

J W C Dunn

Grove Hill Care Home

Inspection report

Grove Hill
Highworth
Swindon
Wiltshire
SN6 7JN

Tel: 01793765317

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08 December 2015

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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?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Grove Hill on the 8 December 2015. Grove Hill is a residential care home providing care and support for up to 27 people. The home is situated in Highworth near Swindon and the accommodation is arranged over three floors.

There was a registered manager in post at the service who was also the owner. 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.

People received their medicine when they required it. However there was not always a procedure in place for people who required PRN (as required medicines).

People were protected from the risk of harm and abuse by staff who understood their responsibilities in relation to safeguarding. Staffing levels were sufficient to meet people's needs. People's needs were assessed and risks associated with their needs were documented. However records did not always contain adequate detail to manage risks.

People did not always benefit from a service that understood and applied the principles of the Mental Capacity Act (MCA) 2005. MCA is the legal framework that protects people's right to make their own decisions.

Staff felt supported and had access to regular supervision and appraisal; however there was no record of these supervisions. There was also adequate training for staff and opportunities to develop professionally.

People had access to appropriate health professionals which was clearly planned and people also received a varied and healthy diet.

Staff were described as caring by people and their relatives. People were supported to maintain friendships with people they lived with. People's independence was supported and their privacy and dignity was respected.

People were not always involved in creating their support plans or reviewing their care. We observed people enjoying activities on the day of our inspection and were informed of arranged days each week activities were made available. However, there was not formalised structure or arrangements of day to day activity. This meant we could not be assured that each person was provided with opportunities to engage with activities that interested them. When people's needs changed the service responded. People views were seen as important and feedback was used to improve the service.

There was a long standing management team within the service who benefited from the support of a committed and long standing staff team. This led to a clear vision within the service and a leadership that people and their relatives spoke highly of. However, there was no system in place to ensure the quality of the care people received was being monitored. There were some systems in place to monitor the safety of the service, but they were not always being effective. The absence of these systems meant that the safety and quality of the service was over dependant on the registered manager and experienced staff to be sustained and people's safety and experience of care could be impacted in the absence of those individuals.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end 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?

People received their medicines when required but as required medicines did not always contain adequate guidance.

People were protected from abuse by staff that understood their responsibilities in relation to safeguarding and systems to manage their finances.

There were enough suitably qualified staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff understood the importance of choice, but the principles and the process of the Mental Capacity Act 2005 were not always adhered to.

Staff received on going support and guidance and had access to regular training and development programmes; however records did not always reflect the nature of support or regularity of training received.

People enjoyed a healthy diet and had access to health professionals as and when they required it.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were described as caring and this was supported by our observations.

Friendships were encouraged and supported along with positive relationships between staff and the people they supported.

People's independence was respected and encouraged.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

There was a clear person centred culture within the home, but the process of creating and reviewing people's support plans did not always reflect this fully in practise.

When people needs changed the service responded.

There was a complaints procedure in place that people knew how to use if required.

Is the service well-led?

The service was not always well led.

Systems in place to monitor the quality and safety of the service were not sufficient to ensure the continuity of care in the absence of the management team or long standing staff.

Staff felt the culture was open and valued feedback. They were aware of the whistleblowing policy should they ever need to raise concerns.

The vision within the home was shared by the manager and all the staff responsible for supporting people.

Requires Improvement 

Grove Hill 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 checked 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.

This inspection took place on the 8 December 2015 and it was unannounced. The inspection team consisted of two inspectors. Prior to our inspection we reviewed the information we held about the service. This included notifications, which is information about important events which the service is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports.

At the time of the inspection there were 26 people being supported by the service. We spoke with nine people using the service and six relatives. We also spoke with two professionals who visited the service. We 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, assistant manager, the cook and six staff. We reviewed five people's care files, records relating to training, and the general management of the home.

Is the service safe?

Our findings

The service was not always safe

People's needs were assessed but records did not always contain clear guidance to manage risks. People's needs were assessed and these assessments informed support plans to ensure that staff could support people in a way that mitigated these risks. However, the guidance in place in some risk assessments did not always give adequate detail to ensure all staff would know what to do to mitigate the risks. For example, one person was at high risk of pressure sores. There was a detailed plan in place that made staff aware of this, however there was no detail on how the risk should be managed. The plan did not detail what staff needed to be monitoring and what to identify. Another person was identified at risk of choking. Staff told us this person needed a soft diet and drinks thickened. There was guidance detailing the person's dietary requirements, but there were no references in this person's plan with regard to their drinks being thickened. Staff we spoke with understood what action to take for both of these people to ensure their safety. However in the event of new staff, or changing staff the plan in place would not adequately mitigate all risks to this person due to the inaccurate records.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found medicines were safely administered and people received their medicines as prescribed, there was not always a documented procedure in place for PRN (as required) medicines. These procedures ensure that there is guidance for staff to follow to ensure medicines given when required do not exceed a safe dose and are not used for anything other than their stated purpose.

People and their relatives told us that the service was safe. Comments included; "Oh it's a very safe service, very much so", "I feel very safe here yes" and "I do feel safe yes, I like it". Professionals we spoke with also felt the service was safe. Comments include, "Yes it is safe, and I have no concerns for people".

Staff had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding procedures were clearly displayed and safeguarding alerts had been raised appropriately with the local authority safeguarding team. Staff understood what action they would take. Comments included; "If I have a concern I would raise it immediately" and "I would raise it with the manager or the CQC (Care Quality Commission)".

There were enough suitably qualified staff to meet people's needs. The staffing was arranged around the needs of people using the service. For example, people who felt more comfortable with certain staff during certain care tasks had their preference respected. One person told us, "The same person puts me to bed, it's so good of them, they make me feel very safe". Staffing levels were sufficient to allow staff time to join in and support with planned activities. People's relatives felt that the service was well staffed. Comments included; "There are always enough staff around, never have to go searching for staff" and "Always plenty of staff around, no concerns there".

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable people. Records were also seen which confirmed that staff members were entitled to work in the UK. Staff told us they had a thorough recruitment check before starting their work.

Is the service effective?

Our findings

Staff within the service had been trained with regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people's freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive means. Most staff we spoke with had a good working knowledge of the MCA and its principles.

The service had designed their own guide as to people's capacity within each person's file to indicate the level of capacity the person may have. However, this guide had not followed the correct process of assessing capacity to be used as a record that would lawfully allow decision to be made on people's behalf. The guide was not decision or time specific. We found a number of examples of decisions being made for people where there was no evidence they could not make these decisions for themselves. For example, a number of records we reviewed had been developed with relatives rather than with people themselves regarding decision about their care. We found every person within the home was having their glucose levels checked regardless as to whether it was needed. Where people were judged to not have the capacity to consent to this, no assessment was in place to evidence it was in their best interests. Another person had returned from hospital following a fall and it was identified that the person had sustained an injury that could potentially require a return to hospital. A decision had been made between the relative and the registered manager about this person's treatment without the person's involvement, despite being assessed as having capacity within the services guide.

This issue is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with felt supported. Comments included; "Very supported, we are like a big family and can go to the managers? with anything" and "The support is always there, from colleagues and from managers". Supervision is a one to one meeting between staff and a line manager where they can discuss their performance raise concerns and identify any development needs. An appraisal is a one to one meeting that occurs annually where objectives that inform supervision should be agreed and discussed along with any development needs for that year. Staff told us about the supervision and appraisal process. Staff told us they were being supported to develop and had feedback on their performance. However there were no records of this process in place. We were shown a monthly checklist that was ticked to indicate a meeting had occurred, however we were not able to identify from this how concerns staff raised were followed up, or how performance was being supported.

Staff told us they also received training to ensure they had the skills and knowledge to meet people's needs. This training included , safeguarding, moving and handling and first aid. Additional training was also in place which included understanding dementia and diabetes. Some staff felt that they could have refresher courses more regularly but felt the training was very good. Comments included, "We get lots of training it is good" and "The training is good, we get lots, but I'd like to refresh it more often". We saw that training records were not being maintained at the time of our inspection. We asked the manager how they would

know when staff needed refresher training and were told that staff would usually mention it. We also found there was no plan in place at the time of our inspection to provide refresher training in some areas that were required. We were assured that staff still had the necessary skills and experience to meet people's needs through our observations of their practise and through discussion with them. Professional's feedback and feedback from people and their relatives was all positive about the staff skills and experience. However in the absence of a system to identify training requirements there was a risk that when the need arose it would not be identified and the quality of care people receive could be impacted as a result.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People benefited from a varied and balanced diet of their choosing. We saw each person choosing their own breakfast which could be cooked or cereal based depending on their preferences. We saw that people were supported to eat their meals in line with documented guidance. People who had specific needs in relation to their diet were supported effectively. For example, one person with diabetes was having their blood sugar levels checked regularly and was reviewed by the specialist diabetes nurse. People and their relatives were positive about the food served within the service. Comments included, "The food is lovely, I often stay myself" and "The food is really nice the chef does a good job". People told us the chef would cook to people's personal choice if they did not like the main meal. One person told us, "If I fancy something different I can ask for it, they are very good".

People had access to appropriate professionals as and when required. The service maintained effective communication with people's GP's and contacted them for advice when needed. For example, on the day of our inspection we saw the GP was visiting due to concerns noted regarding one person's health overnight. The service also accessed support of other professionals such as speech and language therapists (SALT) and district nurses.

Is the service caring?

Our findings

People told us staff were caring. Comments included; "I couldn't ask to be in a better place, we have such caring staff" and "The care is brilliant, really good". This also matched our observations on the day of the inspection where people were supported by staff respectfully and with patience. For example, one person had become upset during breakfast; we saw that this person was reassured by staff who took time to be with them.

People and their relatives also felt they benefited from a staff team that respected people's privacy and dignity. Comments included: "They really are very good, always knock"; "My [relative] is always dressed nicely and how they would like to be seen" and "My dignity is considered completely, really excellent. Wonderful staff". We also observed staff knocking on people doors, calling people by their preferred names and ensuring private conversations with people were managed sensitively.

People clearly appreciated the relationships they had with the people they supported. We heard one person telling staff through the day she liked them and saying how nice they were. People were able to choose who they spent time with and we also saw that people were encouraged to make friends through groups being arranged by the service. This was to encourage more socialisation between residents. One staff member told us, "We do try and encourage people to spend time with other we think they would get on with". One person's relative told us, "I know they think about my [relative] as they know they enjoy certain games".

We saw a number of caring interactions throughout the day. Staff were regularly offering people reassurance and asking them if they were comfortable. When people became restless or upset staff reassured them. We observed staff offering support and reassurance that we saw had a positive impact as people calmed down and reengaged with their activity.

People were involved in their day to day care. We saw people being offered choices and being kept informed of issues that were arising throughout the day. We observed staff discussing options with people in relation to when they wanted to be supported.

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were collected at their initial assessment and this information was clearly recorded in their support plans. We saw that the management and staff had made an effort to learn the language of one person who would only communicate in their own language.

Is the service responsive?

Our findings

People's needs were assessed when they entered the service. These assessments were used to create individual support plans that covered areas such as; friendships and company, interests and other areas such as mobility and personal hygiene. People's care plans also contained personal goals for each area. For example, one person's assessment had identified needs in relation to their skin integrity. This person's goal in their support plan was to maintain their skin integrity safely. We saw clear guidance in place for staff to follow to ensure this goal could be achieved. However we found that people were not always involved in this process at the point of entering the service or through any on going review. We found people's families or staff were often completing these documents at each review. We raised this with the manager who immediately recognised the need for people's involvement. The manager told us, "It's hard as families do want to be involved and are keen to get things right, but you are right, people should also be part of and central to it".

On the day of our inspection we saw that people enjoyed a variety of activities. A visiting occupational therapist offered a range of activities that we observed most people to be enjoying. There was no activity plan in place as the manager felt that was too prescriptive. The manager told us, "I want the service to be more natural, we don't have set activities and don't have an activities coordinator, all staff are responsible". We could not see what activities people did outside of the days the occupational therapist visited the service. We also observed people sat around the lounge for long periods of time outside of these activity times. One person we spoke with told us, "We don't do much, I get quite bored". Staff involved people in the activity and the occupational therapist we spoke with told us, "The staff are excellent and keen to learn, I am sure they use what they learn to ensure people are kept occupied". However in the absence of a clear system in place, we were unable to see that each person had enough opportunity to engage in activity that interested them regularly. We raised this with the manager who took action to review the issue. We have been informed since the inspection of a notice board of planned events to encourage additional activity for people using the service.

When people's needs changed the service responded. For example, one person was assessed to be at risk of falls. Following a recent fall the support plan had been updated to include additional action to manage the risk of falls. On the day of the inspection we saw these actions being followed.

People benefited from a service that saw feedback as important in improving the quality of the service. People and their relatives had completed a survey along with visiting professionals. Feedback was positive regarding the care the service provided and the professionalism of the staff. We did not see any constructive feedback from people who had completed these surveys but the registered manager told us that if any feedback referred to improvement, it would be reviewed and taken on board. People and relatives we spoke with all told us they would be more than happy to speak up if they were not happy and had faith that the service would take their views on board. Comments included, "I do think they view my opinion as important, yes" and "I am sure if I wasn't happy they would change things".

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. There

had been no formal complaints since the last inspection, however we noted the Registered Manager had taken on board some feedback regarding visiting times and responded in line with their complaints procedure. The outcome of this issue was resolved in a way that everyone was happy with.

Is the service well-led?

Our findings

There were some systems in place to monitor the safety within the service. For example, fire checks, health and safety checks and medicine audits were carried out monthly within the service. However, there was no formalised system in place to monitor the quality of the service. The registered manager told us, that as they were there all the time, quality is monitored daily along with a hands on approach. We asked the registered manager how they would ensure the continuity of quality in their absence or in the event of a changing staff team. It was acknowledged with senior staff that a more effective system would be needed in these circumstances. It was agreed this would be more beneficial to ensure the quality and safety in the service people receive would not be impacted in the event of the management or staff team leaving.

The absence of a formal system meant that there was no system in place to ensure staff had the skills and knowledge to meet people's needs. We were shown a record that was being used but had not been kept up to date. We asked the manager how they would know when refresher training for staff was due and they told us that staff would have to bring it to their attention. The registered Manager agreed to review the system that was in place to ensure that action was taken to improve this issue.

These issues are a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that incidents and accidents had not been reviewed since May 2015 despite incidents being recorded since that date. The Registered Manager told us they would usually review these and add them to the audit. However this had not been done. Without this system there is a risk that learning from incident and accidents could not be used to prevent incidents happening again. We have since been shown information regarding the inspection that shows action has been taken following some of the incidents we reviewed.

Staff we spoke with felt the service was well led. Comments included, "The manager is good, always around and involved" and "Really well led, the manager is very passionate about the service". There was a vision within the service to ensure people were respected and supported effectively to lead the best life they could. Staff we spoke with understood and shared this vision. Comments included, "We are here for the residents, we support where we need to, but it's up to them" and "People come first, they are why we are here, from the top managers down". Relatives we spoke with also reinforced this vision. Comments included; "We feel very lucky to have got into this service, it's fabulous" and "They treat people so well, people come first without doubt".

The service had formed links with the local community. For example the evening before our inspection the service had had the local choir into sing to them. On other occasions the local church from a variety of faiths visited the service.

Staff we spoke with told us that there was an open culture where they felt safe to speak openly when they had concerns. Comments included, "There aren't many formal chances to speak up, but the manager is

always around and would listen" and "I could say anything I want and often do".

Staff informed us that meetings were held but not in a structured way. Comments included, "We have meeting but they are quite spontaneous, we are always asked our opinion". We were unable to review any minutes from these meetings as they were not recorded, but all staff we spoke with told us they felt meeting were useful and well attended.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 HSCA RA Regulations 2014 The Mental Capacity Act (2005) (MCA) principles are not being followed in line with the MCA code of practise.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Records were not always detailed with enough information to ensure people safety and well being. This included risk assessments. There was not an effective system in place to monitor the quality and safety within the service in the absence of key staff. (17) (1) (2) (a) (b) (c) (d) (i) (ii) (f)