

Four Seasons (JB) Limited

Grove House

Inspection report

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20 December 2018

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 31 October and 1 November 2018 and 20 December 2018. The first day of the inspection was unannounced and we commenced the inspection at 7am in the morning. The third day of the inspection visits was unannounced. This was because of some concerns that we had been informed about. The service had last been inspected in January 2017 and had received the rating of good. However, during this inspection we found that the service had deteriorated and we have now rated it as requires improvement. We found breaches of the regulations concerning people's dignity, their safe care and treatment and the governance of the home. You can see what action we told the provider to take at the back of the full version of the report.

Grove House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grove House is a purpose-built care home over three floors. It is registered to provide care to up to 63 people. At the time of our inspection there were 57 people living in the home. The ground floor was for people who are elderly and who had general nursing needs and the top floor was for people with dementia. The middle or first floor had been designated for intermediate care patients who were funded by the NHS.

Grove House requires a registered manager. 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 service had a registered manager who had been in post for three months at the time of our inspection.

The systems and processes around medication administration require improvement as record-keeping showed that there were omissions and inconsistencies. Skin integrity checks had not been completed and referrals to the falls team had not been done. There was a lack of information about infection control.

People who lived in the home were able to receive appropriate healthcare services. Medication records were poorly recorded and lacked detail. We were concerned that people's privacy and dignity were not enabled sufficiently. Most people's privacy and dignity were respected; however we did find that some staff entered their rooms without knocking or calling out and some people told us that clothes either got mixed up or went missing and sent to the laundry and that they sometimes had to wear other people's clothes.

The care records in many cases were incomplete and inaccurate and did not show that the care was person centred. It was not clear from the records that people's assessed needs and choices had been met although most people we talked with told us that they were happy with their care. We found that risk assessments lacked detail and were not up to date. However, people told us that staff treated them as individuals. Staff were clear that they knew how to care about each person and showed us how they found out about them.

We found that the quality assurance processes in the home had not identified the issues we found and were not sufficiently robust. Confidential records were not always stored securely.

Consent to care and treatment was carried out in line with legislation.

People told us that staff treated them well and with kindness and compassion. People told us that they had been asked about their views on the service. It was not clear from the records that they had had an active involvement in making decisions about their care and treatment.

People told us they felt safe and we saw that robust recruitment procedures had been followed and that there appeared to be sufficient staff on duty. There was a safeguarding policy and staff had been trained in how to raise concerns about safeguarding.

We saw that the registered manager had made improvements to various systems since they had been in post and had plans to further improve many aspects of the service.

Most people did not know how to formally complain and there was minimal information available for them apart from notices on two noticeboards and in a general brochure. People did say that if they had any issues they would go to a senior member of staff and that it would be resolved.

Although the home was accredited by the nationally recognised, end of life program called 'six steps', very recent evidence of the records of the deceased person showed that the programme had not been followed properly.

The building was purpose-built and the service had recently begun a refurbishment programme. However, the colour schemes were mainly neutral and the signage was poor. We discussed the best practice outlined in various dementia environment studies with the registered manager and have made a recommendation about this.

Staff worked well with other health and social care teams to deliver effective care, support and treatment and this was particularly evident in the intermediate care unit.

The new registered manager had a clear vision and had developed a strategy to develop the service, support and train the staff and promote a positive, inclusive and person-centred service. This process was at the beginning and further work needed to be done in order to achieve and fully implement this.

The registered manager was clear about their role and the legal requirements of the registered person and a registered service. They demonstrated that they worked in partnership with the provider and other agencies to improve the care and support of people who lived at Grove House and were clear in their aims and objectives.

You can see what action we told the provider to take at the back of the full version of the report.

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.

People's medication and other healthcare needs were not appropriately managed.

Staff had received training in safeguarding people told us that they felt safe.

The premises safety checks were done appropriately and any work identified carried out.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were not sufficiently supported to eat or drink during mealtimes.

The service followed the Mental Capacity Act 2005.

A new training programme had been started and staff had received updated training or were scheduled in the next few months to receive training.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Some people were unhappy about the laundry arrangements in the home and told us that they sometimes were made to wear other people's clothes. and we saw that some people's privacy was not respected.

People told us that staff were caring and kind.

There was no information immediately available about advocacy services although one person had been able to access these.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

There were some examples that care plans had been written in a person-centred way, but records were poor and incomplete.

Some people were unhappy about the range of activities offered.

There was minimal information available to people to enable them to formally complain.

Is the service well-led?

The service was not always well led.

The registered manager had been in post for three months at the time of our inspection.

Although many of the systems and processes they had implemented had begun to show improvements, many of these needed finalising and there were many gaps in care and medication records, quality assurance processes and audits.

The service and the management were open, visible, cooperative and transparent.

Requires Improvement 

Grove House

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 was planned to check whether the provider was 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.

The inspection was prompted in part by some notifications of concerns to us, both anonymously and by the local authority. This inspection examined those concerns and found they had been investigated and addressed by either the new registered manager or the local authority safeguarding professionals.

The inspection team consisted of two adult social care inspectors, a specialist nurse adviser 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. This expert had personal knowledge of caring for somebody with dementia.

We checked with the local authority and looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the service had sent to us as statutory notifications. The service had not been asked to submit a recent provider information record, to us. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We talked with 10 people who lived at Grove House, with six relatives, eight health or social care professionals, the registered manager, unit managers, six care staff and several ancillary staff who worked in the home. We looked at 14 care plans, 10 staff recruitment files and various other documents and records relating to the running of the home. We completed a SOFI (short observational framework for inspection). SOFI is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves.

Is the service safe?

Our findings

We found that the way that the home managed people's medication was not always managed effectively. We checked the medication records and the administration and storage of medication. We found that the medication administration records (MAR) displayed a recent photograph, any known allergies the person had and the names and dosages of any medications they should have. However, the MAR charts did not show the time of medication nor record where there was no administration of medication. Some of the MAR sheets had also become detached and loose in the files which meant that they could easily be misplaced or incorrectly filled in. When 'homely' medicines were prescribed often they were not administered and we did not see that there had been any reviews of these medicines. We were unable to find any record that insulin reviews had been completed for two people who were diabetic.

The previous month's audit of medication had found that it was 85.7% compliant. This demonstrated that a significant proportion of the medication administration processes were potentially unsafe.

The two treatment rooms that we looked at were both locked and we found that medicines were stored within a locked cabinet inside the treatment room. The drug refrigerators inside were also locked and we noted that the air conditioning unit was in use. However, on the second-floor treatment room, we noted, on our visit on 31 October 2018, that the fridge temperature was last recorded on 29 October 2018, oxygen checks were last completed 27 October and on the 28 and 29 October 2018 there were no controlled drugs balance checks recorded.

The environment was generally clean and tidy although on our arrival at 07.00 there was a strong smell of urine throughout the home. Staff were changing beds at the time and there were large, filled laundry bags in the corridors. The situation improved during the day but in places we still found that there was an offensive smell in some areas of the home. We questioned the registered manager about the home's approach to continence management, for people needing this. The response that it was disruptive to wake people throughout the night; this was generalised and not person centred. We discussed the service requesting further advice from the local continence team.

We were told by staff that they knew of people who might have infection control needs, but we did not see any written information. The first floor had been refurbished with the addition of vinyl flooring but the ground and second floor still had carpet in people's rooms and in the corridors which looked well worn. Hand gel was available at the entrance and throughout the home. All the people we spoke with were happy with the cleanliness in the home.

The records we saw relating to risk assessments were inconsistent and we found discrepancies in some sections relating to the scoring used for the completion of body maps and skin integrity. We found little evidence in the care records to show that staff had checked skin integrity when completing personal care and we did not see any documentation about moving and turning for those people who were unable to move independently. Although we asked for information about people who might be at risk of pressure ulcers or moisture lesions, we were not provided with these. This meant that we were unable to check

whether the correct interventions had been made.

We saw that timely referrals to the falls team had not been made in some cases and we found some people were at risk from further falls. One person had been referred to the falls team after a safeguarding strategy meeting had taken place. This person had been admitted to hospital with a head injury after a fall. There had been no analysis of the falls by the service even though information was that that these falls occurred in the same place.

Staff told us that they had 'adequate' staff on duty to meet people's assessed needs. Staff said that the newly appointed registered manager had worked hard to ensure staff worked together and they had recruited a lot more staff to ensure staff could effectively carry out their role. We looked at staff rotas and spoke with staff about their view on the staffing levels. There appeared to be sufficient staff on duty throughout the day. However, when we spoke with people and their relatives about staffing numbers, there were mixed views. Several people told us that call bells could take any length of time to be answered, from almost immediately up until half an hour. A relative told us, that they had been looking for a staff member and said, "Just now I couldn't find anybody". Another visitor told us they thought that there were enough staff, even at the weekends. On the last day of our inspection, we saw that some people in the dining room, who needed support to eat, were left without this, for long periods at a time.

These examples are a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This relates to the requirement to provide safe care and treatment.

We were told by the registered manager that about half the people who lived in Grove House at the time of our inspection required two staff members to support them at times. We asked how this could be managed, especially at night when there were fewer staff on duty. We were told that staff could be called from other floors and were flexible in this way.

One person received covert medication and we found that this had been correctly discussed and authorised by the person's family and their GP. We found no concerns in relation to discrimination or people's human rights during our inspection.

Staff we spoke with were clear on their responsibilities in relation to safeguarding and also knew about whistleblowing. There was information about how to report a concern about safeguarding throughout the home.

We found that robust recruitment procedures were in place which ensured that staff appointed were suitable to work with vulnerable people. We saw that all the necessary checks had been completed including obtaining references and a criminal records check

Overall people told us that they felt safe. One person said, "The building is secure and the staff are lovely". A relative said, "She's just so happy; she loves the staff and we know she's safe and happy".

There were policies in relation to whistleblowing, employment and accident and incidents. We saw that there were procedures in relation to the management incidents and the prevention of accidents. Records were kept of accidents and incidents but it was not clear from the documentation whether any trends or patterns had been found.

The premises and equipment were regularly checked by either the maintenance person or the provider's specialist team. We saw records which showed that gas and electrical installations had been serviced and

checked by qualified personnel and that such things as lifts, firefighting equipment and the hot and cold water systems had all been regularly maintained and serviced. More regular or frequent checks on things such as water temperatures and window restrictor had also been recorded as being completed and any issues found had been addressed.

Is the service effective?

Our findings

Staff had received training in relation to nutrition and hydration and people's nutritional needs and risks had been assessed. People who were at risk of malnutrition had a MUST (Malnutrition Universal Screening Tool) record. This is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. We spoke with a health care professional on the day of our inspection who told us they thought staff had not been utilising the MUST process correctly but that in recent months, since the new registered manager had been in post, this had improved. Where there had been a referral to the community dieticians, we were unable to see in the care records that the actions recommended had been undertaken. We discussed this with the registered manager who arranged for follow up referrals to be completed.

Prior to this inspection we had been told that people had not been supported where necessary, to eat and drink. On the first day of our inspection we found this was not the case. However, we saw on the last day of our inspection that people were left for long periods without support to help them eat and drink. We checked all the weight records of the people who were in the dining room and found that most of these people's weight had remained the same. Two people who had weight loss had been ill around the same time but had later regained weight and one person had been referred to the dietician because of unexplained weight loss.

Opinions on the quality and variety of meals varied. Several people told us that sausages were often on the menu in one form or another. One person said, "It's OK, I don't like everything. If I don't like it, they get something else" and another said, "It's alright, very nice". However, a third person told us, "It's appalling. I have porridge every morning because there is nothing else" and another described the food as 'so-so'. People told us that they could choose from the menu the day before but that they could change their minds 'on the day'. We discussed these views with the registered manager and with the chef, who told us these concerns would be addressed.

The chef told us that they could cater for a variety of cultural or dietary requirements and that several people in the home were currently receiving pureed or soft diets. Several other people were diabetic and sugar-free foods were available for those. We checked the kitchen which had been given food hygiene rating of five which was the highest available. All the required records and checks had been completed. Kitchen staff told us that most of the food was cooked fresh, on site.

It was not clear from the records, that people's needs and choices, treatment and support had been delivered in line with current guidance. However, people and their relatives told us that overall, they felt that they were effectively cared for. One person told us, "I think it's very good" and one relative said, "They're great, they all know her well, they have a good rapport with her" and another told us, "They go in and check him and if he needs changing, they change him straight away".

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and we found that they mostly were.

At the time of our inspection there were 17 people who were subject to some form of DoLS and home was waiting for another application to have a decision made. Most of these decisions were in relation to ensuring that people remained within the home due to concerns about their safety. Staff demonstrated that they knew which people were subject to any restrictions and they were aware of the need to seek consent from people before providing care and treatment. Staff told us how they sought consent from people and that they had received training in the MCA.

We saw the training records and plans for all the staff group. We noted that there was an improvement in the take-up of staff training since the new registered manager had been in post and plans were well underway to complete all refresher training within the following months of 2018. People and their relatives told us that they felt that the staff were well trained and competent. New staff received induction training based on the 'Skills for Care, Care Certificate' programme and were employed for a probationary period prior to being confirmed in post. Similarly, the frequency of staff supervisions and appraisals had also been improved in recent months and a schedule of future dates had been recorded, with clear lines of management accountability for supervision.

The home was trialling some technology on the first floor which was connected to the call bell system. Information would be programmed into it in relation to people's medication, need for turning or repositioning or any other intervention necessary so that staff would be alerted. At the time of our inspection, the effectiveness of this had not yet been ascertained and there were no positive plans to install this on the other floors.

The home had been purpose-built some time ago and was currently being refurbished at the time of our inspection. The first floor had been completed at the beginning of our inspection and both the ground and the second floors were, on the last day of our inspection, seen to be started. The refurbishment was to include new, more hygienic flooring throughout the building, including people's own bedrooms. The first floor was decorated in neutral and white colours which for some people who were confused might prove difficult to navigate. There was little appropriate signage to help people navigate around the home. We discussed the use of best practice and dementia friendly colour schemes and signage with the registered manager who told us that this would be taken into consideration for future works.

We recommend that the service considers the current research about dementia friendly environments.

The service was working in partnership with several other organisations. This was particularly noticeable with the people who were living on the first-floor accommodation (intermediate care). The community health and social care professionals we spoke with told us they worked well with Grove House staff to provide intermediate care and support to people who had been discharged from hospital and who no longer required acute hospital support. The professionals and staff from Grove House provided people with ongoing rehabilitation for a specified period in order to enable them to return to their own homes safely. This joint working was also seen with individual people, on the other floors of Grove House.

Is the service caring?

Our findings

A relative told us, "They [staff] love him, he loves them. They chat to the residents. I can't fault them".

People and their relatives told us that they felt the staff were very caring, helpful and that they were treated with respect. One person told us, "OK, they're kind and respectful". A relative told us "They are fine and respect her, she loves them". We observed that staff appeared to have a pleasant approach to the people they supported and that they interacted with them and their colleagues in a friendly way. One observation was made to us that as the staff rotas had been improved, staff now had more time and were not so pressured.

We saw that staff listened actively and attentively when people spoke with them. Staff gave explanations and spoke with people in a respectful way and addressed them by their preferred name. People's right to privacy and dignity was respected in most areas. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff supported people to wear their glasses, dentures and hearing aids if they needed these, to ensure that people could communicate with staff and others living at the home. A relative said, "The staff are great. They all know her well, they have a good rapport with her".

The laundry arrangements which were provided by another home in the same site. Some people were unhappy that clothing had gone missing or that they had been given back other people's clothing. This meant that people might have to wear another person's clothing. One person said, "No, I don't like my towels washed in the home, I don't get them back". Another person said, "My family take my washing home". A third person told us, "I've got somebody else knickers on and they don't fit. They tried to find another pair". One relative told us that they had provided good quality clothing but that cheaper clothing had been returned and the original clothing had vanished. They said, "All of his T shirts are missing. I've mentioned how his clothes are stored, it's like talking to the wall".

When we asked other relatives if people always had their own clothes returned to them some commented, "[Name] says they get the clothes mixed up. When she looks in the wardrobe, they're not all her clothes" and other relatives said, "She's lost a couple of items of clothing and I've reported this" and 'On the odd occasion, she has others' clothes". This meant that people's dignity was not respected in this area. We discussed this with the registered manager who told us that this would be addressed immediately and these issues would not happen again.

Most of the staff sought permission to enter people's rooms by knocking or calling out. We did see two staff members enter two rooms without gaining permission, however.

These examples are a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This relates to the requirement to ensure that people are treated with dignity and respect.

People staff and relatives had given feedback about their views on the service through the providers 'quality of life programme'. The previous month's cumulative total score was that 98% of 33 returned surveys were

satisfied overall with the service. People were also encouraged to put their views forward and a 'you said, we did' poster demonstrated what had been actioned by the service in response to people's views.

We observed staff approached people in a kind, patient and sensitive way. Staff chatted with people whilst passing them or assisting them with activities of daily living. Staff we spoke with were fully aware of the support people required and they had a good understanding of people's specific needs.

Staff called people by their preferred names and had time for a chat or a joke with them whilst providing them with support. Staff made eye contact with people by getting down to the persons level if they were sitting. They spoke clearly and at a volume which could be heard but was not too loud. They used encouraging gestures and facial expressions and remained calm in all situations. We saw that people were able to do things at their own pace.

There was no information available about advocacy services throughout the home although there was advocacy policy. We discussed this with the registered manager who assured us that this would be corrected immediately. We did note however that one person had an independent mental capacity advocate (IMCA) to support their advocacy needs.

The intermediate care floor was dedicated to providing support to people who had been discharged from hospital in order that they could be independent within their own homes. In the other parts of the home people were encouraged to be as independent as possible, for example to self-administer their medication if they were able to and to plan their day.

Is the service responsive?

Our findings

The care plans were large documents which were in the process of being updated into a new format. However, this was taking longer than the service had anticipated. Much of the information held within most of the files we saw, was difficult to find as either the sheets had become loose and misplaced within the file or much of the information had not been completed. On the last day of our inspection we found that several of the senior staff had been given additional hours in order to update all the care plans in a quicker time frame.

We did see some information which showed that the care was person centred. Because of the incompleteness of the information however, it was difficult to see how a new staff member could readily ascertain an individual person's support needs. People and their relatives told us that they thought that their care was delivered appropriately and correctly. A healthcare professional told us, "Staff provide effective communication by way of handovers and meetings, they share all need to know information with is and are very knowledgeable about the patients and their changing need. Very happy with staff actions and communication". When we visited at 07.00 on the first day we saw that all the night records had been correctly completed.

We asked staff how they provided person centred care. All the staff we spoke with understood what that was and how to access information about the person. One staff member told us, "I know how to find the information in the care plan" and another told us, "I talked to the person and their family to see what they want". Staff talked about getting to know people and observing them to see what makes them happy or sad and they talked about having meetings before a new person came to Grove House. They told us that they talked to social workers, occupational therapists and physiotherapists to find out what the care was that people needed.

People who use services should be given relevant information in the most suitable way for them and in a way that they could understand. The care files included some information which indicated that people and their relatives had contributed to them. However, they were in a format which would be difficult to read by some people as the text within them was small and sometimes poorly handwritten. We discussed the importance of people's own care files being available and accessible to them, with the registered manager. Other information, such as the home's policies was also in a non-accessible format. The provider's information booklet and the home's own information booklet were being redesigned and would include that information within the document could be available in other languages and formats if required.

We were concerned about the large amount of soiled linen which had been changed that morning which indicated to us that people's continence needs might not be managed appropriately. We discussed this with the registered manager who assured us that there was no shortage of incontinence products available to people but it was a balance between disturbing people in the night or allowing them to sleep. We discussed that referrals to specialist continence nurses might be appropriate for some of the people living in the home.

We saw that people were given choice about how they spent their day and what activities they chose to do or not. There was an activities coordinator and most people told us that they thought that they were very good. There were activities such as quizzes, bingo and sing songs provided throughout the week but some people chose not to attend some any or all of them. We did receive some negative comments about the variety of activities offered. One person said, "There's nothing on here, is there?" and a relative told us, "[Name] is always moaning he's fed up. There's no activities here really". Some people went out with their relatives but some relatives told us that many people were too poorly to go out.

There was a complaints policy but very few people knew how to formally complain. Most people and their relatives told us they would speak to the staff on the unit, with a couple saying they would go to the office. We saw that there was a complaints procedure on a noticeboard and there was a record of complaints made, with outcomes recorded. We discussed with the registered manager, how to inform the people who lived in the home and their relatives, information about the complaints procedure. The registered manager told us the new residents handbook would be updated with information about how to complain and more information on this would be displayed throughout the home..

Assistive technology was in use throughout the home, such as chair and bed movement sensors. The registered manager told us that the provider was investigating other assistive technologies for use within the home. Visitors to the home were able to use an electronic tablet which was in the main entrance, to record their views on the home.

The time of our visit there was nobody who was receiving end of life care; one person had died in the early hours of the first morning of our inspection. We checked the records for this person. We found that although the home had been accredited for the end of life care pathway, 'six steps' and that staff had been trained, the records in relation to this person were incomplete and gave limited information. We recommend that the home consider the various models and strategies available relating to end of life care.

Is the service well-led?

Our findings

The home had not had a permanent manager for about a year prior to the current registered manager taking up the post August 2018. Staff told us that the new registered manager provided clear and strong leadership for the service and was well liked and respected by staff, relatives and people living at Grove House.

We saw there was a clear management structure at Grove House and staff were aware of their line management structure and of their own roles and responsibilities. We were told that there was a range of quality assurance and governance systems in place to monitor the quality of the service provided and saw some of these. However, we were not able to verify everything due to some incomplete records. We found that some of the older records and audits were unsatisfactory and showed inconsistencies and gaps in information. Very recent records and audits had shown improvement and electronic information was being used more effectively to inform both the registered manager and the provider.

We found during our inspection that the home was in breach of regulations 10 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified other concerns during the course of our inspection. We were aware that the registered manager had been confirmed in post to address these issues, to improve the service overall and had begun to do so. However, many of these issues had not been previously or robustly identified by the provider's quality assurance systems or had sufficiently prompt action taken.

Many of the care plans and other personal information were stored within either locked cabinets or locked rooms. However, we found that some records were left on the desk of an office which had the door open and some other records were kept in an unlocked cupboard.

These examples are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This relates to the leadership of the service.

We had received some concerns about staff attitude, poor medication and general dissatisfaction with the service. An example was that on the first day of our inspection, one healthcare professional told us that until about a month previously, there had been poor cooperation by the staff at Grove House but that this had improved in the last month. Another healthcare professional told us, "We have noted changes in the atmosphere and attitude since the new manager has been appointed. We have seen positive changes with staff motivation and the manager is always available to assist staff or to engage in discussion about patients care. The manager is very knowledgeable about intermediate care and this also has a positive effect in our joint working. We are very happy with the environment in the home we have found it to be clean with good presentation and very good staff".

During our inspection we found that the registered manager had dealt with many of these issues, had improved staffing levels and supervision which in turn had, we were told, improved staff attitudes. More robust medication audits were being implemented which demonstrated month on month improvement

since the registered manager had been in post. This was also replicated with other audits. Care plans were being reviewed and rewritten. A new format of the care plans was being utilised which would make it easier for information to be gained.

We spoke with staff about the leadership within the home. They all said they were very happy working at Grove House and that the current registered manager had made a big difference in improving the home since they started their job. They said the registered manager had an open and consultative management style which promoted good teamwork and performance.

One staff member told us about the registered manager, "[Name] is great; they work with is on the floor if we need help and they have made many improvements and recruited more staff. They notice what staff do; they had staff meetings and arranged more training. The whole atmosphere in this home has changed for the better since they've been here".

Our observations showed that the registered manager interacted and took time to talk with people about their wellbeing and needs. We found that they were communicative, open and transparent and that they welcomed our input. People who lived in the home, in the main, knew the registered manager and confirmed that he was friendly and helpful. When we asked people and their visitors about their views of the registered manager they told us, for example "He's approachable and he's a nice man" and "Yes he is brilliant; he's a lovely guy; very hands-on".

There was a daily 'walk-up about' with the registered manager and the unit managers and seven people each week were asked for any feedback about the home. There was a weekly spot check on the files and there were monthly unit managers meetings. There were also weekly multidisciplinary meetings for the people who lived on the first floor.

We were told that several initiatives had been started such as a rollout of the Intermediate Care Framework which was a quality improvement program to capture data relevant to community care, the Quality of Life program and the Dementia Care Framework. The home was registered to provide the 'six steps' programme for end of life care and two nurses had received that specialist training. We found however, that the documentation surrounding one person's end of life care was incomplete and did not follow the six steps programme. More training had been arranged to support the nursing staff to take on more responsibility and the provider was supporting the registered manager to make further improvements to the service.

The registered manager said that there had been teething problems with some of these initiatives but they told us that things were now getting easier and that staff beginning to embrace the changes. We were initially concerned that the resources available had been directed at the intermediate care unit on the first floor. This included the further development of assistive technology, the refurbishment of the floor and additional purchasing of equipment including the provision of a therapy room. However, on the last day of our inspection we saw that refurbishment work had begun on the other two floors.

The service worked with other organisations such as the local authority, the local clinical commissioning group (CCG), particularly with the intermediate care floor. There were also connections with community health care professionals and various community groups such as churches and schools.

During our discussions with the registered manager they demonstrated that they were knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. They told us that the provider held regular meetings for unit managers to discuss current trends and share good practice. We found that the service had submitted the required notifications

to us and that they had communicated with local authorities and health care professionals. The ratings from the last inspection of the service were displayed in the foyer of the home.

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 10 HSCA RA Regulations 2014 Dignity and respect The service did not treat people with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The service was not adequately meeting some of the healthcare needs of the people who used it.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have sufficiently robust auditing processes and did not always store confidential records securely.