Queensgate Healthcare Limited

# Groveland Park Care Home

## Inspection report

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05 July 2016
06 July 2016
07 July 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |

# Summary of findings

## Overall summary

This unannounced inspection took place on 05, 06 and 07 July 2016.

Groveland Park Care Home is a care home service for up to 53 older people living with dementia, sensory impairment or a physical disability. There were 52 people using the service at the time of our inspection.

We previously carried out an unannounced inspection of this service on 13 August 2013. At that inspection we found the service was meeting all the regulations that we assessed.

The service had a registered manager in post. 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.

At this inspection we found that staff knew how to keep people safe. People who used the service and their relatives told us they felt safe and that staff and the registered manager treated them well. The service had clear procedures to support staff to recognise and respond to abuse. The registered manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was an effective system to manage accidents and incidents, and to prevent them happening again. The service had arrangements in place to deal with emergencies. The service carried out comprehensive background checks of staff before they started working and there were enough staff on duty to support to people when required. Staff supported people so that they took their medicines safely.

The provider had taken action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. However, we saw the provider had not completed the monitoring forms for the supervisory body as required. As a result of the inspection feedback, the provider immediately reviewed systems and procedures to ensure any conditions placed on people's DoLS authorisations were complied with. We saw there was no negative impact on people who used the service.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

People or their relatives where appropriate, were involved in the assessment, planning and review of their care. Staff considered people's choices, health and social care needs, and their general wellbeing. Staff prepared, reviewed, and updated care plans for every person. The care plans were person centred and reflected people's current needs.

Staff supported people in a way which was kind, caring, and respectful. Staff also protected people's privacy, dignity, and human rights.

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

There was a positive culture at the home where people felt included and consulted. People and their relatives commented positively about staff and the registered manager. Staff felt supported by the registered manager.

The service sought the views of people who used the services, their relatives, and staff to help drive improvements. The provider had effective systems in place to assess and monitor the quality of services people received, and to make improvements where required. Staff used the results of audits to identify how improvements could be made to the service. However, we found that the provider had not notified the Care Quality Commission (CQC) of the authorisations of Deprivation of Liberty Safeguards (DoLS) as required. As a result of the inspection feedback, we saw the provider had notified the CQC and reviewed their quality assurance systems and procedures to ensure any conditions placed on people's DoLS authorisations and notifications to CQC were complied with.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People who used the service told us they felt safe and that staff and the registered manager treated them well. The service had a policy and procedure for safeguarding adults from abuse, which the registered manager and staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff kept the premises clean and safe. They administered medicines to people safely and stored them securely.

### Is the service effective?

Good

The service was effective.

The service supported all staff through training, supervision and annual appraisal in line with the provider's policy.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

People who used the service commented positively about staff and told us they were satisfied with the way they looked after them.

The registered manager and staff knew the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted according to this legislation.

Staff supported people to access the healthcare services they needed.

### Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us they were happy with the service. They said staff were kind and treated them with respect.

People were involved in making day to day decisions about the care and support they received.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

## Is the service responsive?

Good

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences. Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff met people's need for stimulation and social interaction.

People knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

## Is the service well-led?

Good

The service was well-led.

People who used the service and their relatives commented positively about the registered manager and staff.

The service had a positive culture. People and staff felt the service cared about their opinions and included them in decisions about making improvements to the service.

The registered manager held meetings with staff which helped share learning and ensure that staff understood what was expected of them at all levels.

The service had an effective system and process to assess and monitor the quality of the care people received. Staff used learning from audits to identify areas in which the service could improve.

# Groveland 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 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 05, 06 and 07 July 2016 and was unannounced. The service was inspected by one adult social care inspector and an expert by experience on 05 July 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The adult social care inspector returned to the service on 06 and 07 July 2016 to complete the inspection.

We spoke with seven people who used the service, five relatives and visitors, nine staff, the deputy manager, the registered manager, the operations manager and the operations director. Not everyone at the service could communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at nine people's care records and nine staff records. We also looked at records related to the management of the service such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring.

Good

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt safe and that staff and the registered manager treated them well. One person told us, "I feel perfectly safe. They look out for us." Another person said, "I have felt safe, never experienced anything bad." A relative told us, "He [Dad] is very safe here. This is a lovely place and I have never seen any staff lose their patience." People appeared comfortable with staff and those who could, approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "If any resident is mistreated, I will report to my manager. If I'm not happy with the action taken, I will report to external body. I'm aware about the whistle-blowing policy and procedures."

The provider maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The registered manager sought external professional's support and implemented service improvement plans to make sure people's needs were met safely. For example, medicines had been reviewed for a person by their GP and for another 10 minutes observations were introduced. The service worked in cooperation with the local authority and the police where necessary in relation to safeguarding investigations, and notified the CQC of any allegations received in line with the requirements of the regulations.

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, eating and drinking, and behaviour. We reviewed nine risk assessments and all were up to date with detailed guidance for staff on how to reduce identified risks. For example, where one person had been identified as being at risk of falls, a risk management plan had been put in place which identified the use of equipment and the level of support the person needed to reduce the level of risk. In another example, we saw staff regularly repositioned people where their skin integrity had been identified as an area of risk because of their immobility. A member of staff told us they monitored people's skin daily and this was confirmed when we reviewed completed daily monitoring charts.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of changes having been made by staff after incidents occurred to improve safety. For example, we noted that pressure activated mats had been placed next to their bed to alert staff following a recent incident. Records also showed that actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people safely in a timely manner. One person who used the service

told us, "There are enough staff." One relative said, "There are enough staff, same at weekends also." The registered manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of the people and that staffing levels increased in line with changes in people's needs where required. A senior member of staff told us, "We do not use agency staff, when somebody can't come on duty because of sickness or when we need an additional member of staff, the manager gets another member of staff to cover or arrange for bank staff." Staff rotas we saw further confirmed this. The service therefore used staff who knew people well.

Staff responded to people's requests for help in a reasonable time. Staff carried pagers and responded to alarms in timely manner. The registered manager monitored call logs. We saw electronic records were generated to monitor if calls were answered promptly, and the small number of calls that were delayed for more than four minutes were reviewed and discussed with staff to prevent it happening again.

The service carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, and proof of identification. This meant people only received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. One person told us "The home is such a clean and nice place." Another person said, "As you can see, the home is spotless." The provider had procedures in place in relation to infection control and the cleaning of the home and these were followed by staff. Staff were clear about the infection control procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness standards. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards such as window restrictors, hoists, and safety of gas appliances.

The service had arrangements to deal with emergencies. One member of staff told us, "We have fire drills once a month." Records we saw confirmed this. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. These included contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Staff supported people to take their medicines safely. One person told us, "I do get my medication; they [staff] are good at it." Another person said, "I have medication and they [staff] see I take it." The provider trained and assessed the competency of staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) were up to date and accurate. They showed that people had received their medicines as prescribed and remaining medicine stocks were reflective of the information recorded. Medicines were stored securely including controlled drugs. For example, staff monitored fridge and room temperature. The manager conducted monthly medicine management audits and analysed the findings from the audits and shared any learning outcomes with staff to ensure people received their medicine safely.

Good

# Is the service effective?

## Our findings

People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "Staff seem good at their job." A visitor said, "I believe the staff are very good at dealing with residents' needs."

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training in line with the Care Certificate Framework; the recognised qualification set for the induction of new social care workers, when they started work. The registered manager told us all staff completed 12 modules of mandatory training. The training covered areas from food hygiene, infection control, equality and diversity, health and safety, to moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed. One member of staff said, "I am up to date with all my mandatory training." The service provided refresher training to staff. Staff training records we saw confirmed this.

Records showed that staff were supported in their roles through bi-monthly supervision and a yearly appraisal. Staff told us that areas covered in supervision included their wellbeing and sickness absence, roles and responsibilities, and training and development plans. They said they felt supported and were able to approach their line manager, or the registered manager, at any time for support.

Staff asked for people's consent, when they had the capacity to consent to their care. One person told us, "If they need to attend to me, they would ask me first." Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where

people had been assessed as lacking capacity we saw that the relevant decision had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate.

The registered manager knew the conditions under which an application may be required to deprive a person of their liberty in the best interests under DoLS. Records showed that appropriate referrals had been made, and authorisations granted by the relevant 'Supervisory Body' to ensure people's freedoms were not unduly restricted. However, we saw the provider had not completed the monitoring forms for the supervisory body as required. As a result of the inspection feedback, the provider immediately reviewed systems and procedures to ensure any conditions placed on people's DoLS authorisations were complied with. For example, during the inspection the regular monitoring information had been submitted to the 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations. We saw there was no negative impact on people who used the service.

Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person who used the service told us, "We get a good variety of meals. We get a choice and I have a health condition, but it's not a problem, and if I didn't fancy anything, they would do something else, and we get plenty of fluids through the day." Another person said, "I like all the meals." A relative told us, "The food is lovely."

Staff recorded people's dietary needs in their care plan and shared the information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, the service catered for people who needed soft diets, thickened fluids and fortified diets, vegetarian diets and a healthy balanced diet for people with diabetes. The chef told us there were alternatives available if people did not like what was offered on the day.

The service protected people from the risk of malnutrition and dehydration. Staff monitored people's weight as required. Where risks were identified, staff completed food and fluid charts to monitor people's intake and take further action if required. For example, we noted that staff sought advice from the Speech and Language Team (SALT) where a person had been identified as having swallowing difficulties.

We carried out observations at lunch time in two areas of the home. We saw positive staff interactions with people. The dining room atmosphere was relaxed and not rushed. There were enough staff to assist people and we saw them provide appropriate support to people who needed help to eat and drink. Staff made meaningful conversation with people, and helped those who took their time, encouraging them to finish their meals.

Staff supported people to access healthcare services. One person told us, "I have my bloods checked by the visiting nurse, and an outsider comes in to do our toenails, and they will get the doctor in immediately, if I'm not well." A relative said, "Once a month the chiropodist visits her [Mum] and if she is unwell, they [the provider] ring us up to let us know how she is." We saw the contact details of external healthcare professionals, such as GP, dentist, district nurses and chiropodist in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed.

Good

# Is the service caring?

## Our findings

People and their relatives told us they were happy with the service and that staff were kind and treated them with respect. One person told us, "Staff are excellent, they are very kind and attentive." Another person said, "The girls are smashing, very polite." One relative told us, "The care Mum gets is very good." Another relative said, "Dad gets breakfast in bed, and I can't find fault with this place, he is so well looked after."

We observed that staff had good communication skills and were kind, caring and compassionate. Staff talked gently to people in a dignified manner. They knew each person well and pro-actively engaged with them, using touch as a form of reassurance, for example by holding people's hands which was positively received.

Staff involved people or their relatives where appropriate in the assessment, planning and review of their care. One person told us, "I am aware of my care plan, but it's not intrusive." One relative said, "The staff do involve my [relative] in decisions about her care, and my [relative] is involved with her care plan and reviews."
Staff respected people's choices and preferences. For example where people preferred to spend time in their own rooms, lounge, garden, and walk about in the home. We saw that staff regularly checked on people's wellbeing and comfort. Staff could tell us people had preferred forms of address and how some people requested staff use their preferred first name. These names were recorded in their care plans and used by staff. Relatives told us there were no restrictions on visitor times and that all were made welcome. We saw staff addressed visitors often by their first names in a friendly manner, and they were made to feel welcome and comfortable.

Staff respected people's privacy and dignity. One person told us, "The staff are very good and private when dealing with me." Another person said, "The staff do give me my privacy." We saw staff knocked and waited for a response before entering people's rooms, and they kept people's information confidential. We noticed people's bedroom doors were closed when staff delivered personal care. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff showed an understanding of equality and diversity. A person told us, "There are visits from a religious minister." Another person said, "The Priest does come and gives me Communion and I get the opportunity to go to Mass and someone [member of staff] goes with me." Staff completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. The registered manager told us that the service was non-discriminatory and that staff would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. Staff we spoke with confirmed that people were supported with their spiritual needs where requested. For example, kitchen staff were aware of which people had specific cultural requirements with regards to their diets.

Good

# Is the service responsive?

## Our findings

People and their relatives told us they received care and support that met their needs. One person told us, "I do get the care I need and I don't mind which carer looks after me.", One relative said, "The staff spotted my relative in an emergency one evening, and acted so quickly, it reduced the odds of her being permanently affected, when she went to hospital. She is fine now."

Staff supported people to follow their interests and take part in activities. One person told us, "The programme of activities is excellent. There is always something going on, and we are taken out on walks and outings." One relative said, "Activities and entertainment are very good, staff do take them out." A member of staff told us "We do ask residents what they would like to do and build a programme to suit them." We saw that planned activities were displayed around the home so people were kept informed of social events and activities they could choose to engage in. Activities on offer included bus tours, Church visits, seated exercise, dog therapy, musicality, puzzles, arts and crafts, external entertainers, and reflexology and Reiki. We noted that these activities were having positive effect on people's wellbeing. For example, we observed people enjoying music on one of the mornings of our inspection. They responded positively to the performance, with some people dancing and others clapping along to the music.

Staff carried out a pre-admission assessment of each person to see if the service was suitable to meet their needs. Where appropriate, staff involved relatives in this assessment and they used this information as a basis for developing personalised care plans to meet each person's individual needs.

Care plans contained information about people's personal life and social history, likes and dislikes, their interests and hobbies, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Senior staff updated care plans when people's needs changed and we noted that plans included clear guidance for staff on the level of support each person required. All of the care plans we reviewed were up to date and reflective of people's current needs.

Staff completed daily care records to show what support and care they provided to each person. They also maintained a record which listed the specific tasks for the day such as who required a weight check, fluid and food intake monitoring, repositioning of people in the bed and skin care management. Staff discussed the changes to people's needs during the daily shift handover meeting and staff team meeting, to ensure continuity of care. The service used a communication log to record key events such as changes to health and healthcare appointments for people, to ensure their needs were met in a timely manner.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "No, I have never complained and if I had a problem, I'd go to the management. I have visitors regularly and there are no restrictions." Another person said, "If I have a problem, I could go to the manager and I am confident they would sort out a problem." The service had a clear policy and procedure about managing complaints. We saw information was displayed in the communal areas about how to make a complaint and what action the service would take to address any concerns received. The registered manager had

maintained a complaints log, which showed that senior staff had investigated any complaints when concerns had been raised, and responded to them in a timely manner. These were about general care issues.  The registered manager told us they had not received any complaints after the above concerns and the records we saw confirmed this.

Good

# Is the service well-led?

## Our findings

People and their relatives commented positively about staff and the registered manager. The atmosphere in the home was calm and friendly, and we saw meaningful interactions between staff, people and their relatives. One person told us, "The manager is very friendly and she is very approachable and makes all feel welcome." Another person said, "They [management] are just so good at everything." One relative told us "The manager can't do enough for you and the owner was so good, and I can't praise the place enough."

We saw the registered manager interacted with staff in a positive and supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The manager's door is always open; she will roll up her sleeves and give us a hand if required." Another member of staff said, "We work as a team, and with care residents whole heartedly." A third member of staff said, "The manager is very approachable and always supportive."

The registered manager held monthly staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service.

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals and had received positive feedback from them. Feedback from social care professionals also stated that the standards and quality of care delivered by the service to people was good and that they were happy with the management and staff at the service.

The service had an effective system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the administration of medicine, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, and unannounced night visits by the registered manager and the deputy manager. We noted that improvements had been made in response to audit findings. These included the replacement of furniture and equipment, improved completion of food and fluid charts, completion of cleaning schedules and additional staff training.

We found that the provider had not notified to the Care Quality Commission (CQC) as required, the authorisations of Deprivation of Liberty Safeguards (DoLS) because some people required continuous supervision by staff. When asked, the registered manager told us this has been an oversight, and in future they would notify CQC in a timely manner. Also, the provider's audit had not picked up that they had not completed the monitoring forms for 'Supervisory Body' in line with the conditions they had placed on people's DoLS authorisations. As a result of the inspection feedback, we saw the provider completed monitoring forms for the supervisory body and notified the CQC. The provider reviewed their quality assurance systems and procedures to ensure any conditions placed on people's DoLS authorisations and notifications to CQC were complied with and we will monitor progress with this at our next inspection. We

saw there was no negative impact on the people who used the services.

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed that people and staff were comfortable approaching the registered manager and their conversations were friendly and open.

The registered manager encouraged and empowered people and their relatives to be involved in service improvements through residents and relatives' forum meetings. One person told us, "The management is definitely a listening one." One visitor said, "I've been in many homes and this is head and shoulders above most of them and there is nothing they could improve on." One relative told us, "They do answer queries from us."

People, relatives, visitors and staff completed satisfaction surveys about service improvements. The areas covered in these survey included about leadership,  quality of the care provision and delivery, dietary needs and choice of food, content and quality of activities, and the quality of staff interactions with people and their relatives.  As a result of the survey feedback, the registered manager had developed an action plan and made improvements to the service. For example, new activities were introduced to ensure people who used the services had a wide range of activities to choose from, and the home was in the process of being redecorated. The provider had also implemented improvements in response to feedback from staff which included senior staff provided personal care when needed, and make residents a cup of tea.