

Bupa Care Homes (BNH) Limited

Grosvenor Park Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

We inspected Grosvenor Park Nursing and Residential Home on the 28 February 2017. This was an unannounced inspection.

Grosvenor Park Nursing and Residential Home is a care home with nursing located in Bexhill on Sea owned by BUPA Care Homes Limited. It is registered to support a maximum of 57 people. The service provides personal care and support to people with nursing needs and increasing physical frailty, such as Parkinson's disease, multiple sclerosis and strokes. There is also a rehabilitation service provided for up to 10 people who were non-weight bearing following an operation with specialised input from a physiotherapist and occupational therapist. We were told that some people were also now living with a mild dementia type illness. There were 54 people living at Grosvenor Park Nursing and Residential Home during our inspection, nine of which were there for rehabilitation

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law along with the provider.

At a comprehensive inspection in May 2015 we found the 'responsive' question required improvement. There was a breach of regulation 16 because the provider had not ensured that there was an accessible system for identifying, receiving, recording, handling and responding to complaints by people in relation to the service delivery. We received an action plan from the provider that told us how they were to meet the breach of regulation by May 2016.

This unannounced focused inspection on the 28 February 2017 was to look specifically at the 'responsive' question and we found that that they had now met the breach of regulation previously found.

This inspection demonstrated that peoples' concerns and complaints were appropriately recorded, investigated and responded to. People told us that they felt listened to. Resident and staff meeting minutes were available told us that peoples and staff comments were taken seriously and discussed at these events.

Care plans and risk assessments reflected people's assessed level of care needs and care delivery was based on people's preferences. This included up to date information of falls, skin damage, nutritional risks including swallowing problems and risk of choking and moving and handling. Staff responded to peoples' changing needs. For example, cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and Parkinson's. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's changing needs were met in a responsive way.

A range of activities were available for people to participate in if they wished and people enjoyed spending

time with staff. Activity sessions were provided throughout the whole day, five days a week and were in line with people's preferences and interests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

Grosvenor Park was responsive and was meeting the legal requirements that were previously in breach. People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and outings was available should people wish to participate.

Grosvenor Park Care Home

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 carried out to check 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 inspection was carried out on the 28 February 2017 and was unannounced. The inspection was undertaken by an inspector.

The provider had completed a Provider Information Return (PIR) in 2016. 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 considered the PIR and looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events.

We looked at four sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records.

We spoke with 10 people who lived in the service and one of their relatives to gather their feedback. Although most people were able to converse with us, others were unable to, or did not wish to communicate. Therefore we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager, two nurses, six members of care staff, and two ancillary workers. We also contacted two health professionals who oversaw people's care in the home. We obtained feedback about their experience of the service.

Is the service responsive?

Our findings

At our inspection in May 2015, the provider had not ensured that there was an accessible system for identifying, receiving, recording, handling and responding to complaints by people and other persons in relation to the service delivery.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found that complaints were responded to and used to improve the service. The home had a clear complaints procedure that was available to people within the home and from staff if requested. The complaint procedure and complaint forms in various formats were now available in communal areas of the building. This included large print and pictorial. This meant that people had easy access to share their thoughts and concerns. People said they felt able to complain and that they were listened to. Visitors were also confident that they could make a complaint and it would be responded to. One visitor said, "I have no doubts now that I will be listened too and action will be taken." Another said, "I would not hesitate to talk to a member of staff if I needed to." Records confirmed that complaints received were documented investigated and responded to. It was discussed with the management team that staff had told us that they had raised concerns about staffing levels and they felt that they had not been listened to. The management team provided supporting evidence that told us staffing levels were discussed at staff meetings and supervision. The management team told us that this would be a continued area to be discussed.

People commented they were well looked after and felt listened to by care staff. One person said, "They listen, we have home meetings and they listen and try to get it right for all of us." A relative said "Very responsive to suggestions." Examples given to us was improvements to the choice of meals and specific activities.

The service employed specific staff to organise and facilitate activities and entertainment and they worked as part of the care team. They knew people well and were attentive to people's individuality and differing needs and abilities. There was an activity programme that reflected people's interests. This included quiz times, exercise sessions, visits out and external entertainers and pet visits. There was also a 'wish board' which showed peoples' specific wish had been granted. One person who had fond memories of India was not well enough to visit so staff had brought India to them for the day, for example, with aromas of indian spices, music and food. There were photographs to support the wishes granted.

People told us the activity staff member had introduced many good ideas to deliver meaningful activities. People and staff felt that activities were good. One person said, "Always something going on, we can choose to attend when we want." Another person said, "I'm here for rehabilitation just until I'm up and about, my only comment would be to have more to occupy people like me when they are not allowed out of bed, but that's a minor suggestion. Now I'm more mobile I join in certain events downstairs."

There were celebrations and events held in the home which were enjoyed by the people living in Grosvenor Park. People's birthdays were remembered and celebrated.

Before people moved into the service a senior staff member carried out an assessment to make sure staff could provide them with the care and support they needed. Following this assessment the possible placement was discussed by senior staff in the service to ensure it was a suitable placement and that the admission process was managed appropriately. For example ensuring all appropriate equipment and training was in place before admission. Where people were less able to express themselves verbally or they wanted less involvement people's next of kin or representative were involved in the assessment process. This meant people's views and choices were taken into account when care was planned.

Care plans and risk assessments were written following admission and updated as people's needs changed and on a monthly basis. Relatives told us they were kept fully informed of any changes in care and felt they were included and involved as their relatives would want. Care plans gave guidelines to staff on how to meet people's needs while promoting an individual approach. The care documentation was mostly detailed and supported staff to view people as individuals. Senior staff were aware that some care plans needed further attention and were progressing this.

Staff had a good understanding of people's specific care needs and responded to them appropriately. For example more frequent moving for those whose skin integrity was compromised by their general health declining. Staff were regularly updated about changes in people's needs at handover and throughout the day. During the inspection we saw staff communicating regularly with each other. Staff listened to each other and shared information provided by visiting health care professionals and people's care plans updated accordingly.

People told us, preferences and choices were respected. Comments included, "I have a shower whenever I like, usually every couple of days," "I have my routine of when I like to go downstairs so I please myself what I do" and "Sometimes I have my breakfast in bed and sometimes I might go down to the dining room" This indicated that the staff team were responsive to people's individual preferences on a day to day basis