff rotas and quality

assurance questionnaires.

# Is the service safe?

## Our findings

People told us they felt safe receiving care from staff. One person said, "I think they [the service] are reliable." Another person commented, "I have no complaints. I am happy with the service provided."

There were systems in place to protect people from abuse and harm. The provider had developed a safeguarding policy which reflected guidance from the local authority. Staff told us how they monitored people's health and wellbeing and would raise concerns to the registered manager if required. Records of safeguarding incidents demonstrated that the registered manager had responded appropriately to safeguarding concerns when alerted, which helped to keep people safe.

Risks to people's personal safety were assessed and monitored. People had risk assessments in place around their mobility, medical conditions and the use of any equipment by staff associated with care tasks. Risk assessments were regularly updated when people's needs changed. All people who lived in the retirement village (irrespective if they regularly commissioned the service) had access to an alarm system which alerted staff to emergencies where they required additional support. This included when people had falls and required assistance from staff in order to keep them safe. The registered manager told us this system was regularly used and staff were able to respond to alerts 24 hours per day.

The registered manager used learning from incidents as an opportunity to improve the service. Team meetings and supervisions were used as a platform for staff to discuss where issues had occurred and to agree more effective working methods. The registered manager had recently put in place a change in procedure around medicines management in response to an incident which had occurred.

There were sufficient staff in place to meet people's needs. The registered manager regularly allocated additional staff on duty to help ensure there were staff available if people were unwell or required additional care. The registered manager followed the provider's recruitment policy to ensure that appropriate pre-employment checks were made when recruiting new staff.

There were systems in place to ensure people received their medicines as prescribed. Most people independently managed their medicines. Those who needed help had the level of support they required detailed in their care plans. The registered manager regularly audited people's medicines administration records to check that people were receiving their medicines as prescribed.

There were systems and processes in place to protect people against the risks of infection. Staff had received training in infection control. They told us how they wore personal protective equipment such as gloves when supporting people with their personal care. This helped to minimise the risk infection spreading.

# Is the service effective?

## Our findings

People told us the service provided effective care. One person said, "The care does everything I need it to."

The registered manager used a wide range of assessment tools and documents in order to formulate a plan of care to meet people's needs. These included meetings with people and relatives to discuss their abilities and needs and assessments by health professionals such as speech and language therapists or doctors. This helped ensure people's needs were fully assessed.

Staff received training in the Mental Capacity Act 2005 and understood the need to seek consent before providing care. The registered manager and staff demonstrated clear understanding of best interest decision processes to support people assessed not to have capacity. People's care records documented where they had consented to the care they received and where required those who had supported them with the decisions. The registered manager said, "I make sure I go through things slowly and clearly so people understand what they are consenting to."

Staff received training, induction and ongoing supervision to help enable them to be effective in their role. Staff received a wide range of training which was relevant to their role. New staff were given time to work alongside experienced staff to enable them to familiarise themselves with people's needs. The registered manager regularly met with new staff during their induction to check their wellbeing and working practices. Staff received ongoing support in their role through supervision with the registered manager. Supervisions enabled staff to discuss their role, training needs and reflect on issues or incidents which had arisen.

The vast majority of people independently managed their food and nutrition. Where people did require support, the level of support was agreed and documented in their care plan. One person required prompting around their food due to concerns about their health. Staff told us how they kept a record of food and drinks offered and had liaised with the person and their doctor about concerns and how to maintain a healthy and balanced diet.

People had access to healthcare services as required. The majority of people managed their healthcare needs independently. Where required staff monitored people's health and wellbeing under the direction of guidance from health professionals. This included helping people attend health appointments if they requested staff's assistance.

# Is the service caring?

## Our findings

People told us that staff were caring and kind. One person said, "All the staff are lovely really. They are friendly and bright." Another person reflected, "My regular carers are excellent."

Staff knew the people they are caring for, including their preferences, personal histories and backgrounds. The registered manager was in the process of working with people to produce documents about their life histories and families. These were detailed and included pictures from people's past. The registered manager told us these documents could be used by staff when working with people to help them reminisce about past events or people.

Staff showed concern for people's wellbeing in a caring way. Staff were knowledgeable about people's needs and were dedicated to promoting people's wellbeing. Many staff worked flexibly to provide additional visits when people were unwell or needed additional help. In one example, a staff member had stayed on after finished work to check the welfare of one person as they were waiting to hear back from the doctor regarding an illness. The member of staff said, "I couldn't go home without knowing [person] was alright." Staff shared updates with each other in a compassionate and caring manner, working together to find creative solutions to ensure people's needs were met.

People were treated with dignity and respect. One person said, "The staff all respect that it is my own home." The registered manager told us how staff were conscious not to discuss people's care issues in earshot of others and they ensured handovers took place confidentially in the registered manager's office. This helped to ensure that people's private matters were not discussed in public settings.

People were involved in making decisions about their care. The registered manager regularly visited people to review their care needs and check they were happy with the care received. Where people directly commissioned the care services themselves, they predominantly directed the registered manager as to where and how care was provided.

Staff supported people's independence. The service was flexible in when and how it provided care services. Some people used the service for short periods of time if they were unwell or were recovering from a hospital discharge. These short term services helped provide them with the necessary support to aide their recovery and helped enable them to stay in their own homes. In one example, the registered manager had arranged staff to support a person when they returned from hospital after surgery. Staff adjusted the nature and frequency of their visits as the person's recovery progressed, which helped the person return to a situation where care services were no longer required.

Staff demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were policies in place to ensure people's specific care needs were considered and staff's knowledge was further bolstered by training in

equality and diversity. One member of staff told us, "Equality and diversity means treating people the same, not discriminated and being fair no matter what you believe."

## Is the service responsive?

### Our findings

People told us the service was responsive to their needs. One person said, "I choose how I want things done and the staff are always very open to feedback." Another person commented, "The service is a good addition to our lives as staff can be there if we need them or not if we don't."

People's care plans were personalised and included details about their preferences around their care. The registered manager met with people to discuss their care needs before care services started. Through a series of regular phone calls and visits, the registered manager ensured that people's care plans were up to date and fully met their needs.

People's communication needs were documented in their care plans. Where people may struggle with their sight, hearing, speech or memory, this was documented in their care plan. Strategies for staff to use to promote effective communication were also documented. In some cases this involved speaking in a patient and reassuring manner, in other cases this involved reiterating information to people in a simple way so they were able to understand.

The service was responsive to people's needs. When people used the emergency buzzer system, staff immediately contacted people to ensure their safety and wellbeing. The registered manager told us how they would frequently check in with people who were unwell to offer additional support and help ensure their wellbeing.

There were policies in place to investigate concerns and complaints. The registered manager kept written record of all the complaints the service received along with the investigations and follow up from these concerns. There were no ongoing complaints at the time of inspection.

People were consulted about how they would like to receive care at the end of their life. The registered manager told us how they met with people to identify their needs and wishes and worked in partnership with other health professionals such as Doctors and District Nurses to provide the care required. Care was provided flexibly and could be adjusted at short notice. This helped to ensure the service was responsive to people's needs.

## Is the service well-led?

### Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was fully involved in the day to day running of the service. They knew people and their needs well and also contributed to the management of other services in the retirement village. The registered manager was committed to the wellbeing of people. They were setting up a series of social events to increase the opportunity for people to mix together, decreasing the risk of social isolation.

The registered manager operated an 'open door' policy. Staff told us they were knowledgeable and approachable. One member of staff said, "The registered manager is always here for us (staff). They are really experienced and supportive."

The registered manager monitored the quality and safety of the service. This included regularly speaking to people to ask for their feedback about staff and the service overall. The registered manager also collected care notes staff made on their visits. They told us they checked for missing entries, inaccurate or inappropriate recordings, quality of handwriting and any potential training issues. Themes from these audits were picked up and addressed with staff both individually and in team meetings. The registered manager also submitted monthly reports to the provider detailing key aspects of the service including; staffing levels, incidents and falls. This helped to ensure the registered manager could effectively oversee the performance and culture of the service.

The registered manager had made links with other stakeholders to provide services and resources for people. When some people chose to live in residential placements, the registered manager would help people with the transition to their new home. This involved visiting prospective services, sharing assessments with incoming providers and giving practical help and support around the logistics of moving. The registered manager had also made links with a wheelchair service. They arranged for free loans of wheelchairs for people if required when they attended medical appointments. This helped to ensure that people were safely able to attend their appointments.