

St Philips Care Limited

The Grove Care Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected The Grove Care Centre on 19 November 2014. This was an unannounced inspection.

The service provides care and support for up to 31 people, some of whom may experience memory loss associated with conditions such as dementia. When we undertook our inspection there were 30 people living at the service. One of the people was staying at the home on a short term basis.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered

Summary of findings

necessary to restrict their freedom in some way in order to protect them. At the time of our inspection there was no one living at the home who had their freedom restricted.

Staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were supported to maintain their independence wherever possible, to feel included in the way the home was run and receive care in the way they wished. Staff provided care and support in a warm and caring manner.

Staff understood people's needs, wishes and preferences and had received training in order to provide support to the people they cared for.

People and their relatives were able to raise any issues or concerns and action was taken by the manager to address them.

There were clear arrangements in place for ordering, storing, administering and disposing of medication.

People had access to healthcare professionals when they required specialist help.

Staff were responsive to changes in people's care needs and staff supported people in a safe dignified and respectful way. They also showed us they knew about people's social interests, likes and dislikes.

The manager and deputy manager were well established and provided consistent leadership for the staff team.

We found the service was well led and there were arrangements in place to continually assess and monitor the quality and effectiveness of the services provided for people. The arrangements enabled the provider and manager to take appropriate actions to develop the services and learn lessons from events that took place in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who lived at the service felt safe. Staff were well informed about how to recognise when people may be at risk from harm and also how to respond to any concerns correctly.

There were consistently enough staff on duty to meet people's needs.

Risks associated with people's care needs were assessed and planned for in advance. This ensured that people were cared for as safely as possible.

Good



Is the service effective?

The service was effective. People were supported to maximise their independence and maintain lifestyles that were meaningful to them by staff who were trained and supported to carry out their roles.

Arrangements were in place for people to have a nutritious diet and receive appropriate healthcare whenever they needed it.

The training staff had received gave them the knowledge and skills they needed to provide effective support to people.

Good



Is the service caring?

The service was caring. Staff were caring in their approach to the care they provided and supported people to be as independent as possible.

People received care in a way that respected their rights to dignity and privacy.

Good



Is the service responsive?

The service was responsive. People's health and care needs were assessed, planned for and regularly reviewed. This ensured that people's needs were consistently met.

A complaints policy and procedure was in place and people told us that they would know how to complain.

People had access to a range of meaningful social activities and were encouraged to pursue their individual hobbies and interests.

Good



Is the service well-led?

The service was well-led. Appropriate arrangements were in place for monitoring and improving the quality of the services people received.

People were encouraged to express their views and be involved in the development of services and staff were well supported by the manager.

Good



The Grove Care Centre

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.

This inspection took place on 19 November 2014 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

Before the inspection we spoke with one social care and one community mental health care professional who had undertaken assessments and reviews of people's care at the service. We also spoke with Healthwatch and asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. The information they shared with us supported our overall findings.

During our inspection, we spoke with six people who lived at the service, four relatives, five of the care staff team, the deputy manager and the registered manager. We also spoke with a visiting health care professional and observed how care and support was provided to people.

We looked at three people's care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. We also checked records related to the running of and the quality of the service such as staff training information, manager audit information, staff duty rotas, team meeting records, complaints and compliments information, and quality surveys undertaken by the provider.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe living at The Grove Care Centre. One person told us, “Yes, I feel very safe living here and the staff are on hand when we need them.”

Another relative told us, “They [the manager and staff] have informed me about any incidents and have reacted instantly and put in measures for extra safety.” The relative also told us staff had used special support mats in their relative’s bedroom and changed the type of chair the person was using in order to further reduce the risk of falls.

We looked at people’s care plans and saw that any identified risks to people’s wellbeing had been recorded as part of a risk assessment, which together with the overall care plan had been reviewed on a regular basis and amendments made when people’s care needs changed. Staff told us they understood the risk assessments and how they used this information on a day to day basis to keep people safe.

Equipment was available to transfer people safely when they bathed and needed support to get into bed. We saw that when using equipment such as hoists, staff explained what was happening throughout the process. In addition to our observations one person we spoke with told us when staff used equipment and communicated in the way they did it helped them to feel safe. The person said this was because they understood what was happening and felt involved.

Staff we spoke with said that they had received training in how to maintain the safety of people who lived at the service. Staff were clear about who they would report their concerns to and were confident that any allegations would be fully investigated by the registered manager and the provider. When it was needed information was also shared and reported to external bodies which included the local authority safeguarding team, the police and the Care Quality Commission.

We also saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff we spoke with were able to tell us which external bodies they would raise their concerns with.

The provider had appropriate policies and procedures in place for helping people to take their medicines in a safe way. There were clear arrangements in place for storing medicines and people got their medicines at the right time and in the right way. We also saw that the provider followed national guidance related to the storage and administration of controlled medicines.

Staff told us they had been through a clear recruitment process before they started work at the home to ensure they were suitable to work with vulnerable people. We spoke with one staff member who was undertaking some reading as part of their induction. The staff member told us they had planned to undertake some shadowing work with an experienced staff member and said, “The manager is very clear about new staff going through the induction and following this closely to make sure we are confident before providing care to people.”

The manager told us how they had experienced some staff changes during the year which meant they had to undertake a process of recruitment for new staff. The manager said this had not had an impact on people’s experience of the care they received. They had support to employ agency staff when they needed to but the team pulled together to fill any gaps when needed.

People who lived in the home and their relatives told us that there were enough staff to meet their needs safely. On the day of our inspection we saw the numbers of staff available during our inspection matched what it stated on the rota. From looking at staff rotas and talking with people, the manager and staff we found that suitable levels of staffing were being maintained.

We observed people being supported by staff and that there were enough staff to ensure there was always someone available to support people when they required it, such as helping people to move safely through the use of hoists and walking aids.

Is the service effective?

Our findings

Through our observations of the support provided by staff it was clear they knew people well and took action to address people's individual health needs. For example, a relative told us staff had called the doctor to their relative as they had seen them deteriorating. Another relative told us, "Within a few days of [my relative] arriving at this home the manager had arranged a chiropodist to deal with [my relative's] feet."

We spoke with the registered manager about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that they had an awareness of the act and what steps needed to be followed to protect people's best interests. In addition, they knew how to apply the procedures to ensure that any restrictions placed on a person's liberty would be lawful.

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have capacity to make a specific decision themselves. Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. Records showed that the manager and staff had received training about the subject. At the time of the inspection the manager was in the process of undertaking an application to support one person safely by having their freedom restricted. Care records showed that in order to commence this process the manager had acted in accordance with the Mental Capacity Act 2005, DoLS.

Staff we spoke with were knowledgeable about people's individual needs and preferences and staff told us they were confident that they had the skills to meet people's needs.

Staff said they had received enough training to meet the needs of the people who lived at the service. We checked the training records for the service and saw established staff had received, and new staff were scheduled to undertake training in a variety of different subjects. These included equality and diversity, manual handling, safeguarding and infection control. Staff also told us they

had received training in how to support people who experienced memory loss associated with conditions such as dementia. We also saw staff were supported to undertake nationally recognised qualifications.

A relative we spoke with told us they had seen the staff team undertake training and felt that all the staff were well trained. We saw that staff received planned and ongoing support, supervision and appraisals. Staff we spoke with told us they found the sessions supportive and that they helped them to further develop their skills.

People spoke positively about how their health needs were being met. They said this included seeing the doctor, chiropodist and opticians when they needed to. One person told us they were supported to be weighed regularly and thought this was a good thing. Another person commented, "I understand they [staff] need to keep an eye on our weight so they can check on our health side of things."

Staff confirmed, and we saw staff had recorded what people drank each day in individual daily records in order to ensure people received enough drinks to keep them hydrated. Staff also said, and records showed when it was needed, information was shared with other professionals such as dieticians as part of their ongoing review processes. We saw health care information was also used as part of discussions in staff hand-over meetings between shifts. Staff said this helped them identify any changes or concerns quickly so they could act on them.

The care records we looked at showed that assessments had been carried out and kept up to date in relation to people's dietary needs. In between meal times people were offered drinks and biscuits and we observed that there were jugs of juice in communal areas so that people had access to a drink when they wished.

We asked people what they thought about the food and meals provided by the home. One person commented, "The food is brilliant. There's always a choice" and "We get lots of drinks in the day." The person also said they could have drinks any time during the night if they wanted. Other people we spoke with said they enjoyed the food and that they had and made choices regarding what they wanted to eat.

We spoke with the cook who told us they knew about people's likes and dislikes and made sure they got what

Is the service effective?

food they wanted. The cook went through a list of people who lived at the home telling us about what food people enjoyed and the efforts they made to accommodate their choices each day.

At lunch time the menu for the day included chips. One person who was involved in an activity and setting the tables for lunch said “is there no mash?” The cook reassured the person there was and at lunchtime the person was served mash with their meal.

Is the service caring?

Our findings

Relatives and people we spoke with told us that the staff were caring and compassionate. Comments we received from people ranged from, “They [staff] are loving dedicated people” to “People are treated kindly” and “There’s never a harsh word.” One person we spoke with also commented, “The night staff are brilliant, they’re loving and devoted.”

One relative told us they felt staff were gentle and patient with people when they became upset or distressed and spoke with people “softly and quietly.” We observed staff undertook this approach when one person did not want to be supported with their care and verbally protested. The staff member was sensitive in their response to the person and walked away in order to let the person calm down before returning a little later. We then observed the person was calm and immediately accepted the help offered by the staff member.

All the people we spoke with told us they could get up and go to bed whenever they liked. They told us they made choices for themselves, for example people said that they chose what clothes to wear. When we asked people how their dignity was maintained one person told us that, “They [staff] look after me very well.” The person also said, “The staff are very good, nothing is too much trouble.”

Throughout our inspection visit we saw staff ensured that all people had their privacy and dignity maintained. We saw staff giving care in a sensitive way, taking time to tell people what they were going to do before they did it. For example, we observed one person needed to move from a communal area of the home to a private area to receive personal care. Two staff members used special equipment to help the person to move. While they were helping the

person they explained each time they undertook an action and why they needed to do it. The person laughed and spoke with the staff members throughout saying they felt relaxed. The task was secondary to the interaction between staff and the person and as such was person centred.

There was a notice in the reception area of the home which highlighted ways of promoting people’s dignity and had a photograph and information about the dignity champion for the home.

This is a government initiative which aims to put dignity at the heart of care services. The deputy manager told us they were responsible for promoting the role and staff we spoke with told us they understood the importance of incorporating dignity and respect in the way each individual’s needs and wishes were met.

Staff knew how to provide care in the ways people had said they wished to be supported. The relationships between people and staff were positive and caring. We also observed when staff spent time with people; communication between them was relaxed, friendly and informal.

All of the people and relatives we spoke with said that they had been involved in decisions about their care. One person told us about how they maintained their independence and said, “I gave them [staff] no choice about me being independent, and that’s what I wanted. If I needed help I got it. Sometimes I asked them for help but most of the time they checked with me to see if I needed help.”

The person also emphasised that, “I told them exactly what I wanted, as much independence as I could and I got it if it was in the rules.”

Is the service responsive?

Our findings

When we asked people if they felt staff were responsive in meeting their needs one person told us, “They [staff] look after me very well” and “The staff are very good, nothing is too much trouble.”

We found that people’s health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan.

We spoke with a relative who told us two of their family members lived at the home. The relative told us they had been involved in reviews of their relatives care and that they were involved in setting up the initial care plan.

The relative commented that staff had been, “Really supportive and understanding of my situation. They have told me that I can come at any time and just have a cup of tea. I really appreciate how their care has extended to me.” Another relative told us “People are not ignored here, they get attention immediately” and that “The staff seem to have a system of working and they work as a team.” The relative finished their discussion with us by saying, “This home has saved us because we were in a difficult situation and didn’t know where to go.”

We observed staff were busy at all times during our inspection but we did see staff took time to chat with people. Staff knew about each person’s needs and were able to speak with them about various topics that related to people’s interests and lives.

Records we looked at and people we spoke with confirmed that the social and daily activities provided at the service suited people and met their individual needs. People told us they could make their own decisions about whether they undertook activities or not. People’s preferences had been recorded and we saw that staff respected these.

All of the people who lived at the service were encouraged to take part in a range of social activities through support and allocated time given by an activities' co-ordinator who worked with people both in groups and on a one to one basis. We spoke with the co-ordinator who showed us the records they kept about each person’s chosen activity. The information was kept in the form of a diary of each of the interests and activities people undertook and enjoyed.

For example, people were supported to undertake art work or go out for one to one walks around the local village. One relative who lived locally told us this was the reason they chose the home for their relative. Records also showed relatives were encouraged to take part in activities and saw plans agreed with one relative to visit do sewing, repairing clothing and replacing buttons with people who had an interest in this subject.

We saw there was also a variety of aids and activities designed for people with dementia and the co-ordinator told us they always tried “To keep it (activities) adult, rather than childlike.”

We saw the co-ordinator also worked with families in encouraging them to take part in events such as Christmas and summer fairs. Information in the activities diary showed the service held high tea days where people were encouraged to bake cakes and biscuits and then invite family members in for tea. We also saw people were encouraged to plant seeds in the homes garden and that they read newspaper articles and then had discussions to “put the world to rights.”

There was a range of information available in the reception area of the home for people to read and use to find out about how the service operated and who they could speak with if they had any concerns. Within the range of information we saw there was a service user guide for people to refer to find out how the service operated. There were details about local lay advocacy services and how they could be contacted.

All of the people and relatives we spoke with told us that they would be happy to go to the manager if they had a concern. People also said they felt concerns were addressed quickly by the manager. Records showed that where people had raised informal issues they were taken seriously and dealt with appropriately.

We saw there was a complaints policy and procedure in place. This was displayed in the main entrance of the home. The manager told us there had been no formal complaints in the last twelve months.

Is the service well-led?

Our findings

The service had an established registered manager in post who told us they were supported by a deputy manager to do their job. We saw that people and staff were comfortable and relaxed with the manager and deputy manager. Both demonstrated a good knowledge of all aspects of the service, the people who lived at the service and the staff team.

One person we spoke with said, “They [staff] tend to make sure they ask us what we think about things and if we like what we see.” A visiting relative told us, “The staff all work well together and they are so open to us speaking with them if we have any queries or issues. I for one wouldn’t hesitate to ask if I wanted to check something.”

Another relative we spoke with had recently supported their family member to move to The Grove from another care home. The relative told us, “This [home] is fantastic!” and “The manager was fantastic she told us she would do her utmost to get anything we want for our relative and she’s kept to her word.”

The relative also told us they felt that the staff had got to know their relative very quickly and that the person was, “Very happy compared to the last home. Here [my relative] laughs with the staff. My relative has not cried since they came here; it’s such a relief for us.” The relative added that they felt, “The manager and staff have given their lives to the care of these people.”

We spoke with two healthcare professionals who had visited the home to return one person after undergoing a hospital appointment. One of the professionals told us the manager and staff put people at the centre of the service. They also said the manager was knowledgeable about the people who lived at the home and was proactive in changing care to meet people’s needs and promote their independence.

The manager told us she welcomed views and ideas from both staff and people who used the service or their relatives. People, relatives and staff we spoke with said the manager was very approachable and that the managers door was always open for them to discuss any issues direct.

Staff told us the manager and deputy manager worked either together or one of them was always available at different times in order to ensure there was always someone in charge. Staff also said they were supported to raise concerns or issues either direct with the manager or with the provider through the area manager who they said undertook regular monitoring visits to the home.

The provider had effective systems in place to assess and monitor the quality of service people received. The manager showed us they had their own audit systems in place. Audits were completed regularly and checked through regular support visits undertaken by the area manager. Audit reviews included incidents, accidents and care plans. The manager told us this had further helped to identify any changes needed in care plans to help reduce the risk of incidents, for example, falls.

The provider used a variety of ways to assess the quality and safety of the service that it provided. In addition to monitoring and audit checks in relation to areas such as health and safety and medication we saw people, their families and representatives and staff were consulted with.

The manager undertook an annual survey to check if people were happy with the service provided. The survey was sent out to people, their relatives, staff and professionals. The results of the last survey, which was completed in September and October 2014, showed that overall people were satisfied with the quality of service provision.

Some people had said they would like to have further input in regard to the development of activities and menus. In response to the survey the manager had produced an action plan with timescales set for completion. The Area Manager confirmed they used their monitoring support visits to check on progress with the actions set by the manager.

The manager told us the staff survey had raised some concerns by staff about deployment and work related matters. In response the manager showed she had planned staff meetings to discuss these and any other issues together with the staff team. The area manager also confirmed that they had produced an additional action plan to show the actions being undertaken by the provider to address these issues.