

The Grovecare (UK) Limited

# The Grove Residential Care Home

## Inspection report

Main Street  
West Ashby  
Horncastle  
Lincolnshire  
LN9 5PT

Tel: 01507522507

Date of inspection visit:  
13 September 2022

Date of publication:  
01 November 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Grove Residential Care Home is a residential care home providing personal care to nine people aged 65 and over at the time of the inspection. The service can support up to 19 people in one adapted building across three floors.

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

People living at the service were supported in a safe way. Staff were aware of how to safeguard people from potential abuse and there were clear safeguarding processes in place to report any concerns.

The environmental and personal risks to people's safety were well managed. Staff had good knowledge of people's needs and provided the required level of support.

There were enough staff to support people and recruitment of staff was managed safely. Staff received adequate training for their roles.

The service was clean and well maintained and any outbreaks of infection had been well managed. People were able to have visitors and were involved in regular social activities.

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.

The manager promoted a person-centred approach to people's care and staff felt well supported. There was clear learning from events to improve care for people and the quality monitoring processes in place were being used effectively to maintain good standards of care for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (1 June 2022) and there were breaches of regulation. 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 regulations.

This service has been in Special Measures since 19 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced focused inspection of this service to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions in Safe and Well-led which contain those requirements.

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 changed from inadequate to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# The Grove 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

This inspection was carried out by one inspector.

#### Service and service type

The Grove Residential Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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 the manager was awaiting their interview with us to become registered as the manager for the service. At the time of writing this report the manager had been successful in her

application and is now registered as manager with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to help with our inspection planning. 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 three people who used the service, and six members of staff. This included the housekeeper, cook, one senior carer, two carers, and the manager. We spoke with an external health professional visiting the service. We spoke with the nominated individual by telephone during the inspection, the nominated individual is responsible for supervising the management of the service on behalf of the provider. Following our visit, we telephoned three relatives to gain the views of everyone relevant to the service.

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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The risks to people's safety were not assessed and actions to mitigate risks were not in place.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- At this visit we found risks to people's safety had been assessed and measures were in place to mitigate these risks. Information in people's care plans highlighted areas of concern for individuals such as mobility, skin integrity or potential weight loss. People's care plans gave clear information on how to support their individual needs. This included the use of mobility aids, appropriate diets and pressure relieving equipment.
- Staff ensured the assessed measures to support people were in place. People had their mobility aids in place, and they were supported with diets appropriate to their needs.
- The manager had undertaken specific risk assessments to support people to undertake trips into the community. For example, a recent trip to a local wildlife park.
- Environmental risks had been assessed and measures to reduce the risks were in place. Fire safety was well managed, personal emergency evacuation profiles (PEEPs) were in place for people, and regular testing and checking of fire equipment. Staff received up to date fire safety training and staff told us they had recently received practical training on the use of fire safety equipment to support them in their roles.

### Using medicines safely

- People's medicines were well managed. At our last inspection there had been concerns around the number of errors and discrepancies when administering medicines. The manager had reviewed the training and competence of staff who administer medicines and had worked to not only reduce the errors, but ensure learning from them.
- People received their medicines when they required them. When they needed "as required medicines" there was guidance in place for staff to administer these medicines safely.
- There were clear quality monitoring processes in place to ensure medicines were managed safely, with daily, weekly and monthly audits to monitor different aspects of medicines administration.

At our last inspection the provider was in breach of Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Insufficient numbers of suitable staff were deployed in the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

#### Staffing and recruitment

- People were supported with enough staff to ensure their needs were met. Duty rosters showed staff numbers were consistent and in line with the current needs of the service.
- Relatives told us there had been a large turnover of staff in the last few months, but this was now slowing. They felt they knew staff and were able to talk to them about their family member's care needs. One family member told us they felt their relative was safe at the service and responded well to staff, interacting with both staff and other residents.
- Staff told us they felt there were enough staff to allow them to provide safe care. All the staff we spoke with told us there was a strong sense of team working at the service. One member of staff told us during the recent outbreak of COVID 19, staff really pulled together to ensure people were supported. The manager told us one member of staff had cancelled their leave to offer support during the outbreak.
- Our observations showed people were well supported by staff. Records showed staff had received appropriate training for their role and this was reflected in the staff practices we saw.

At our last inspection the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The lack of complete recruitment processes, such as lack of references put people at risk of being cared for by staff unsuitable for their roles.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 19

- The recruitment processes showed a significant improvement. Staff files showed safe practices had been undertaken when employing new staff.
- The disclosure and barring service (DBS) checks had been used during the recruitment processes. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people. Application forms, interview notes and references were in place in the files we viewed.

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

- People were safe. Relatives had confidence in the staff who supported their family members.
- One relative told us, they felt this, due to their observations of people's and staff's interactions and staff's openness and knowledge of their family member. Another family member told us they felt their relative responded well to staff, interacting with both staff and other residents. They went on to say their family member's appearance had improved over the last few months. They looked well kempt when the relative visited.
- The manager had clear processes in place, so people were protected from potential abuse. Staff were provided with safeguarding training and the manager had recently ensured all staff had read and understood the service's safeguarding policy. Staff we spoke with had used this knowledge to familiarise themselves with the local safeguarding team contact details and gave a good account of their role in recognising and reporting any potential abuse should they witness this.

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)

- We found 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.

#### Preventing and controlling 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 promoting safety through the layout and hygiene practices of the premises.
- 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

- The provider followed government COVID-19 guidance on care home visiting. Appropriate PPE was available for visitors.

#### Learning lessons when things go wrong

- The manager had clear processes in place to ensure learning from events or errors. They were open about any errors that occurred, recording events and what actions were taken to provide reoccurrence. Where necessary they discussed issues with either individual staff members or in groups. This could be in supervisions or during the daily stand up meeting which took place.

# 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 Inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

When we last visited the service, there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The lack of oversight of the quality monitoring systems impacted on the quality of care people received. At this inspection we found improvements in oversight of the service by the provider and the manager. As a result, the service is no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider had worked to improve the issues we found at our last inspection. As highlighted in our safe section staff recruitment and rosters had been improved to ensure safety of people at the service.
- The quality monitoring processes which were in place at our last visit had become embedded in the service. We saw the audits had been used to highlight and address any issues at the service. The manager continued to work to improve her oversight. For example, they continued to develop the medicines audit tool to learn from errors. We saw her continued focus on learning from incidents and improving care.
- The provider continued to undertake regular quality monitoring visits and oversight of the audits the manager undertook. They received a weekly report from the manager to keep them up to date with any events at the service. They had been responsive when the manager had needed to make changes to further improve care.
- At the time of writing this report the manager in post had undergone an interview with CQC and had been registered with us as the manager for the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last visit there was a lack of oversight of people's care. Care plans did not contain up to date or comprehensive information for staff about people's care needs. At this visit there was a positive person-centred culture at the service.
- Information in care plans reflected people's current needs. The manager worked in an open and inclusive way with people, relatives and staff.
- One relative told us their family member had ongoing concerns with their physical health. The manager and staff worked with the person to help them change some of their daily routines that impacted on their health. The manager kept the relative regularly updated from health professionals and the relative felt included in the family member's care. A further relative said, "There seems to be a focus on residents

individual needs whereas there wasn't before."

- Staff we spoke with told us the manager was supportive and had a strong work ethic. One member of staff said, "[Manager] is great, they have an open-door policy, is approachable and maintains confidentiality, they wouldn't ask anyone to do something they wouldn't do."

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

- Relatives we spoke with told us the manager was quick to inform them of any events which affected their family member. They felt the communication had improved.
- The manager was aware of their responsibilities in relation to following the duty of candour policies at the service. They told us they had worked and continued to work to be open and honest with people, their relatives and health professionals about any issues related to people's care.
- Our records showed there had been appropriate statutory notifications submitted in line with the provider's legal responsibilities.

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

- Relatives and staff told us there had been an improvement in communication and support since our last visit. And one relative said, "The communication since [manager] has come has really improved." Another relative told us the manager was a big motivator and knew what they wanted from their staff, and staff responded well to the manager. A further relative told us when they asked for something or discussed something the manager always followed through.
- Staff feedback on the support they received from the manager was positive. All the staff we spoke with felt supported and had received regular supervision from the manager. They told us the manager had an open-door policy, but always maintained confidentiality regarding conversations they had with them.
- The manager held daily 10am stand up meetings with staff on duty and had undertaken other meetings with both staff and people at the service. We saw how following a recent resident meeting the manager and cook had made changes to the menu based on people's feedback.

Continuous learning and improving care; Working in partnership with others

- The manager worked to improve their knowledge of their role. They had attended local care forums to keep up to date with changes in health care and network with other care home managers.
- There was evidence of the service working in partnership with other health professionals. We spoke with one health professional who had visited the service to support a person. They told us they had no issues with the care the person was receiving and when they raised things with the manager they had been addressed. They told us the manager and staff were helpful and responsive to them.