

Four Seasons (JB) Limited

# Grove Discharge Unit

## Inspection report

Ward M3, Clatterbridge Hospital  
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## 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

Grove Discharge Unit is based within Clatterbridge Hospital. It provides short term nursing or residential care to up to 30 people who have been discharged from hospital and require a period of further assessment or rehabilitation. At the time of the inspection there were 26 people staying in the unit.

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

People said there were enough staff available to help them when needed. They were supported by sufficient numbers of staff who had been safely recruited. Comments included, "The staff come quickly when I need them, they are always checking I am ok" and "Staff are wonderful, always enough staff but can be very busy at times". Staff were available to promptly assist people throughout our inspection and staffing levels were regularly monitored, reviewed and amended when needed by the registered manager.

Staff were knowledgeable about safeguarding procedures and risk to people had been assessed and measures put in place to minimise identified risks. Medicines were administered safely and stored securely. People told us they received their medicines when they needed them. The unit appeared clean and well maintained and staff had access to personal protective equipment to help prevent the spread of infection. People told us the home was a safe place to live. One person commented, "I feel very safe with the staff, I trust them, that makes me feel safe".

Staff treated people well, we observed a helpful, caring and attentive culture amongst staff at the home. Staff were familiar with the people they were supporting and had a good rapport with them. People were supported to make decisions regarding their care and were involved in the creation of their care plans. Support was provided to people to help them regain their independence and do as much for themselves as possible before leaving the unit. People told us staff always protected their dignity and privacy.

Relatives said they had good communication with staff at the home and staff helped them to keep in touch with their loved ones whilst COVID-19 visiting restrictions have been in place. One relative commented, "My relative is very safe there, they really do provide good care".

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.

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

The last rating for this service was good (published 6 April 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about the medication procedures. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from good to good. This is based on the findings at this inspection.

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

## 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.

# Grove Discharge Unit

## 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 Care Act 2014.

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 undertaken by two inspectors and an inspection manager.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the 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 us by law. We also gathered feedback about the service from the local authority and 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 plan our inspection.

#### During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of the staff team. This included the registered manager, the regional manager and four other members of the staff team.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four 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.

#### After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, staff rotas, accident and incident records and other monitoring records.

#### Follow up

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

# 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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely across the home. There were clear person-centred records and guides for staff to follow. There were no gaps in administration records which demonstrated people received their medicines as prescribed. Regular audits ensured that any issues were addressed.
- There were sufficient numbers of competent nursing staff to administer medicines and staff knew the people they were caring for well.
- Regular stock balance checks were made to help ensure accuracy.
- People told us they received their medicines when they needed them. Comments included, "I always get the right medication at the right time, I can discuss my medication with the nurses at any time" and "The medication procedure followed at Grove Discharge Unit it very good".

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

- People were safeguarded from the risk of abuse. Relatives told us the home was a safe place to live. One person commented, "My relative is safe with the staff, I trust them. I know all the staff pretty much, it makes me happy knowing they are safe".
- Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.
- Information and guidance about how to raise safeguarding concerns was accessible throughout the home and the provider had appropriate systems in place to manage concerns of a safeguarding nature.

### Staffing and recruitment

- There were enough staff available to meet people's needs. People said there were enough staff available to help them when needed. Comments included, "The staff come quickly when I need them at any time, they always check on me" and "Staff are very good they know what they are doing and do it very well. Always approachable and that's very important to me".
- Staff were visible around Grove Discharge Unit (GDU) throughout our inspection and people who required one-to-one support from staff received this level of support.
- Staffing levels were regularly monitored, reviewed and amended when needed by the registered manager.
- Staff were safely recruited. Appropriate checks were carried out to ensure new staff were suitable to work with vulnerable adults.

### Assessing risk, safety monitoring and management

- A contract was in place with the hospital trust that stated the hospital were responsible for the safety and maintenance of the building and equipment. This included things such as gas and water safety, electric and fire safety checks such as fire alarms and firefighting equipment. The registered manager had oversight of these checks and written confirmation of the safety of the building.
- Risk to people had been assessed and measures were in place to reduce any identified risks, such as regular repositioning for people at risk of developing pressure ulcers and sensor equipment for people at risk of falls.
- Staff were aware of emergency procedures. Personal emergency evacuation plans were in place that informed staff what support people required in the event they needed to evacuate.
- People told us they felt safe whilst staying at GDU; their comments included, "Of course this place is safe, and I am happy with the staff" and "This is a good place to be when rehabilitating, I feel safe".

#### Learning lessons when things go wrong

- Accidents and incidents were effectively monitored and managed by staff.
- The provider had robust systems in place to ensure appropriate action was taken in response to any accidents and incidents. The registered manager regularly reviewed this information to ensure lessons were learned and steps taken to prevent recurrence, when necessary.
- Relevant policies and procedures were in place to help guide staff.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback regarding the management and quality of service people received was positive. All people and relatives we spoke with said they would recommend Grove Discharge Unit (GDU) to others. Their comments included, "I think the manager has her finger on the pulse of what's going on and what is needed" and "The manager is very good she has made a big difference".
- We observed a helpful, caring and attentive culture amongst staff at GDU. Staff were familiar with the people they were supporting and had a good rapport with them.
- The registered manager was knowledgeable, maintained good oversight of the quality and safety of people's care and positively engaged with us during the inspection.
- The registered manager understood their responsibilities regarding the duty of candour and promoted openness and transparency within the service.
- Staff told us they were well supported in their roles and were positive about the management team. They told us, "The [registered manager] is really good, I can go to her at any time and its dealt with very well" and "The manager is very knowledgeable, and we have a good team in place".
- Staff were committed to enhancing the experiences of people at GDU, people were empowered and supported to remain as independent as possible.

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

- Accidents and incidents were comprehensively reviewed and acted upon to ensure the service acted in a transparent way.
- Relatives were informed of any accidents or incidents involving their family member.

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

- The registered manager and staff were clear about their responsibilities and worked together in providing a good level of care and support.
- They were aware of events and incidents that needed to be notified to CQC and these had been submitted appropriately.
- Ratings from the last inspection were displayed as required.
- A range of policies and procedures were in place to help guide staff in their roles.

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

- The registered manager worked closely with other health and social care professionals to help ensure people's needs were met and the service ran smoothly.
- Regular staff meetings were held to engage with staff and seek their views. One staff member told us, "The manager is always sharing information and meetings are very good".
- People and their relatives told us they were asked about the service by the provider holding meetings, satisfaction questionnaires and feedback and having an open-door policy.

Continuous learning and improving care

- The provider had robust systems in place to monitor, assess and improve the quality and safety of service being provided.
- We saw that when actions were identified, they were addressed to ensure the service remained safe.
- Staff received regular support and training for their role to help ensure their practice was up to date and they could meet people's needs safely.
- Responsive action was taken to any issues raised during the inspection.