

Four Seasons (JB) Limited

Grove House

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 ●

Summary of findings

Overall summary

The inspection took place on 17 and 19 January 2017 and was unannounced on the first day. The home is a purpose-built, three-storey property in a residential area close to the town centre. There were bedrooms on all floors. There were communal areas on each floor.

The service is registered to provide accommodation and nursing or personal care for up to 63 people.

The service was divided into floors, with general nursing on the ground floor, intermediate care on the first floor and dementia care on the second floor. At the time of our inspection, there were 39 people residing as permanent residents and 22 people who were in intermediate care (IMC). IMC beds are funded by the local NHS trust and social services for periods of up to six weeks post discharge from hospital. The aim was to support people who no longer required acute hospital support and people were accommodated in the home to enable their ongoing rehabilitation and to enable people to return to their own homes safely.

This was the first inspection of the service since it had changed its legal entity, more usually known as 'the provider'. The service provided a predominantly nursing care service, with a specialist dementia care unit as well as the IMC unit.

The service required a registered manager. 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. The registered manager had been in post for two years.

There were enough qualified and experienced staff to meet people's needs and keep them safe. Where there were shortfalls, the home used their own bank staff and their permanent staff to cover the shortfall. The required checks had been carried out when new staff were recruited. Staff were trained and knew how to report concerns about care, safeguarding adults and also knew about the homes policies, procedures and how to 'whistle-blow'.

We found that the home was clean and well maintained and records we looked at showed that the required health and safety checks were carried out. Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

Where appropriate, applications had been made to the local authority for Deprivation of Liberty Safeguards. People were happy with their meals and choices were always available.

The members of staff we spoke with had good knowledge of the support needs of the people who lived at the home. The staff we met had a cheerful, pleasant and caring manner and they treated people with respect and ensured their dignity. The relatives we spoke with expressed their satisfaction with the care

provided.

People were registered with local GP practices and had visits from health practitioners as needed. The care plans we looked at gave information about people's care needs and how their needs were met.

We found that there was a friendly, open and inclusive culture in the home. Staff expressed some concerns to us which we discussed with the registered manager. The registered manager told us that they knew about these concerns and that they were being addressed. We saw evidence to support this.

People we met during our visits spoke highly of the registered manager and the staff. Staff told us that the registered manager was approachable and supportive. Some staff had some issues with certain aspects of the home, such as the hot water system. Regular quality audits were completed and these identified where improvements were needed and who should do them and by what date.

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.

The home was clean and well maintained and records showed that regular environmental safety checks were carried out.

There were enough staff to support people and keep them safe. The required checks had been carried out when new staff were recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had completed a training programme and staff were encouraged to obtain further health and social care qualifications.

The service was compliant with the Mental Capacity Act.

Menus were varied and the food was tasty and freshly made, but some dishes could have been hotter.

Is the service caring?

Good ●

The service was caring.

Staff working at the home were attentive to people's needs and choices and treated them with respect.

There was a friendly and inclusive atmosphere and visitors were made welcome.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and those we looked at provided information about people's care and support needs and how their needs should be met.

We saw that people were treated as individuals and that staff appeared to know them well.

A copy of the home's complaints procedure was displayed and people told us they would feel able to make a complaint if necessary.

Is the service well-led?

The service was well led.

The registered manager had been in post for two years and had submitted the required notifications to CQC.

There was a positive, open and inclusive culture and people were able to express their views.

Regular audits were carried out and recorded to monitor the quality of the service and identify areas for improvement.

Good 

Grove House

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.

The inspection took place on 17 and 19 January 2017 and was unannounced on the first day. The inspection was carried out by one adult social care inspector.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We looked at the information contained on the Healthwatch Liverpool website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also checked the provider information return, which is a document completed by the provider to tell us about the service, its strengths and weakness and future plans for it.

We spoke with five people who used the service, with seven relatives, with ten care staff, two nurses, the care coach, the activities co-ordinator, the chef and a kitchen assistant, the registered manager and two of the provider's senior managers for the area.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at six care records, six staff files, rotas, medication records, audits and other documentation related to the running of the home.

Is the service safe?

Our findings

Everyone we spoke with said that they thought the home was safe and that care was provided in a safe way. Safeguarding policies and procedures were in place and staff had completed safeguarding training and refresher courses.

One person living in Grove House told us, "I feel very safe here. The staff know how to keep you safe. I was in another home before moving here and there was someone who was horrible to me. Here it's fine. They keep checking on everyone living here".

Polices were available to provide guidance for staff on safeguarding adults and whistle blowing. Safeguarding adult's policies provide an explanation of what constitutes abuse to adults, and gives information about how to report a concern. Whistle blowing policies protect staff who report things they believe are wrong in the workplace and which are in the public interest. Staff were able to tell us about the procedure for reporting suspected abuse.

The relatives we spoke with all told us they were happy with the safety in the home. They also told us that they knew staff had been checked before they were employed there. One relative said, "They won't take anyone on without all the references and checks; I know because I know someone who applied to work here".

We looked at the recruitment records for staff employed since our last inspection. Records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable older people. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal records and their previous employment history. We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

We looked at staff rotas for the previous two weeks, the week of our inspection and the following week. The numbers appeared sufficient to meet people's needs. However, staff working on the ground floor told us there were normally four care staff on duty during each daytime. In their view this was not enough. Staff explained that most people on the ground floor required two staff to support them with toileting and position changing, but that one person required four staff to assist them. We discussed this with the registered manager who agreed to relook at the needs of all the people on that floor and to rota the staff accordingly.

The registered manager told us that the home, at the time of our inspection, currently used no agency staff and additional hours were offered to permanent staff employed at Grove House. Occasionally, staff from a sister home might be utilised if there was a need. The rotas showed that two registered nurses were on duty at night and this was increased during each day, with up to five nurses being scheduled to work throughout the home. The middle floor was an intermediate care unit and staffing was enhanced by the use of NHS employed nurses, physiotherapists and occupational therapists.

Overall, the home employed approximately 85 staff on a permanent basis. This included domestic staff, the administrator, a maintenance person, an activities co-ordinator and a care coach as well as the registered manager. The kitchen staff were provided by the catering company.

We saw that there were domestic staff on duty throughout the day. Disposable gloves and aprons were available throughout the home and were used appropriately. Cleaning schedules were maintained and waste disposal contracts were in place. We walked all around the premises and all areas were clean, tidy and well-maintained. The laundry, sluices and storage areas were clean, tidy, and well-organised. The senior staff told us that they took it in turns to complete daily walkabouts, where they checked that staff were wearing the correct uniform and personal equipment such as aprons or gloves where necessary. The senior managers also checked that staff were washing their hands properly and using alcohol gel appropriately.

The home had a two star food hygiene rating. The chef told us that this was because of a buildings issue some months previously and which had been rectified. The provider was about to request that the food hygiene rating be re-assessed. The kitchen looked clean, tidy and well ordered. A relative told us, "The home is spotlessly clean". The kitchen was large and tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits. An external organisation had been brought in to check food hygiene and health and safety in the kitchen area and the home had received a pass.

We spoke with the maintenance person and looked at the maintenance records they kept. These showed that regular checks of services and equipment were carried out. However, staff told us that water temperatures in some rooms were not adequate. We were told that that some hot water outlets had an erratic supply of hot water or that the water was tepid. We discussed this with the registered manager. This was important because legionella bacteria, which naturally occur in soil or water environments but can cause a pneumonia type infection. It can only survive at certain temperatures. Under the Health and Safety 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed. Legionella checks and monitoring had been completed but the urgency of any repairs was not apparent. We were shown evidence that repairs to the system had been requested on several occasions in the previous three months or so, but were not chased up and we were concerned that the problem was still not rectified. We discussed this with the registered manager who again requested the matter be given attention and we were later visited by the regional property manager for the provider. The issue was addressed immediately and contractors brought in during our inspection and several days after it, we were shown evidence that the matter had been rectified satisfactorily.

Opening restrictors had been fitted to all windows and could not be removed without the use of tools. Most doors were fitted with magnetic hold-open devices which released when the fire alarm was activated. However, the ground floor hairdressing room which was also used by the care coach was propped open. We discussed this with the registered manager who told us that a magnetic door closure device, linked to the fire alarm, would be installed immediately. Other records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by contractors. A weekly fire alarm test was carried out as were monthly fire equipment checks and fire drills.

We looked at the medication administration and found that the medication administration records (MAR) tallied with the medication, which we found was stored appropriately and safely at the required temperature. We saw that monthly repeat medicines were checked and signed in. Most people's MAR sheets had a photograph of them for identification. We looked at records for medication prescribed to be given 'as required' (PRN). There were protocols in place to guide staff to help them make decisions if that medication needed to be given. We saw that, one person had 'covert' medication given, after discussion with family

members, health and social care professionals and with the consent of their GP.

Medication audits were completed weekly and monthly. The last audit completed by the local clinical commissioning group for medicines management had been completed in July 2016.

We saw records which showed that risk assessments had been written which had identified risks to people's safety and well-being. These had been completed, for example, for moving and handling, the environment, medication, the use of bed rails, equipment and people's physical and mental health. All the risk assessments we saw had been regularly reviewed and updated where necessary.

Is the service effective?

Our findings

People we spoke with said, "The food, gosh; the food is lovely" and one person who was having a short stay at the home, told us, "When I leave, I want to come back for the meals". A relative told us, "The food is good; it's comparable to [a famous restaurant]".

There were three dining rooms, one on each floor. All were pleasant but on the intermediate care floor, it was not quite so well presented as it was more utilitarian. However, all the tables were laid nicely for lunch and we saw staff assisted people appropriately with their meals and communicated with them well, with care and respect. There was lots of happy sounding chatter between staff and the people using the dining rooms. People who had their meals in their own rooms also told us that they were supported appropriately. One told us, "Staff are lovely; they know what I like to eat and drink".

We spoke with the chef and they showed us records of people's individual needs. They told us that the catering staff catered for people's cultural and dietary needs. People had menu choices and other alternatives at for their meals. We sampled the food on the two days of our inspection. All the food was tasty but we found that on the first day, the food was just warm. We discussed this with the manager who told us this would be rectified. The food on the second day of our inspection was hot. The problem, we were told, had been found to be the serving trolley thermostat and we were informed that this had been had been immediately repaired. We discussed the advisability of daily temperature checks and the registered manager told us this would be put in place.

People received the support they needed to eat their meal and details of people's dietary requirements were recorded in their care plans. We observed that people were offered hot and cold drinks throughout the day.

We viewed records of staff training which showed that new staff completed an induction programme when they started working at the home. The topics covered included moving and handling, fire safety, food hygiene, infection control and safeguarding. The home had a 'care coach', who organised training for staff throughout their employment and who provided one to one support for staff. Depending on where staff worked, their training programme was modelled to suit the staff member and the needs of the people they were supporting. For example, all staff had to complete safeguarding, mental capacity act and level one of the dementia framework training, but staff working on the second floor, where people living with dementia where accommodated, had to complete a further four levels of the dementia framework.

The care coach told us, "Some staff need support because they are not confident with new learning. With the right support they realise they can do it. Once they know there is someone on site to help them, they come and get the support they need". We also saw the training schedule for staff, which included courses in first aid, health and safety, person centred care, medication administration moving and handling, plus refresher courses for safeguarding and other subjects.

Staff appraisals had been carried out during September and October 2016, and a supervision and appraisal planner was in place for 2017.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 was 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 authorisations or conditions to deprive a person of their liberty, were being met.

The registered manager was knowledgeable about the MCA and had implemented a clear procedure for complying with the MCA with records in place to show what actions had been taken in relation to people's mental capacity. The care plans we saw all had clearly showed that MCA assessments had been undertaken and when the local authority approached with an application for a DoLS assessment.

The registered manager told us that if there was an indication that a person may not have capacity to give informed consent then a MCA assessment was undertaken. If appropriate that was then followed by the best interest's procedure, both of which were documented.

The staff we spoke with were aware of the MCA. All these staff had completed training and were aware of what the MCA was and what the DoLS procedure meant if implemented. They always sought people's consent; gave people choice, encouraged their independence and consulted with and involved relatives.

The home was purpose built and areas. There was a smoking area for people who lived in the home, outside the main building and there was a fenced level garden at the back of the property. There were two lifts to all floors, a communal garden and the corridors and doors were wide and accessible. The décor was 'dementia friendly' in that there were contrasting plainer colours and signage was informative and readable.

We saw that people were provided with profiling beds that had integral bedrails, pressure relieving mattresses, and other equipment to meet their individual needs. Different types of hoists and slings were available to ensure that people could be moved and transferred safely. Assistive technology was in place where needed to reduce the risk of falls.

Is the service caring?

Our findings

"They treat you with care, dignity and respect", one person who lived in Grove House, told us.

A staff member told us, "You have to treat the residents as family; your mother, your dad or your granddad. If you don't care about people, then you shouldn't do this job".

We noted that all the staff on duty knew the needs of the people who lived in the home well and that they were able to communicate with them and meet their needs in a way each person wanted. We observed staff interacting with people throughout our inspection. From their interactions it was clear staff had a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being patient.

The people who lived in the home were constantly encouraged by staff to be independent. People we spoke with and their relatives informed us that staff met people's individual care needs and preferences at all times. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were in the home at the time of our inspection. We saw that the entries that they made in the daily records demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare.

We saw when members of staff were talking with people who required care and support; they were respectful to the individuals and supported them appropriately with dignity and in a respectful manner. We observed staff reacting to call bells in an organised way and in a timely manner.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges, as they chose.

People were supported to attend healthcare and other appointments, in the local community; however, the manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change. There were discussions throughout the inspection about people's health checks. The records we looked at described how the staff should ensure that people had the relevant services to support them. The registered manager told us that doctors visited the home as required.

People were able to personalise their own rooms; we were shown six people's bedrooms by people who lived in the home and their relatives. They told us they were happy with their rooms and if they had an issue with their rooms, they would report it to the manager. We looked at the maintenance records which showed that

any issues were dealt with promptly.

We found a friendly and pleasant atmosphere throughout the home. Everyone was included in conversations and we saw all visitors were made welcome.

We saw that when care staff had any time to spare they spent it interacting with people in the lounge. We observed lots of personal contact between staff and people living at the home. A member of staff told us, "These residents are like a family, we all join in".

One person told us, "I'm made up with it [the home]. I've been here six weeks. I've got better while I've been here. They have made me more independent. I couldn't walk when I first came here and now I can. The staff are lovely, absolutely lovely; all of them. They treat me really well and respect me and my wishes".

The registered manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the registered manager that no one had recently utilised this service

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed.

Grove House provided end of life care with the support of other healthcare professionals who would be requested to support the person. The registered manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare.

Staff told us they enjoyed caring for people at Grove House. One told us, "I wouldn't stay here if I didn't love my work. It's a good place. It's like an extended family".

There was no one in the home at the time of our inspection who needed 'end of life' care. However we saw that staff had been trained in best practice in this subject.

Is the service responsive?

Our findings

A relative told us, "Since [name] has been here and getting the treatment she needs, her aggression has gone"

We looked at people's care plans. Relatives told us that they had been involved in the persons care planning. Another relative said to us about the care plan, "No worries; its superb".

The care plans contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to advise staff about what support was needed for each person. The records contained information about the person's practical and daily living needs and their emotional wellbeing and how they preferred to spend their time.

The plans were effective; we saw that staff were knowledgeable about all of the people living at the home and what they liked to do. A third relative told us, "They seem to know what they are doing".

We noted that some care plans did not have a photograph of the person they referred to, or were old photographs. This meant that new staff, for example, may not be able to recognise the person the care plan referred to. We discussed this with the manager who told us this would be addressed as a matter of priority.

Staff completed a daily log for all the support provided and the entries we looked at described the care that had been given to each person. The registered manager told us that staff would discuss immediately any changes in people's health with them and we saw entries in care plans to reflect this. All the care staff we spoke with said that if there were concerns about anyone, they would speak to a senior staff member.

Regular reviews of people's care and support were carried out and documented. All the relatives we spoke with told us that they were involved in the care review process and that the care provided was what was agreed.

Activity plans were in place and people told us they were invited daily to join in. We observed activities provided including exercise's, quizzes, sing a longs, board games, church visits and themed days. A staff member told us, "We all get dressed up as book characters for 'world book day'; it's wonderful". Another said, "The young people come in for work experience; it's great to keep the community links with the young people".

We spoke with people about activities and were told that there were a lot of group activities taking place. Comments included, "Most days there is something to do if I want to join in". However, a comment from another person was, "I'd love to go out; but there is no mini bus" and a third person told us "I don't have much to do; just sit here". One relative said, "Mum does get involved sometimes, it's her choice".

People told us that staff listened to any concerns they raised. We looked at the records that showed how

complaints had been dealt with. Records showed what the registered manager had done to investigate complaints raised and the outcomes of them. We were provided with the complaints policy and procedure. People we spoke with told us that if they were not happy they would talk to the registered manager, or any other staff member. The complaints procedure was displayed on the notice board by the front door and was given to all of the people living at the home and their relatives.

Is the service well-led?

Our findings

One person told us, "The manager and the staff are lovely." Another said, you can always see the manager if you want to".

The registered manager had managed the home for two years and had made improvements to the way the home operated and was run. They were supported by a deputy manager and other senior staff within the home, as well as the provider's regional senior managers.

The leadership was visible and it was obvious that the registered manager knew the people who lived in the home. Most staff told us that they had a good relationship with the managers who were supportive and listened to them. We observed staff interactions with the registered manager which was respectful and positive. There was always a manager or a senior member of staff on duty to make sure there were clear lines of accountability and responsibility within the home.

A staff member told us, "The home has improved since [name] became the manager". Staff told us the registered manager and the providers were easy to talk with and open and transparent. They told us they had a good relationship with them.

The registered manager and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. The registered manager told us how committed they were to providing a quality service.

We saw that the home had various policies and procedures related to its running, staff and its practices. The service had systems and process's t to assess the quality of the service provided in the home and to make sure it operated safely, to ensure compliance with the legal requirements. The provider and the registered manager and the other senior staff completed many of these checks and the home had its own maintenance person.

Checks included medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the recent audits. The audits showed how the registered manager had implemented action plans and records had been made to show what they had done to evaluate and improve the service.

We looked at the ways people were able to express their views about their home and the support they received. One person told us, "I am asked if everything is ok every day". We were told that residents /relatives meetings were held about every three months. This was confirmed on speaking to relatives. There was an 'iPad' at the entrance to the home which requested feedback from any visitor, about their views on the home and the support and care provided. This information was collated and a report was made of the results. This then was used to inform an action plan about any changes needed.

A relative commented to us, "Excellent staff; it's an extended family and well run home".

We saw that staff meetings were held two monthly and read the notes of the last staff meeting on 17 November 2016. These noted the reasons some changes had been brought in and apologised to staff that the changes may not have been handled by managers, as well as they might have. This meant that the management staff of the home were open and honest with the other staff. The managers in the home had questioned their own practice and engaged with staff to acknowledge this.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The registered manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.