Peak Care Limited

Grove House

Inspection report

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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

Overall summary

This was an unannounced inspection that took place on 30 October and 04 November 2015.

Grove House is a care home with accommodation for up to 31 older adults, some of whom may have dementia. At the time of the inspection there were 29 people living in the home.

Our last inspection of 24 June and 17 July 2014 found the provider was not meeting two regulations. These were in relation to the administrations of medicines the management of staff in relation to bullying allegations. At this inspection we found that the actions we required had been met.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives thought a good service was provided, they enjoyed living at the home and there was enough staff to meet their needs. The staff team were friendly and caring.

Record keeping was sometimes out of date. These included care plans and risk assessments. The lack of up to date information could cause a risk to people. The acting manager was aware of this and had an action plan in place to update records to ensure they reflected people's needs and wishes. Medicines were stored and administered appropriately.

Staff were aware of how to keep people safe and how to proceed if they had concerns about people's safety. However they were not always aware of their duty of care under the Mental Capacity Act.

People who used the service had access to community based health professionals, as required. People were protected from nutrition and hydration associated risks with balanced diets. They said that the quality of the food was good and it was the type of food they liked.

There were thorough staff recruitment processes in place that records showed were followed. Most staff were knowledgeable about the people using the service and their likes, dislikes, wishes and needs.

Staff did not have all the appropriate skills and training to offer person centred care. Staff

said they were well supported by the management team who were approachable and easy to talk to. People and their relatives said they felt comfortable talking with the management team, who were responsive to their views and encouraged feedback from people.

People were not supported to pursue their hobbies and interests and some people told us they were bored. The home had activity staff, however they were not managed effectively and this meant that some people who could not make their needs met were left without stimulation. Some people told us they were bored.

The service lacked a clear management structure and staff struggled to identify who they would contact in an emergency if the acting manager was not available.

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?

Requires improvement

The service was not always safe.

The provider could not be assured that the risk assessment associated with people's safety were up to date and reviewed regularly.

People and their relatives told us that the home was safe.

Medicines were managed safely.

Staff were not always trained to appropriately meet people's needs. There were enough staff to provide the support people needed.

Is the service effective?

Requires improvement

The service was not always effective.

Most staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People received sufficient nutritious food and drink.

People had timely access to appropriate health and social care support.

Staff did not always received appropriate training and regular supervision to enable them to effectively meet the needs of the people they supported

Is the service caring?

Requires improvement

The service was not always caring.

People did not always get the opportunity to be involved in their own care planning.

We observed positive and respectful interactions between the staff and people who used the service.

Staff knew the people they supported and delivered care in a respectful manner.

Relatives were encouraged to visit whenever they wanted.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's needs had not always been assessed and reviewed in a timely manner, and they were not supported to follow their interests or hobbies.

Care plans were not always accurate and up to date and did not always contained clear information for staff to help ensure people received consistent support to meet their needs.

There was a complaints process in place.

Summary of findings

Is the service well-led?

The service was not always well led.

There was no clear management structure in place and the service did not have clear values.

The provider had some quality assurance processes in place but this was not embedded into the service.

People were not always enabled to routinely share their experiences of the service.

Staff were motivated and felt that their views were listened to and respected.

Requires improvement

Grove House

Detailed findings

Background to this inspection

This inspection was planned 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 was an unannounced inspection and took place on 30 October and 04 November 2015.

This inspection was carried out by one inspector.

We spoke with four people, two relatives, four staff, the acting manager and the provider. We also spoke to service commissioners and other health care professionals such as district nurses.

Before the inspection we considered notifications made to us by the provider. The provider had kept us updated of events by sending us relevant notifications. Notifications are reports of accidents, incidents and deaths of service users that the provider is required to send to us by law.

During our visit we observed the care and support provided and checked records, policies and procedures. These included staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for four people living at the home.

Requires improvement

Is the service safe?

Our findings

At our last inspection in July 2014 we found that people's safety was not always promoted because the provider did not have safe procedures in place to ensure people were given their medicines as prescribed. At this inspection we found the requirement had been met.

People told us that they felt safe living at Grove House. One person told us that "This is my home and I can lock my door, so yes I am safe." Another said "Of course I am safe here." And a third said "Just look around why would I not feel safe here."

People's care plans contained risk assessments. However the provider could not assure us that the risk assessments were up to date and represented the current risk to people as they had not been reviewed in line with people's changing needs. Risk to people was recorded in daily records, however there was no effective way of ensuring staff were aware of risks other than at handover. Handovers were not recorded. This meant that staff may not be aware of the current risks to people. Staff we spoke with confirmed this.

The acting manager was in the process of reviewing and updating all risk assessments. This included reviewing all areas that posed a risk to people such as moving safely and ensuring their skin was in and remained in good condition. They had started to record and review when and where people fell. If possible, action was taken to prevent further falls. This included a daily review of footwear and ensuring the equipment people used to assist them to walk was in good condition and suited their needs.

There were general risk assessments for the home and equipment used to keep people safe. These included fire safety procedures, maintenance and servicing of equipment to assist people to move safely, and ensuring the water system was safe. There was also an emergency evacuation plan in place so that staff knew how to care for people in an emergency situation. The evacuation plan had details of how much assistance each person needed to get them to safety. The plans were colour coded to assist staff to make quick decisions.

Most of the staff were aware of their duty of care on how to keep people safe. We saw that there was a current safeguarding policy in place, and information about keeping people safe from the risk of harm or abuse was available to staff. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might suffer. One member of staff said, "Oh I really hope people feel safe here we do our best." However we noted that not all staff had received training on how to ensure people were kept safe. Therefore we could not be sure that all staff were aware of their duty of care to keep people safe. The acting manager told us that they had prioritised safeguarding training and in the meantime staff were reminded of their duties at shift handovers and staff meetings.

People were protected by the provider having thorough procedures in place to recruit staff safely. Discussions with staff and a review of four records showed that staff identity and security checks had been carried out before they stared working in the home. This included checks of their previous work and employment history. Disclosure and Barring Service (DBS) certificates had been obtained for all staff prior to starting to work in the home. Staff confirmed that they did not take up their employment at the home until the appropriate checks such as proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. This helped to ensure that only staff who were safe to work with vulnerable people were appointed.

People were protected from risk because the registered manager ensured there was sufficient staff on duty to keep people safe. Following a review the acting manager had increased staffing levels by one care staff member on each shift. Staff agreed there was enough staff on duty to ensure the safety of people. Our observations and comments from people showed that people's needs were safely met. One person said "I never have to wait too long for my bell to be answered." Another said "One of the girls are always about to check we are ok."

People had their medicines administered safely and as prescribed. Staff who administered medicines were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records were colour co-ordinated to denote different times of the day when medicine administration was required. The medicine for three people using the service was checked and found to be fully completed and up to date. Medicine was safely stored in locked facilities and the temperature of designated fridges where medicine was stored was

Requires improvement

Is the service safe?

regularly checked and recorded. Any medicine no longer required was appropriately disposed of. This approach to administering medicines ensured people had their medicines as prescribed and safely.

Requires improvement

Is the service effective?

Our findings

People were not receiving care that recognised and met their needs in a person centred manner because staff did not have effective training to carry this out. The provider had identified staff's training needs however this training had not been carried out. This included care of people living with dementia and person centred approach to caring for people. The acting manager was aware of this and had started to plan training for staff to cover these areas.

People told us that they were well cared for. One person said "When I need something staff understand." Another said "We are all ok here. I look after my friend and [name] is ok too."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found the provider had followed the requirements in the DoLS by submitting applications to a 'Supervisory Body' for authority to restrict people's liberty where they thought it was in their best interests. The applications had not been assessed by the Local Authority at the time of our inspection.

Staff had not received training in The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are legal protections which require independent assessment and authorisation when a person lacks mental capacity and understanding and need to have their freedom restricted to keep them safe. The acting manager was familiar with the process and understood the conditions which may require them to make an application to deprive a person of their liberty to protect them from potential harm.

No one was subjected to a DoLS at the time of our visit. Best interests meetings were arranged as required and in accordance with the MCA. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. However staff could not demonstrate a good understanding of their duties and responsibilities under DoLS and MCA.

Staff had not received regular supervision. This is a one to one meeting with a senior staff member used to identify staff's training needs and to offer support in understanding and meeting people's needs and wishes. Annual appraisals of staff performance had not been completed. Therefore staff had no way of knowing if they were working in the best interests of the people. The acting manager was aware of this and was working to achieve a programme of regular supervision. This had started but was not yet embedded in the practice of the service. This meant that the acting manager and the provider could not be confident people were receiving optimum care.

People said the food was, 'good.' One person said, "You know it's not bad at all, I enjoy it most of the time, you can't have your favourite all the time." Another said, "It always seems to be time to eat." People chose what they wanted for lunch from two options. Staff ensured they were happy with their choice before they served lunch. People ate their lunch with obvious enjoyment and staff chatted and encouraged people to eat. However one person who needed assistance with eating did not always have this done discretely. Staff did not sit with them and create a comfortable and relaxed atmosphere. Different staff stooped over them for a short period and offered them food without sitting down. They then moved off without ensuring the person was ok. The intervention interrupted the person's meal rather than assist them to eat. We saw it left them frustrated.

Drinks and snacks were available within easy reach of people. People who were at risk of poor nutrition were referred to appropriate health care professionals such as dieticians. Some people were identified as needing to have their nutrition intake monitored. We looked at two records there was no direction for staff on the optimum fluid intake. The intake was not added up at the end of the day to show how much was taken. Therefore it was not possible for staff to know if the person was having adequate fluids. The

Requires improvement

Is the service effective?

acting manager said they were following the nurses' direction and would seek more information so that they could ensure they were acting in the best interests of the people and to know when to alert the person's GP.

People told us they saw a doctor or other health care professionals when needed. This included chiropodists, specialist nurses and speech and language therapists. This was confirmed by external health professionals we spoke with. One person said "I never have to wait too long to see my doctor." Another "I never get anxious about seeing my doctor someone will stay with me if I want them to."

A social care professional told us that the care of people had improved and they were happy with how the person they supported was cared for.

Requires improvement

Is the service caring?

Our findings

The service was not always caring because people were not able to be involved in their own care planning process. The acting manager had started to involve people in their care planning to ensure, where possible, they understood and consented to the care they needed. The newly reviewed care plans had evidence to show they were part of the care planning process and that they had given their consent to it. However the acting manager had just started this process and only some care planning had been reviewed. It was not yet embedded in the practice of the service. This meant that the acting manager could not be sure people consented to their care needs.

People told us that the staff and acting manager treated them with respect, dignity and compassion. The staff ensured people's day to day needs were met and this was reflected in the care practices we saw. Staff were kind and caring at all times. One person said "I would of course prefer to be at home, but here is fine." Another person said that the staff understood them and their need to be left by themselves and this was respected. They said "The girls know when I like to be alone."

People said that staff listened to them and tried to make sure they were comfortable and had what they needed for the day. This included glasses, hearing aids and reading material.

All the people we spoke with said staff were respectful to them and treated them in a dignified manner. One person said, "The girls are so kind." During the visit we saw numerous positive interactions with staff spending time engaging with people whenever they wanted a chat.

Staff respected confidentiality and had discreet conversations with people privately without other people listening to their conversations. Personal care was delivered behind closed doors and staff discreetly enquired if people needed to use the toilet. Staff used open, positive body language, took their time and made an effort to ensure people were comfortable and had what they needed.

People told us that staff always checked what they wanted done before they started to deliver care. People said that they chose what to wear and where to spend their day, in the sittings rooms or in their own room. Rooms were personalised and contained furniture and items that people had brought from home. This made rooms individual and homely.

People and relatives we spoke with told us that friends and relatives could visit at any time. We saw a steady stream of visitors throughout the day. One relative told us, "There is no restriction on visiting." Another said, "We can come any time during the day or evening." This meant that the provider understood the importance of supporting people to maintain their relationships.

Requires improvement

Is the service responsive?

Our findings

People had their needs met in a timely manner. We were told that, “Occasionally I have to wait a little too long.” “If I ring my bell someone usually answers it in an ok amount of time.”

The provider was not always responsive to peoples’ needs as their hobbies and interests had not been explored and recorded so that staff could assist then to have a better quality of life.

People had their care needs and wishes recorded in their care plans. However the care plans had not being reviewed for over a year and the acting manager told us that some of them no longer reflected the needs and wishes of the person. They were currently reviewing all care plans as a matter of urgency to ensure they were accurate and up to date. In the meantime staff were updated verbally and through daily records on people’s needs and wishes. The review of care plans was completed jointly with staff and the person or someone who knew them well, such as a relative or friend. The acting manager was aware of the need to complete this work as a matter of urgency.

There were two activity staff members who worked approximately 16 hours per week in total between Grove House and another service on the same site. This meant there were days in the week where no activity staff worked. The care staff did not see the stimulation of people as part of their role. They told us that it was the responsibility of the activity staff. This meant that for the majority of the time people were without stimulation and they told us they were ‘bored’ or ‘very bored.’ One person said “My brain had stopped functioning due the boredom here.” Another said “The day can be very long.”

The activity staff were without management, direction or training and struggled to provide stimulation to people who could not participate in group activities or to make their needs known. This meant those people who needed the least assistance to be mentally and physically active received most of the stimulation and had the opportunity to join in community activities outside the home.

We saw activity staff read a newspaper to seven people, about half were alert and interested the rest were dozing. Another example was the staff took four people to meet the local Mayor and to tour the council offices. We were told that they enjoyed the outing, again it was offered to those who were mobile and able to express their wishes.

Some records were kept of activities, however no attention had been paid to the number of people who were not included in the organised activities in the service. This meant that the provider had no overview of how people were offered stimulation and support to follow their interests or hobbies.

We spoke to the provider about this and we were told they would look at the issues.

People and their relatives told us they would make a complaint if they needed to. However they were not fully aware of the complaints process. They said “I would just talk to [acting manager].". There was a complaints procedure in place and it included the information people needed to make a complaint. There was a system for logging, recording and investigating complaints. Complaints were fully investigated. At the time of the inspection there were no complaints outstanding. The home had received complements on the care offered.

The acting manager had started to set up meeting with relatives and people to get their opinions on how the home could better recognise and meet people’s needs and wishes. This had not been completed for some time and the acting manager was working hard to make a good connection with the people and to restore meetings. We were told progress was being made in the attendance.at these meetings. Minutes of the meetings supported this.

Requires improvement

Is the service well-led?

Our findings

The service has been without a registered manager since December 2014. The current acting manager had started their application for registration with CQC.

At our last inspection in July 2014 we found that allegations of staff bullying had not been managed effectively. At this inspection we found the requirement had been met and that staff's morale was good.

The service did not have a clear management structure. Staff were unsure who the most senior staff were. They were able to guess but they did not have clear guidance on who to contact when the manager was not available. This left staff confused and they said that they would "Ring the manager at home." There was no thorough system in place to support staff should the acting manager be unavailable. This left staff and people vulnerable should there be an unexpected event or an emergency.

The provider was not able to demonstrate that they had a clear vision on how people's care and support was to be administered. Care planning was out of date and had not being carried out with the person who was being supported. Activity staff were not managed or trained. They determined who was supported. This left people who were unable to express their wishes unsupported. The provider said they would review the hours and role of the activity staff.

The provider did not have effective quality audits in place to monitor and improve the care and welfare of people.

The acting manager had recognised this and was addressing the issues in order of importance. For example care staffing numbers had been increased by one on all shifts and the administration of medicines was audited weekly. Staff training and care planning were being addressed as a matter of urgency. This meant that the provider could not be sure people were receiving optimum care. For example people were kept safe but they were not supported in improving the quality of their lives through following interests and hobbies.

There was no effective way of communicating with people and families. For example there was no evidence that a questionnaire was used to allow people to comment in an anonymous manner on how the service was identifying and meeting needs of people. The acting manager had started to invite people to attend care reviews and to offer one to one meeting for those people who wanted it.

Staff meetings have been taking place and staff told us that morale had been low but that the new manager had made a difference. One staff said "We know [manager] for many years and we know she's the best for us and the people who live here." Another staff member told us [manager] was fair but won't let us away with stuff we should do." A third said "We can now say what we need in the way of training. It's much better here now that [acting manager] is the new manager."

Supervision of staff was out of date and the acting manager had started to address this and most of the staff we had spoken with said that they had at least one supervision in the past two months. Records supported this.