

Leonard Cheshire Disability

# The Grove - Care Home with Nursing Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Grove - Care Home with Nursing Physical Disabilities is a nursing and residential home for people with physical and specialist neurological care and support needs. The service provides support to 32 people. At the time of our inspection there were 28 people using the service.

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

People were not consistently having their care and support needs met in a timely way, by sufficient numbers of staff. Risks in relation to the management of people's medicines were identified, and we had some concerns in relation to the cleanliness and condition of people's care environment.

We found breaches of regulations, and areas of deterioration in the standards of care and oversight of the service since our last inspection. Recommendations made as an outcome of our last inspection had not been acted on. The service had received a local authority assessment in May 2022, and some of the concerns found during their assessment remained outstanding six months later, which did not ensure people's needs were being safely met.

We identified improvements in response to serious incidents, and ensuring lessons were learnt and changes implemented was required, alongside greater oversight and support from the registered provider to ensure people's quality of life was consistently to a high standard.

People were mainly supported to have maximum choice and control of their lives, however, care records did not contain up to date mental capacity assessments to ensure staff supported them in the least restrictive ways possible and in their best interests; the policies and systems in the service did not support this practice.

We received mainly positive feedback about the care provided from people's relatives, however, we consistently were told communication needed to be improved, to ensure when relatives telephoned the service or rang the doorbell these were answered in a timely way.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The Grove - Care Home with Nursing Physical Disabilities provided care and support to people with a learning disability, but this was not their primary support need. The service provider had implemented training and development for services to incorporate right support, right care, right culture into their

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 and update

The last rating for this service was requires improvement with recommendations to improve staffing and people's access to assistive technology to improve their levels of independence. At this inspection the service remains rated as requires improvement, we found breaches of the regulations, and the previous recommendations made had not been met.

#### Why we inspected

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.

The inspection was prompted in part due to concerns received about environmental risk management and medicines management following serious incidents. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remains rated requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grove - Care Home with Nursing Physical Disabilities on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to provision of safe care including the management of people's medicines, cleanliness and infection prevention and control practices within areas of the care environment, assessment and review of people's mental capacity, staffing levels and deployment and the governance and oversight of the running of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Grove - Care Home with Nursing Physical Disabilities

## **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

One inspector and one specialist medicine inspector. Another inspector assisted with making telephone calls to people's relatives.

#### Service and service type

The Grove - Care Home with Nursing Physical Disabilities 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 - Care Home with Nursing Physical Disabilities is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with ten members of staff including the registered manager, regional operations manager members of nursing, care and ancillary staff as well as a volunteer for the activities team, and a member of agency care staff. We spoke with two people living at the service, one relative and observed care provided in communal areas.

We reviewed a range of records, including two people's care records in full, two people's weight and skin monitoring care records, and nine 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.

We continued to seek clarification from the provider to validate evidence found. We spoke with a further two people's relatives by telephone, about their experiences of the care provided. We liaised with stakeholders after our inspection visits.



# 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 requires improvement. At this inspection the rating remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People were not consistently receiving medicines safely. Medicines such as creams were not stored securely to prevent harm. Some medicines for external application had not been dated on opening and may have been in use for longer than their expiry times.
- Staff had not been monitoring or recording the medicine refrigerator temperatures to ensure medicines stored within it such as insulin were stored appropriately and remained safe for use.
- The electronic Medicine Administration Record (MAR) system showed there were some discrepancies with people's medicines and did not confirm that correct doses of medicines had been given at all times.
- When people were prescribed medicines on a when required basis (PRN), there was a lack of written guidance and insufficient person-centred information available to help staff give people these medicines consistently and appropriately. Some guidance was available for medicines that were no longer prescribed increasing the risk of error.
- When people were prescribed medicated skin patches there was a lack of additional records to show the previous patches had been removed for safety and that the areas of the body, they had been applied to had been appropriately varied to reduce the risks of skin irritant effects.
- Required records were not in place to ensure appropriate assessments and best interest decisions around use of covert medicines (medicine placed into food or fluids). Relevant healthcare professionals had not been consulted and there was a lack of detailed guidance for staff about how the medicines were to be prepared and given covertly.
- The service had not put in place medicine risk assessments for people using flammable topical medicines and the increased risks relating to fire.

Risks relating to the management of people's medicines and the associated risks were identified. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Most people living at the service were at risk of pressure sores, and needed to have their weight, Malnutrition Universal Screening Tool (MUST) and Waterlow scores (gives an estimated risk for the development of a skin ulcers) regularly reviewed. All records reviewed showed these checks needed to be completed each month, but were all overdue for review, placing people at risk.
- People's care records were not being regularly reviewed and updated to ensure guidance in place for staff was correct. This was of particular risk if using unfamiliar agency staff.

- Works remained outstanding to change the access arrangements to the kitchen, following a serious incident which happened in September 2022. We were concerned to find this issue had not been addressed fully when we inspected presenting an ongoing risk of harm.
- We found drink thickener to be accessible as the key was being left in the lock or hung on the side of the cabinet in the dining room. As a prescribed item, which can cause harm if ingested, greater risk management needed to be in place.
- Sluice rooms containing risk items such as cleaning chemicals were found to be left with the doors open, even with signs on the door telling staff to keep them closed.

Risks relating to the health and welfare of people were not always assessed and managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they were looking to implement 'resident of the month' to ensure each person's care records were reviewed more regularly.

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 not working within the principles of the MCA as people's capacity assessments were out of date, and not being reviewed, which did not ensure people's changing needs and abilities were being recognised and acted on.
- Capacity assessments were not decision, time and date specific in line with the principles of the MCA, even though we saw this was a regular topic of discussion in staff meetings.
- Where restrictive practices, such as use of bed rails, wheelchair lap trays, lap belts and harnesses were in use, corresponding mental capacity assessments were not completed to ensure staff implemented least restrictive options in line with the principles of the MCA.
- At our last inspection, we had made a recommendation for the service to implement use of assistive technology to aid people's levels of independence and decision making. This recommendation was not followed as an outcome of the last inspection.

Staff were not always working in line with principles of the MCA legal framework. This was a breach of regulation 11. (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed the service's DoLS registered, and appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. The service had a system in place to ensure timely requests for renewals were completed.

#### Staffing and recruitment

- Care and ancillary staff told us they felt there were not enough staff on each shift to respond to people's



needs in a timely way and spend quality time with people. This was reinforced by reviewing the service's call bell audits which indicated episodes where call bells had not been responded to for up to one hour at certain times. Relatives told us call bells regularly went unanswered at weekends for up to 45-minutes.

- We observed a person on the first floor to continually shout for assistance, and no staff came to check on them. The person did not have a call bell, or alternative means of sourcing support. Inspectors spoke with staff to request assistance for this person, this request took time to be acted upon.
- From reviewing staffing rotas, we identified regular shifts where the service was not working with the number of staff assessed to be required in relation to people's individual dependency levels.
- From reviewing people's Personal Emergency Evacuation Plans (PEEPS), and checking with the registered manager, 26 people required assistance of two staff to support evacuation from the service in the event of an emergency. At night time, 15 people required assistance of two staff to reposition.
- From reviewing the staff rotas alongside the service's fire risk assessment, PEEPS, overview of repositioning needs at night and the service's dependency assessment, sufficient staff were not consistently deployed to meet people's needs during the day or overnight.

Sufficient levels of staff were not in place to keep people safe during the day and overnight. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people required 24-hour one to one care, their needs were being met. Those staff were not included in the main rota for the service. People's relatives confirmed one to one hours were consistently met by core staff familiar with people's needs.
- Regular agency staff were in place to manage shortfalls in staffing numbers. Efforts were made to use the same agency staff to ensure familiarity with people's needs. Those people receiving funded one to one care, were supported by core members of staff to meet their needs safely.
- Staff were recruited safely to the service, with relevant checks including DBS Disclosure and Barring Service ((DBS) checks in place, to ensure staff were suitable to work with vulnerable people. (Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.)
- Staff confirmed new members of staff had an induction period, to complete training and spend time with an experienced member of staff before working alone.

#### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises, with the condition of the first floor of the service being of particular poor condition. Communal bathrooms were in need of repair, impacting on the ease of keeping surfaces clean. People's ensuite bathrooms were also utilised as storage for equipment, impacting on cleanliness.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Whilst the provider's policies were in date, quality audits and checks by the provider and registered manager had not ensured implementation of policies and associated standards into practice. Legionella checks of water safety were in place, but limescale was present in bathrooms impacting on standards of infection, prevention and control.
- 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 making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- People were able to receive regular visits from relatives and friends within the service, as well as having meetings and attending social events out in the local community.
- We received feedback from relatives about the need for communication by the service to improve, to prevent wasted visits if the service had a COVID-19 outbreak, and to ensure the front door and telephone were answered, particularly at weekends.

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

- From reviewing the service's incident, accident and safeguarding logs, we identified some examples of incidents notified to the local authority, but not to CQC in line with the registered manager's regulatory responsibilities.
- The provider had developed a 'notification poster' to guide staff and the registered manager as to the types of incidents and accidents CQC needed to be notified of. From speaking with the registered manager, and reviewing notifications received, this document needed to be developed further to ensure information was reviewed each time, rather than a blanket approach taken.
- Staff were able to tell us signs of concerns and abuse they would monitor for, and the process they would take to ensure these were reported to the local authority safeguarding team. Staff consistently told us they would escalate concerns to the registered nurses or registered manager at the service.

#### Learning lessons when things go wrong

- The service has experienced two serious incidents, impacting on the care of many people living at the service. We were concerned to find changes to the care environment and medicines practices had not improved to the required standards by the time of our inspection.
- The service had a local authority assessment completed in May 2022. Areas of concern identified from the assessment, and put into a service improvement plan, remained during this inspection, which did not demonstrate sufficient learning and implementation of change in response to feedback.

# 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 requires improvement. At this inspection the rating 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

- There was a lack of good governance and oversight at a provider and registered manager level. Many audits and quality checks were delegated to other members of staff, and we identified this had resulted in disconnect in issues being identified then acted on. The registered manager and provider were not aware of issues and concerns being present at the service.
- Where audits were completed, for medicine and infection prevention and control, these had not identified the concerns and risks we found during this inspection.
- Staff demonstrated a lack of adherence to the provider's policies, in relation to the handling and reporting of medicine error to ensure findings could be collated and overseen in a way that led to improvements.
- We reviewed call bell audits which identified ongoing concerns for many months in relation to poor response times. The provider had not implemented out of hours or weekend checks to ensure these issues were addressed and had not considered individual performance management approaches being taken.
- The registered manager demonstrated a lack of confidence to challenge staff practice. For example, nurses only felt people's mental capacity needed to be assessed once. The registered manager did not agree with this approach, but records showed changes to practice had not been implemented in line with legal responsibilities.
- The service held regular governance meetings, where people's support needs were discussed, and care records updates given to the registered manager, yet the issues with poor oversight and recording of weight, monitoring of skin condition and malnutrition risk management had not been identified.
- There was a lack of oversight by the registered provider in relation to the performance and condition of the service. We identified areas of the service requiring refurbishment which had not been addressed or identified from their own audits and checks.

The provider had poor governance and oversight arrangements in place to maintain standards and drive improvement at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Training compliance levels were high across the service, but based on inspection findings, greater focus on staff competencies and implementation of training into practice was needed.
- The registered manager needed to ensure they reflect on the feedback given by the local authority assessment completed in May 2022, and inspection feedback provided, to learn and improve the standards

of care provided.

- Some staff would benefit from having opportunities to develop and take on specialist roles and responsibilities, to give greater accountability and involvement within the day to day running of the service and standards of care provided.

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

- Most staff demonstrated compassion and care for the people they supported. However, some staff lacked compassion, and did not recognise the importance of their roles and responsibilities.
- Areas of people's care recorded required further development, collaboratively with people and their relatives to ensure their needs and wishes were fully reflected, and the care provided was person-centred.
- We received positive feedback from a relative about attending family meetings at the service, and the value of being able to contribute to the running of the service, as well as getting to know other families and the staff team.
- People attended regular meetings, with support to share feedback and express their views on the running of the service, including developing menus and the activity programme.

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

- From reviewing the service's accident and incident records, we could see family were initially informed when things happened, however, we received feedback from a relative who felt they did not receive any updates as investigations progressed. This impacted on their faith in the service.
- We liaised with the registered manager to share feedback from speaking with staff and people living at the service. They were open to changing ways of working and approaches to try to address any concerns.

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

- The registered manager had clear plans of how they wanted to develop the service, to work more collaboratively with other agencies, people and their relatives.
- The service had good working relationships with the GP practice. Weekly multi-disciplinary meetings between the GP staff and service were held to review each person's medical support needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The care provider was not always working within the principles of the Mental Capacity Act (2005).  Regulation 11 (1) (2) (3) (5)

### The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The care provider did not always ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed, including with medicines management and infection prevention and control.  Regulation 12 (1) (2) (a) (b) (g) (h)

### The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The care provider did not always have good governance and leadership in place. Audits and quality checks were not consistently identifying risks and shortfalls.  Regulation 17 (1) (2) (a) (b)

### The enforcement action we took:

Warning notice.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The care provider was not ensuring there were sufficient numbers of staff to meet people's care and support needs.

Regulation 18 (1)

**The enforcement action we took:**

Warning notice.