

Four Seasons (JB) Limited Grove House

Inspection report

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Prenton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Grove House is a nursing home that providing accommodation and nursing, personal for up to 63 older people, some of whom are living with dementia. The service is accredited for intermediate care people who are funded by the NHS. The service is provided by Four Seasons (JB) Limited. At the time of the inspection 60 people lived at the service.

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

People living at Grove House and their relatives told us that their experience of using the service was overall very positive and very caring. People consistently told us how they were treated with kindness, compassion and respect. They had mixed comments about meals and activities provided. Staff and visitors noted improvements to the service since the manager commenced in post.

Quality assurance processes were regularly carried out to show actions and improvements to the service since the new manager commenced in post. However quality assurance systems needed further improvements with record keeping, development of the environment and management of meals. This was a breach of regulations for good governance.

The home was clean and staff used appropriate techniques to prevent the spread of infection. Some areas of maintenance were noted, such as windows were misted and some broken and in need of repair.

We have made a recommendation regarding the environment.

People were supported with various activities including occasional trips out, visiting entertainers and in-house activities such as bingo and various other games.

Care plans and risk assessments were in place and generally contained the correct level of information in relation to the support people needed. However, some areas within the records needed improving, especially for pressure area care and supporting people socially.

Staff received appropriate training and were knowledgeable about how to protect people from abuse. Staff felt supported and listened to. However, records needed updating to show improved record keeping for managing people's supervision and appraisals.

People could express their views in a variety of ways. Regular meetings were held, annual surveys were carried out and there was a complaints procedure in place. We saw that complaints had been recorded and responded to in line with this policy.

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. Policies and systems in the service supported this

practice.

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 June 2019.) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 but were in breach of regulation 17.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to 'good governance' at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 work alongside the provider and local authority to monitor progress.

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 effective?

The service was not always effective.

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Grove House

Detailed findings

Background to this inspection

The 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 checked whether the registered 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.

Inspection team

The inspection was carried out by three inspectors (two were members of the medicines team) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Grove House is a 'care home.' People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the service did not have a manager registered with CQC. Registered managers and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with the manager, two regional directors, nine members of staff, eleven people living at the service and six relatives.

We looked at care records of four people receiving support, a sample of staff recruitment files, medication records for 11 people and other records and documentation relating to the management and quality monitoring of the service. We also undertook a Short Observational Framework for Inspection (SOFI) observation. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. The provider had made significant improvements since our last inspection. However, in order to achieve a rating of good the provider needs to demonstrate those improvements have been fully embedded and sustained.

Using medicines safely

At our last inspection the provider had did not have robust processes in place to safely manage medications. This was a breach of regulation 12 (1) (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection the service had completed actions related to medicines management which was evident at this inspection and showed actions to safely manage medications.
- We saw improvements to peoples medicine records, staff training and storage.
- Management of medicines administered covertly or via a PEG tube had improved, further guidance from a pharmacist ensured safety of medicines being crushed prior to administration.
- We highlighted a potential risk with the way non-prescribed (over-the-counter) medicines were managed. The manager and staff took action and made changes that kept people safe.
- Medicines records were maintained and there was a system of recording and identifying medicines errors. Actions were taken when issues were identified.

Systems and processes to safeguard people from risk of abuse, Staffing and recruitment

- People felt safe living at Grove House. Relatives felt their loved ones were safe and well cared for. People told us "I feel safe enough here", "Most of the time I can fend for myself but I know there are staff about to help if I need them" and "I'm not worried about my safety they generally look after me very well."
- Staff were aware of safeguarding responsibilities and had confidence in the manager and provider to address any concerns.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations they had carried out and showed they had taken appropriate actions to keep people safe.
- Staffing levels were safely managed. People received support from staff who were familiar with their support needs. People told us there was always access to staff. One person told us, "Always seems to be enough staff on to me I don't have to wait much if I need anything and they always respond if I use the call bell."
- Staffing rotas were not always accurately maintained and people and visitors did not always know who was on duty. The manager advised they were reviewing staffing levels in one unit taking on board the needs of the people needing extra support. The manager and provider advised they would review their rotas and share information to improve transparency and information to everyone at the service.

- Safe recruitment procedures continued to be in place. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

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

- Health and safety was well managed.
- Accidents and incidents were routinely recorded and regularly reviewed to help learning from each incident.
- People's level of risk was assessed and tailored around the individual needs of each person including any risks associated with falls, moving and handling and being a risk of a pressure sore.
- The facilities had been awarded the highest grade of five stars, for cleanliness and food hygiene practises by the food standards agency. The home was clean and tidy.
- We noted some areas of maintenance needing attention such as misted windows and window frames that needed replacement. The provider advised investment was taking place to renovate and upgrade the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed feedback about the quality and standard of food people were offered. People shared comments such as, "The staff are fantastic with (our relative.) They are eating and sleeping well and they smile and seems to be very happy. They have put weight on and they help with all their medication. We are fully informed about everything to do with how they are doing." Yet other people told us, "The food isn't the best ever. Not much choice", "The food isn't good and it's always the same stuff " and "The food is atrocious."
- The manager was aware of people's feedback and had already taken action with the employment of a new chef due to start work in the New Year.
- The dining rooms were attractively maintained and well set out. However, we noted people waiting a long time for their meal and people told us they didn't always know what choices were on offer for meals. We discussed various initiatives that could be reviewed to improve the dining experience for people.

Staff support: induction, training, skills and experience

- People and their relatives were very positive about the staff. One person told us, "The staff here know how to deal with my [relative] who has dementia. They talk to [my relative]) and know how to cope with their behaviour."
- Staff told us they felt well supported with senior staff and managers. The manager had taken action to try and update people who had not had this support for several months. We saw gaps in records for supervision over the last 12 months. However, the manager showed evidence of actions taken to make sure everyone was updated with support.
- Staff felt well trained and training records showed a good mix of training provided to all staff. There were some gaps in training records that needed updating. The manager was taking appropriate actions to upskill all staff so they were updated in all necessary training.

Staff working with other agencies to provide consistent, effective, timely care- Supporting people to live healthier lives, access healthcare services and support, Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were happy with the care provided to them.
- People were appropriately assessed and support needs were set out within detailed care plans. We noted some records had not always been recorded and signed. Some staff needed further guidance in providing consistency within the records regarding pressure care.
- The manager had taken appropriate actions since they commenced in post to improve record keeping and

continued to take actions to provide better consistency.

- People had their oral health needs assessed and staff had access to appropriate guidance to help best support people with these needs.
- Staff had access to up-t- date professional guidance relating to people's specific medical conditions.
- People were involved in identifying the assistance they would like, including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. The service had policies to support the principles of equality and diversity.

Adapting service, design, decoration to meet people's needs

- We noted that bedroom doors were all the same colour and did not always display a person's name. This could be confusing to some people to orientate around their home.
- We noted some aspects of the service had developed the use of reminiscence and picture signs to help stimulate and update people around the building.

We recommend the registered provider reviews best practice guidance and introduces further development to the environment to meet the needs of people living with dementia.

Ensuring consent to care and treatment in line with law and guidance

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

- Principles of the Mental Capacity Act, 2005 were complied with and staff received the necessary training in relation to the MCA and DoLS.
- Care records contained all the relevant information in relation to the support people required. The service had appropriate applications submitted to the local authority to show they followed legal requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were very positive about the staff. One relative told us, "The staff are kind and caring and if there is anything wrong they always phone me if [our relative] is upset."
- Care files contained detailed person-centred information, which was contributed to by people and their relatives.
- People and their representatives told us they were asked for their views about their care plan and were positive about the service.
- Staff had a good understanding of how people communicated their wishes and needs.

Respecting and promoting people's privacy, dignity and independence

- Relatives and people at the service confirmed to us that people's privacy and dignity was maintained. People told us, "The staff are like family and they know what I like", "They are very kind and considerate and take their time when they are helping me shower or get dressed" and "They have been very good to me while I have been here and I feel much better than when I came in."
- Policies and procedures were in place to offer guidance in ensuring that people's dignity, privacy and respect were maintained. Staff provided people with personal care in private.
- People's confidential records were stored securely in locked cupboards or on password protected electronic devices.

Ensuring people are well treated and supported; respecting equality and diversity

- People displayed positive signs of well-being. People were happy and engaging with staff. We noted varying opinions of the service, but most people and their families told us the service was good. One relative told us, "The staff are fantastic with [our relative.]"
- People were supported to express their spiritual needs and were accommodated with their different faiths.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The majority of people we spoke with, were happy about the care they received. We received mixed views about activities, some people told us, "I do get bored and there isn't a lot to do. I like it when there is music on such as the karaoke or when an artist comes in or we have a film" and others were positive telling us, "I like to stay in my room mostly but the activities organiser comes round and asks people if we want to join in with what is going on" and "[Our relative] likes making things and it's good company for them, they like having their hair done which makes them feel better."
- Records were inconsistent in recording social needs. The manager was reviewing all records to show better consistency and improvements in recording people's social needs.
- We saw evidence of a variety of activities such as, bingo and colouring/drawing which was well attended. People appeared to enjoy themselves with plenty of friendly interaction between them and the staff.
- The activities organiser organised various entertainers and guests in to sing and celebrate special occasions, they had a large projector screen available for films and access to a mini bus for trips out to places such as New Brighton.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak to if they had a complaint. The main concerns shared by people at the service was in regard to the menus and meals served. Two people raised their request for a smoking shelter to be located in the gardens. The manager had already gathered people's views and was taking appropriate actions. They had already ordered a smoking shelter.
- People shared positive comments such as, "If I need to speak to them about anything I just go to the office and they are very helpful. I've nothing to complain about" and "It's very good here and if I did have a complaint I would not be afraid of saying something."
- The complaints log detailed comments made and the actions taken to address concerns appropriately.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support

- Care plans demonstrated that other health and social care professionals were involved in providing specific care. Information was recorded regarding people's preferences in relation to their care, daily routines and how they liked to spend their time.
- Nursing staff had undertaken training to enable them to support people effectively at the end of their lives.
- Care plans showed that people had been given the opportunity to discuss their end of life wishes. Records were clear to advise staff to help provide appropriate support during this time in line with people's preferences.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.

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 the last inspection this key question was rated as 'requires improvement.' At this inspection this key question has remained the same. 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, Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

At the last inspection we found that systems in place to monitor the quality and safety of the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements to the governance systems had been made, especially with the management of medications. However, further improvements were required to ensure they were always effective.

- Areas for improvement were identified through audits and quality monitoring systems covering all parts of the service. We noted a vast amount of improvements made by the current manager who was new to their post.
- However further work was needed to show continued and sustainable improvements especially with the management of meals, improvement to record keeping including care files, staffing rotas, development of the environment, social care records, management of training records and supervisions and appraisal records.
- The manager where necessary, had undertaken detailed and transparent investigations into incidents and accidents with evidence of lessons learnt to help improve the service.
- The manager had received various compliments regarding their style of management especially regarding improvements noted by staff, relatives and people at the service. One relative told us, "I can talk to any of the staff and they will try to help as best they can. I am made up with the way [my relative] is looked after."
- The manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service. They were in the process of being registered with CQC as registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received positive comments from people and their relatives about the service and most people told us they would recommend the service. They shared comments such as, "I would recommend this place to anyone. They have really helped me to get better since I have been here" and "Recommend it I should think so they have looked after me since I have been here and I am getting some help when I go home."

- The manager conducted walkabouts, developed a newsletter and held regular meetings to ensure they kept the day to day quality of the service under review and gathered regular feedback.

Working in partnership with others, Continuous learning and improving care

- The service worked with the local authority and commissioners to ensure people were suitably assessed before being offered a place at Grove House.
- Throughout the inspection the manager and provider were open and transparent and were proactive in their response to our findings and showed actions they were in the process of already taking to continue improvements.
- The manager advised they would further develop their maintenance and decoration plan. They had plans for improvements being made to the décor within the service including developing the environment for people with dementia.
- Learning took place from accidents and incidents to minimise the risk of re-recurrence.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems in place needed further evidence to show sustainable improvements in areas identified during the inspection. Quality improvements were needed for example, improving the feedback on the quality of meals served, improvement to accurate record keeping for care files and social care records, staffing rotas, training records, supervisions, appraisal records needed updating to show improved records and the development of the environment should include plans to develop the home.</p>