

# Somerset Care Limited

# Grovelands

## Inspection report

45 Grove Avenue, Yeovil BA20 2BE

Tel: 01935 475521

Website: [www.somersetcare.co.uk](http://www.somersetcare.co.uk)

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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** 

### Overall summary

This inspection was unannounced and took place on 21 and 23 October 2015. The last inspection of the home was carried out on 30 March 2015 following a previous inspection in October 2014 where breaches of regulations had been identified. People had not been protected against the risk of unsafe or inappropriate care and treatment arising from a lack of proper information about them because records did not contain appropriate information. People were not protected because there was not an effective system to monitor the quality of service and identify and manage risk. No concerns were identified in the follow up inspection in March 2015. The

provider had taken action to make improvements and legal requirements had been met. However the ratings remained the same until sustainability of improvements were found.

Grovelands is a purpose built home providing accommodation and personal care for up to 60 people. At the time of the inspection there were 50 people living at the home. The home is divided into two main parts. Residential care is on one side and specialist residential care (SRC) is provided on the other side of the home. SRC provides care for people living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care

# Summary of findings

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.

There was a homely feel to the home with staff finding time to sit and chat with people. Everyone we spoke with complimented and praised the staff who supported them. We observed people were cared for compassionately and with respect. One person told us "They [the staff] are all wonderful".

The registered manager and deputy manager provided effective leadership and had a clear vision and purpose for the development of the home and staff team. People told us that many changes had taken place under the new management team and that they felt safe and happy living at the home. Regular resident's and relatives' meetings ensured people were involved in the running of the home.

People were cared for by an established, motivated and well trained staff team. Staff received regular supervisions and training that provided them with the skills and knowledge to meet people's needs effectively. Staff worked well together and communicated well with each other. One member of staff informed us "Staffing levels most of the time are ok, we can always talk to the manager and deputy if we are not happy, we have agency care staff to back us, but new staff are starting so that will be better". Staff told us they enjoyed working at the home and felt supported by the registered manager and deputy manager. Staff were seen to work well as a team and showed knowledge of the people they were supporting.

Staff were very visible and attentive, noticing when those who could not verbally ask for assistance required help. They responded to people with an understanding about their likes and dislikes, they communicated gently with people, coaxing where needed. One member of staff said. "I love working here". Another member of staff said. "We have a great manager, we all work well together".

People's rights were protected, Where people lacked the capacity to consent to decisions about their care and treatment, staff consulted with health and social care professionals and people who knew the person well. This

helped to ensure any decisions were fully considered before being agreed to be in the person's best interests. One member of staff said "it is about respecting choice but also helping someone who may not realise the consequence of their decisions".

Professionals were involved where additional support was needed. One professional informed us "I am always kept informed if there are any concerns. I come in most days, my instructions are always followed straight away, and it's a very proactive staff team".

Care records were detailed, personalised, up to date, and accurately reflected people's care and support needs. The care plans included information about people's likes, interests and background, and provided staff with sufficient information to enable them to provide care effectively. A computer system was in place to support the recording and monitoring of care records.

People received their medicines safely. People were seen to be gently coaxed to take their medicines with explanations given on why they were taking them. People's health needs were supported, people had access to their own GP, chiropodist and Dentist. The manager informed us that it was important that people were treated as individuals rather than having one health professional for all.

There were new systems in place that ensured the home looked homely and clean, regular spot checks were carried out by the housekeeper and registered manager to ensure standards were maintained. There was a nice atmosphere in the home, people were seen to be well cared for. One person told us "I have a nice staff member that looks after me personally. My visitors are always made welcome by all the staff, my bedroom is personal to me and people always respect my privacy by knocking and asking if they can come in, I would rather be in my own home but I can't. So this is now my home and I don't think I could find a better home".

Quality assurance systems ensured the registered manager identified good practice and completed regular quality assurance checks of the home.

# Summary of findings

## 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 safe. People's risks were managed well, known by staff and recorded.

There were sufficient numbers of staff to help keep people safe and meet their essential needs.

People who needed medicines were supported by safe medicine practices.

Good



### Is the service effective?

The service was effective. Staff received support, had the skills and knowledge required to meet people's needs.

People's legal rights were protected because the service acted in line with current legislation and guidance.

The service worked effectively with other health professionals to ensure the wellbeing of people.

Good



### Is the service caring?

The service was caring. People received positive care experiences and staff ensured people's preferences were met.

The established staff team knew people very well and provided person centred support discreetly and with compassion.

People were treated with kindness, compassion and respect. People were involved in making decisions about their care.

Good



### Is the service responsive?

The service was responsive. People and their relatives were involved in the assessment and planning of their care.

People received care that was engaging and supportive and met their interests and preferences.

Good



# Summary of findings

The culture of the home enabled people to raise and discuss concerns or complaints. These were recorded and investigated.

## Is the service well-led?

The service was well led. People received care from a service that had a clear vision and set of values for the development and improvement of the service which was kept under review.

People received appropriate care because quality assurance systems were regularly reviewed to ensure the home was working in conjunction with current legal requirements.

The manager and staff were open, willing to learn and worked collaboratively with other professionals to ensure people's health and care needs were met.

**Good**



# Grovelands

## 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 inspection took place on 21 and 23 October 2015 and was unannounced. The inspection team consisted of three inspectors. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) and other enquiries about the service.

During our inspection we spoke with 14 people using the service, 20 staff members including the registered manager, deputy manager and operations manager. Six relatives and two visitors. We also observed through a SOFI observation the care and support provided to other people who were unable, or did not wish to speak with us. A SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe these experiences themselves because of cognitive or other problems.

We looked at the care records of the people we had observed through the SOFI as well as a further eight care records. We viewed eight staff files and other records relevant to the running of the home. This included staff training records, medication records, complaints and incident files.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “The home is secure and staff know me well”. Another person told us “I’ve got a call bell if I need help, they always come quickly, that makes me feel safe”. A third person told us “They talk about risks and help me know what I need to do”. They gave an example of how they were told they needed to walk closer to their walking frame to avoid falling over. Throughout the inspection we observed staff supporting people who had poor mobility in an unrushed and reassuring way.

Some people were unable to verbally communicate with us. However two people were able to respond “Yes” when we asked them if they felt safe living at the home. People appeared relaxed and comfortable when staff interacted with them. A relative told us “It was a real worry before my [relative] moved here as they weren’t coping at home. It feels like a weight has been lifted knowing that [name of person] is now safe and being well cared for.”

One professional involved in the home informed us, “Some people on the SRC (Special Residential Care) unit have some behaviours that challenge, and there are times when people don’t get on with each other. The staff know the residents well, they keep them safe and calm. They are always positive and I have no concerns about people being protected from harm”.

People were protected from the risk of abuse because staff understood abuse, how to recognise it and report it. Staff told us they had received training in safeguarding adults from abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

The registered manager discussed the process for additional support following any concerns, these included reducing the risk of falls, malnutrition and assisting people to mobilise. There were care plans in place to manage identified risks and these were understood and followed by staff. For example, one person was at risk of consuming items which would be harmful to their health. A plan of care

was in place which gave clear information for staff about how to help keep the person safe. The staff we spoke with were aware of the risks to the person and we observed that the plan of care was followed.

Care plans provided details about people’s needs and associated risks. There was information about how to reduce risks. For example, care records for a person at risk of pressure damage, described specialist cushions to be used and that a pressure mattress was in place and how bed sheets were to have no wrinkles. Staff had a good knowledge of people’s risks, one staff member gave examples of the person who used the walking frame and people at risk of pressure damage.

People were supported to take their medicines unless they had been assessed as not having the capacity to decide and therefore a best interest decision was made for staff to administer it for them. A person told us, “I feel safe because I don’t have to worry about anything, they take care of my medicines and know me so well”.

People’s medicines were administered by staff whose competency had been assessed on a regular basis to make sure their practice was safe. There were suitable storage facilities for medicines which required additional secure storage. We checked records against stocks held and found them to be correct.

People were protected from the risk of abuse through recruitment procedures that ensured checks were completed on staff prior to them working at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. One new member of staff confirmed they had not been able to start work until the registered manager had received all the appropriate checks and references. One member of staff told us, “I wasn’t allowed to start work until all my checks were in”.

People told us that although staff were busy at times they felt there were enough to meet their needs. One person said, “They always come when I ask for help”. Another told us, “I would like more time to chat with them, but they always come quickly if I call them”. A third person told us, “I feel very safe here, they look after me well, and I don’t think I could get better”.

## Is the service safe?

Staff told us staff numbers had improved and they felt they had enough time to provide good care to people in an unrushed manner. One member of staff said, “It is so much better now, we still occasionally have shortages but the manager and deputy always step in so we can always deliver what is needed”. The registered manager told us they used regular agency carers when needed, so there is enough staff. The rotas showed staff numbers, on the whole, were consistent. Staff did not express any concerns about staffing levels. They told us there were sufficient staff to meet people’s needs. Throughout the day we observed staff spending time with people. A visitor told us “Whenever we visit there are always plenty of staff about.”

Measures had been put in place to ensure that people lived in a well maintained, clean and tidy home. There were detailed cleaning schedules which were overseen by the housekeeper and management team. The registered manager informed us. “This is home to people that live

here. We want people to be proud of where they live and feel safe. Myself and my deputy do spot checks to ensure people are living in a clean safe environment.” We observed the home was spacious well maintained and had a homely feel. Communal rooms were well coordinated. There was a small shop for people to purchase items confectionary and toiletries.

There were regular checks on the safety of the building, including the fire detection system, to minimise risks for people living, working and visiting the home. Policies and procedure regarding the safety of the home were in place with clear audit trails. Accidents and incidents which occurred in the home were recorded and analysed. Security checks were in place that ensured people remained safe day and night. The home has been awarded five stars by the local environmental health department which showed high standards of food safety.

# Is the service effective?

## Our findings

Staff and managers knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. One relative told us "[person's name] has been here over 2 years, I visit every day. They [staff] give lots of choice and know all the things that are important to [person's name] as much as I do. They [staff] know the signs when my [person's name] needs extra support. My [person's name] is wonderful and I couldn't wish for a better place for [person's name] to live."

Staff told us they felt supported by the management team but in particular by the registered manager. Staff told us there was an open door policy which meant they felt it was easy to talk to management team about any concerns they might have. They received regular one to one supervision and had appraisals. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. Supervisions are also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff told us they kept up-to-date with current best practices through training, supervision sessions, team meetings and regular discussions with the registered manager. One member of staff told us "It's really good working here, if I feel I need extra training I can just ask."

New staff received an induction programme covering the basic requirements of the job which included manual handling training and safeguarding training, they also shadowed experienced staff members until they were familiar with people's individual support needs and preferences. Their competency, knowledge and skills were assessed by the registered manager over a probationary period to ensure they knew how to care for people effectively. "A member of staff informed us. "My induction was good, I also shadowed more experienced members of staff, I love working here it is a rewarding job."

The registered manager and staff had good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made regarding DoLS applications. The MCA provides a legal framework for acting and making decisions on behalf of individuals who

lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

Training records and notices demonstrated that additional staff training in relation to the MCA and DoLS was on going. We heard staff asking for people's consent before they assisted them. One member of staff told us "Our residents have rights. This is their home. We can't force them to do something they don't want to do."

People were consulted about their care. People told us staff always explained what they were doing and asked them if it was ok. We noted this happening throughout our inspection. Care plans included information about people's ability to consent for certain decisions. The use of the Mental Capacity Act 2005 and decisions being made in people's best interests was clearly recorded. For example, a consent form had been completed for a person who needed a pressure mat by their bed to keep them safe. A best interest checklist was used that included considering people's communication styles, who was involved in the decision and the least restrictive options considered.

The manager talked about how they had recently challenged DNAR (Do Not Attempt Resuscitation orders) decisions made by some GPs, where they felt they had not been made in accordance with MCA and best interest legislation. They told us this had had a positive outcome for people because where DNARs had been inappropriately added to their records they were now removed. Residential care is on one side and specialist residential care (SRC) is provided on the other side

Both the residential unit and SRC unit provided support on two levels. We observed the lunchtime experience for people both upstairs and downstairs. People sat at nicely laid tables chatting with each other. Two choices of meals were offered, the food looked plentiful. We observed some people struggling with cutting the meat. Staff offered support and sat next to people who needed additional assistance. Three people and one relative felt the food could be improved. Whilst the menus over a four week period appeared to offer a good variety, one relative and one person said it was about how it tasted and how it was executed. Other people enjoyed the meals and the variety and choices on offer. Condiments and napkins were on the

## Is the service effective?

table and serving dishes for vegetables were put on the tables for people to help themselves. One person informed us. "I am a vegetarian and have been for many years, I have variety and I am always happy with my meals".

We spent time observing interactions between staff and people during lunch. Staff showed concern for people's wellbeing in a caring and meaningful way. Lunchtime was relaxed and unhurried. People were offered drink choices. One person was seen to be confused regarding their drink and the food on their plate. A Staff member sat with the person and gently guided them.

Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences and we saw people were supported by staff in accordance with their plan of care.

People at risk of dehydration or malnutrition were weighed regularly and food and fluid intake was monitored. If concerns arose contact was made with health professionals for advice.

People could see health care professionals when they needed to. Staff told us they received good support from GP's and they would visit people at the home when needed. Staff told us they had "Excellent support and input" from a mental health professional who visited the unit which cared for people who lived with dementia twice a week.

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. People spoke highly of the staff team. One person said, “The staff are so caring, helpful and cheerful”. Another person told us, “I can’t fault them, they are all so lovely and caring, they really understand me”. A visitor told us, “If I had to come to a home I would choose here, the staff are wonderful, they are so kind and caring”. Healthcare professionals told us they found staff to be caring. One professional visiting the home informed us “All staff are very respectful to each other and the residents here”

Relatives we spoke to throughout the inspection were all positive about the care their family members were receiving. For example a relative told us, “Staff have been extremely welcoming and kind and keep me informed, which is reassuring”. Another said I could not ask for a better place for [person’s name] they are very well cared for”.

Staff interactions with people were kind, caring and extremely patient. They spoke with people in a respectful manner. It was clear from our observations, and from what people told us, that they enjoyed friendly and trusting relationships with the registered manager and the other staff members.

Staff respected people’s privacy. All rooms at the home were used for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

The manager showed us a copy of a speech by a resident that had been given to the Mayor of the town following the resident’s nomination for a care award for the home. The speech stated, “If the management team see a person struggling they don’t ask for help they do it themselves. No one is better than the other. We feel wanted, safe, loved and respected all through the day and night. For me, care means knowing a person’s needs privately and treating them with respect and gentleness, also patience. Respect being mutual – the carers respect the elderly and we

respect them. The best thing about Groveland’s is freedom and safety. If I have something troubling me I can speak to one of the management team and they listen and act upon it”.

The deputy manager discussed how the registered manager has a natural empathy with people of an older generation. They explained how the registered manager had responded to a person suffering from anxiety to have the confidence to play the piano again, with encouragement from the registered manager the person now plays the piano daily. We observed the person playing for other residents during the inspection. The deputy informed us “we work as a team and try to go above and beyond what is expected of us”. One member of staff informed us. “It a fabulous place to work, we all help out if we can for our residents.”

The management team informed us they were proud of the difference they make to people lives and believed they offered a person centred approach to people’s care. For example one person held a family birthday celebration for 30 guests within the home. Staff supported the person by greeting guests at the door and escorting them to the party. We were informed the party was a huge success, family members were reunited and the person whose birthday it was had a wonderful day.

Another example shared included a person who liked to sit in the lounge looking out into the garden. It was discovered as part of the person’s social history that they used to have a flag pole with their county flag in their garden at home which was their pride and joy. The home arranged for the flag pole and flag to be moved to Groveland’s. This helped the person’s wellbeing and was also a great source of entertainment for other people who lived at the home. The home now has flags for rugby matches and royal events to name a few.

The deputy manager informed us, a family commented to the management team that they would like to see more of them. The registered manager arranged for their office to be relocated to the reception area of the home. The deputy informed us they now feel in the “hub of the home”. The management team meet and greet all visitors and are able to have more contact with relatives, staff and other professionals coming into the building.

# Is the service responsive?

## Our findings

People told us staff listened to their needs and preferences and acted on their choices. A visitor told us “They [staff names] came to visit my [relative]. They asked us about the help needed and about what was important to my [relative]”. A professional involved in the home informed us that all people receive a pre assessment before admission, if the registered manager did not feel they could offer a person centred approach to the individual they would not admit them.

Each person had a personalised care plan based on their individual care needs. Care plans contained records of people’s daily living routines and described their personal likes and dislikes. They included information about what the person was able to do for themselves and where they needed support. People told us staff supported them to maintain their independence. For example one person told us, “staff encourage me to do as much for myself as possible but always check I am ok.”

Care plans provided good details of people’s needs. The care plans were divided into areas such as allergies, wellbeing, medical history, communication, social activities, personal care and nutritional needs. They also included people’s interests and hobbies and any personal preferences. For example, one person’s care plan described they liked to wear jewellery and make up and use a handbag. Another person’s described how they liked a daily newspaper and certain drinks in the evening. We noted this was provided.

Care plans showed that people and/or their representatives had been involved in discussions about the care they received. A relative told us “Both me and [person’s name] went through the care plan with the social worker and [staff member’s name]. They asked if we were happy with everything and whether we wanted anything changed.” Reviews of care plans took place most months although we found occasions where this was not as consistent. A professional said “The registered manager’s admissions process is good, the registered manager will challenge if he does not think he can support a person safely. Care planning is very good and part of the admissions process”.

People were able to take part in a range of activities according to their interests. The home employed activity

co-ordinators who designed activities around people’s interests as much as possible. For example, some people enjoyed knitting, so sessions of “knitting and a natter” were arranged. Most people said they enjoyed the activities.

We observed activity co-ordinators planning different activities which would include all people living at the home. One resident informed us “I like to go downstairs and join in some of the activities there. You can get involved if you want to or sit quietly and read the paper”. Plans were being made for seasonal activities, one member of staff informed us “We will take people out to the Christmas party we are organising, but we will also make sure those that can’t come have a party here. We have invited local clubs to come along and join us at some of our events”.

The home worked in partnership with their local place of worship. For example, some people in the home had made flower arrangements for the local church and those people also attended the church service where they were displayed.

We heard and saw staff being responsive to people, treating them with dignity and respect. For example, one staff member addressed a lounge area where a number of people were sitting with the television on, they asked all residents if they were ok, if anyone wanted to join an activity group downstairs, they then checked that everyone was happy with the television on and offered alternative options such as music or a film or support to move to a quieter area. Each person was addressed individually as well as in the group.

The home has a compliment and complaints procedure in place. People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person told us “I don’t have any worries. I would tell the staff if I did.” A visitor told us “[name of registered manager and deputy manager] are very approachable. I wouldn’t hesitate in going to them if I needed to. We saw evidence of complaints and actions taken to address the complaints in a timely manner.

Compliments included comments: “From the moment we walked in the door we knew we had made the right decision. “I could not have [relative] in a better place”. “The staff are welcoming and the atmosphere is excellent”.

# Is the service well-led?

## Our findings

The registered manager and management team had a clear vision for the home, which was to improve and maintain high standards, putting people at the heart of the service. Their vision and values were communicated to staff through staff meetings. Staff notice boards held information regarding the homes visions and CQC (Care Quality Commission) new methodology.

The provider had quality assurance systems to ensure they continued to meet people's needs safely and effectively. This included regular audits of key aspects of the service, such as care plans and medicines. The registered manager also carried out regular safety checks of the environment. Specialist external contractors were used for checking gas, electricity and fire safety systems. Identified issues and actions taken were discussed on a regular basis by the registered manager to the operations manager.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. There were clear lines of reporting and accountability and staff knew the appropriate people to go to for decisions about people's care and support. This included specialist support and advice from external health and social care professionals when needed.

People were encouraged to provide feedback and their views were actively sought by managers before changes were made to the service. Resident's meetings were held regularly and people's relatives were encouraged to attend where possible and contribute. Minutes of the meeting demonstrated that feedback was valued and acted upon so the service could work to constantly improve. The registered manager showed that the outcome of these meetings were recorded on "you said" "we did" forms. We saw evidence of this around the home in forms of posters.

The deputy manager informed us "I see daily examples of our managers compassion, he will always make time to be sociable and hands on for our residents. Staff relatives and visitors can all see how much he does for the residents both socially and personally and the effect this has in making them feel well cared for, relaxed and comfortable. Residents warm to him, they trust him and know they are safe.

Staff told us the registered manager was very approachable. One member of staff said "He [the registered manager] is so person centred focused he really gets us thinking". Another member of staff said "He [the registered manager] has made a huge difference to this home, staff and people are so much happier". Another said "He [the registered manager] is very hands on and will work on the floor, cover shifts and stay on if needed. He and [the deputy manager] are a great team and it's improved the home so much."

One staff member told us the management team carried out observations of their practice and they walk around the home regularly and picked up any issues with staff. One member of staff told us "Although they might pick things up with you, it is done in a nice way."

We found the provider had made improvements and taken action to meet the legal requirements. Quality monitoring systems and previous breaches of regulation's had been adequately addressed.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.