

Ratan Care Homes Limited

Grove House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grove House Residential Home is a care home and is registered to provide accommodation and personal care for up to 29 older people. At the time of our inspection 22 people lived at the home and 3 people were in hospital. Accommodation is provided in a two-storey adapted building.

People's experience of using this service and what we found

The lack of provider and management level oversight meant some previously demonstrated standards and regulatory compliance had not been maintained. Systems to monitor the quality and safety of the service and drive improvement were not effective. The provider had not ensured risks associated with people's care, the homes environment and fire safety were well-managed. This exposed people to the risk of avoidable harm.

People felt safe and staff understood their responsibilities to keep people safe. Staff were recruited safely and were available to support people when needed. Some aspects of medicines management and the prevention and control of infection required improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain relationships that were important to them and had access to health and social care professionals when needed.

People and a relative were satisfied with the service provided. They spoke highly of the staff who provided their care and support and the way the home was managed. Staff felt supported. The management and staff team worked in partnership with other health and social care professionals to benefit people.

The nominated individual acknowledged our inspection feedback which they used to improve safety and make service improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 26 November 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the Key Questions safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grove House Residential Care Home on our website at www.cqc.org.uk.

Enforcement

We identified breaches in relation to people's safety, the safety of the environment, and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Grove House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Grove House Residential Care Home is a 'care home'. People receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from local authority who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 7 people who lived at Grove House Residential Care Home and 1 person's relative to find out what it was like to live at the home and to gather their experience of the care provided. We spoke with 8 members of staff including the nominated individual, team leader, a senior care assistant, care assistants and a member of the home's housekeeping staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 7 people's care records and 8 people's medication records. We looked at 3 staff files in relation to recruitment and support. We also looked at records relating to the management of the service, including, the provider's quality monitoring systems, audits and checks and policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Standards of individual risk management had not been maintained since our last inspection. This placed people at risk of receiving unsafe care. For example, 3 people received support from staff to manage their indwelling urinary catheters and 2 people smoked cigarettes. These risks had not been assessed and guidance was not in place to help staff provide safe care and support.
- Two people were known to be at risk of falling and both had fallen since moving into the home. These risks had not been assessed. We brought this to the attention of the nominated individual who told us, "I see why you think that isn't safe. I understand, the records are not the best but staff do know about the risks."
- People were at risk of hot water scalding. This was because the shower and some hot water taps did not have water temperature controlling thermostatic mixing valves (TMV's) fitted or the TMV's were not working correctly. That meant water temperatures exceeded safe temperatures. We asked the nominated individual to take immediate action to address this risk.
- One person told us the issues with the water temperature made it difficult to clean their teeth. They said, "The hot water is too hot and my cold tap does not work." Records showed the faulty tap had been reported by staff on 24 December 2022, but it had not been fixed.
- Environmental risks were not always identified and managed well. For example, multiple windows were fitted with restrictors that did not conform to Health and Safety guidance. This placed people at risk of harm because the windows could not be opened, if required, in the event of an emergency. The door frame of the room used to store people's medicines had significant damage. Timely action had not been taken to repair the damage which meant door could not be properly secured.
- Fire safety risks were not managed safely. Timely action had not been taken to address known fire safety risks. A fire safety risk assessment commissioned by the provider in June 2022 identified 5 risks required immediate remedial action. Some of those actions had not been completed to improve fire safety at the home.
- Previously we found the home's emergency plan did not provide staff with the information they needed to keep people safe if they were not able to go back into the home following an emergency. At this inspection we found the same concerns. This demonstrated lessons had not been learnt. Furthermore, important information the emergency services would need to keep people safe in the event of a fire was not up to date. Action was taken to address this.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and well-managed. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit action was taken and further action planned to improve safety, including replacing window restrictors in line with current guidance, the completion of individual risk assessments related to falls and smoking and the introduction of water temperature checks.
- Discussions with staff demonstrated they understood people's needs and how to keep them safe.
- A system was in place to record, monitor and analyse accidents and incidents. Lesson learnt were discussed with staff to reduce the risk of reoccurrence.

Using medicines safely

- Some aspects of medicines management required improvement to ensure medicines were consistently managed safely in line with the provider's procedure and best practice guidance.
- Some prescribed creams in use were not securely stored and did not have their dates of opening recorded. This is important to ensure creams in use remained effective.
- Risks associated with the use of emollient creams that contained flammable ingredients had not been assessed. This is important as the build-up of cream residue on bedding and clothing makes those fabrics more flammable which can result in serious or fatal injuries from fire. A team leader assured us action would be taken to address this.
- Where people were prescribed 'as required' medicines, information was not always available to inform staff why the medicine had been prescribed or when they should give it. This is important to ensure these medicines are administered as prescribed.
- Tablet and liquid form medicines were safely stored, recorded and administered by trained staff. However, information was not available at the time of our visit to demonstrate the competency of staff members administering medicines had been regularly assessed. The nominated individual assured us this had happened.
- People told us they received their medicine as prescribed.

Staffing and recruitment

- There were enough staff available to provide the care and support people required. One person told us, "The staff are very good. Most times they come quickly when I need them." A relative commented, "It gives us peace of mind to know there are staff around all of the time...staff check on [name] and ask if there is anything she needs, that happens most times that I visit."
- Feedback from staff confirmed staffing levels were safe and a regular agency carer worked alongside them to cover staffing vacancies. One staff member said, "It's good because [agency carer] knows the residents."
- Staff were recruited safely in line with the providers procedure.

Systems and processes to safeguard people from the risk of abuse.

- People felt safe in their home. One person said, "I'm as happy as I can be here. It's safe." A relative told us they felt confident their family member was safe. They added, "[Name] gets good care."
- Staff received training in safeguarding adults and understood their responsibilities in relation to this. Staff were confident the management team would take appropriate action to protect people from harm and discrimination. One staff member commented, "If action wasn't taken, I would escalate it to CQC."
- Systems and processes were in place to protect people from the risk of harm. The nominated individual understood their responsibility to report safeguarding concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean. However, the storage of toilet rolls on top of toilet cisterns and unlabelled toiletries in communal toilets was poor practice and created the risk of cross infection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People and a relative confirmed there were no restrictions on visiting.



Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The lack of provider and management level oversight meant some previously evidenced standards and areas of regulatory compliance had not been maintained, including those relating to individual and environmental risks. This exposed people to the risk of avoidable harm.
- Lessons had not been learned. At our last inspection the providers quality assurance systems were not always effective in identifying shortfalls and driving improvement. During this visit we found the same concerns. For example, monthly medicines audits did not cover all aspects of medicines management. This meant concerns we found had not been identified. Furthermore, whilst some care plan audits had highlighted shortfalls, timely action had not been taken to address these. This placed people at risk of receiving unsafe care.
- The provider had failed to effectively assess, monitor and mitigate risks associated with the health, safety and welfare of people. Enough action had not been taken to address risks associated with fire safety which had been identified by an external fire safety consultant in June 2022.
- The provider was unable to assure themselves some people had received the care they needed to maintain their health and wellbeing. Accurate and complete records in respect of each person were not maintained. For example, some people's care records were not up to date which placed people at risk of receiving unsafe care.

Lack of service oversight and failure to operate effective systems and processes to make and sustain improvements to benefit people placed people at risk. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection the registered manager was on extended leave. In their absence management support was provided by a team leader who was supported by the nominated individual. The team leader acknowledged they had limited understanding of regulatory requirements, including important events they needed to inform us about. The nominated individual took action to address this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives were very satisfied with the service provided and the way the home was managed.

One relative said, "We have confidence in the leadership, manager is visible. We feel involved. Communication is good." The relative told us they would recommend the home.

- Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "The staff are lovely. They are kind and they are caring."
- Staff completed equality and diversity training and discussion with staff demonstrated they understood the importance of treating people with respect and as individuals.
- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.
- The nominated individual had some understanding of their responsibility to inform people and relevant others if something went wrong with people's care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought the views of people, relatives and staff. Analysis of feedback gathered in early January 2023 showed high levels of satisfaction and no suggested areas for improvements had been made.
- Staff felt supported. One staff member described the registered manager as 'lovely'. They added, "She leads us by example and if something wasn't right, she would talk to us about it." Other staff members told us they were encouraged to share their ideas at team meeting and met individually with a member of the management team to talk about their work which made them feel valued.
- The management team and staff worked in partnership with a range of healthcare professionals to support people to maintain their health and well-being and achieve positive outcomes.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (d) HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured people's care and treatment was provided in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided to people.