

Hyde Crook Nursing Home Limited

Grove Lodge

Inspection report

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21 February 2023

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grove Lodge is a residential care home providing personal care for up to 22 people aged 65 and over. At the time of our inspection there were 17 people using the service.

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

Staff sought to support people in the least restrictive way possible and in their best interests. However, it was not always clear when people could not make their own decisions, and consent to their care, and decisions made on their behalf were made within the framework of the Mental Capacity Act 2005. Care documentation was not always completed as planned, there were gaps, which meant there was a risk people did not receive their care in a safe way.

Management oversight was not sufficiently robust. Audits were not always effective in identifying issues including those we found with mental capacity assessments, best interest decisions and the extent of gaps in care recording. There was no evidence of impact on people from these omissions however there was the potential for people to be placed at increased risk of harm.

The environment was being adapted to meet the needs of people and to improve their experience. The registered manager was planning to further develop the home environment to make it more 'dementia friendly'. This is the term used when the environment supports people living with dementia to orientate themselves to their surroundings.

Oral assessments and care had improved since our previous inspection. People had detailed initial assessments and person-centred care plans incorporating their needs in this area of their lives.

People's mealtime experience had improved since the last time we inspected. People appeared to enjoy the meals and relatives felt health related dietary risks were known and well managed by staff.

Relatives and staff told us there were enough staff to meet people's needs in a safely and timely way. Our observations confirmed this.

Relatives and professionals were confident in the skills and experience of staff providing care. People had timely access to health and social care professionals and staff followed their guidance. This helped support and maintain people's health and wellbeing.

Relatives felt the home was well run. They and staff praised the registered manager for their support and seeking their views about the care their family members received. Many staff felt the registered manager was the best manager they had worked with.

The registered manager was responsive to the feedback provided throughout our inspection.

We carried out extensive observations over the two days to understand people's experience of living at Grove Lodge. This included their interactions with staff, other people and the home environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 July 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider continue to review people's mealtime experience in line with appropriate good practice. At this inspection we found the provider had made improvements.

Why we inspected

We carried out an unannounced inspection of this service on 8 and 20 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective 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 remains requires improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grove Lodge on our website at www.cqc.org.uk.

We have identified breaches in relation to need for consent and good governance at this inspection.

Follow up

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. 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 effective?

The service was not always effective.

Details are in our effective 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 ●

Grove Lodge

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

The inspection was carried out by an inspector 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 Lodge 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. Grove Lodge 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 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.

Inspection activity started on 20 February 2023 and ended on 2 March 2023. We visited the location's service on 20 and 21 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included notifications made by the service and any concerns raised with CQC. 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 sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We visited the service on two occasions. We spoke with 10 relatives who had family members living at the service to get their views of the care provided. We spoke with and received written feedback from 10 members of staff including the registered manager, senior carers, clinical lead, care workers and auxiliary staff.

As people were living with dementia and were unable to have an informed conversation with us. Together with extensive observations over the two days, 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 elements of 13 people's care plans, medicines records, staff recruitment and training. We looked at a variety of records relating to the management of the service. We also received feedback from 2 health professionals who work with the home.



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 for this key question has remained requires improvement. 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.

Assessing risk, safety monitoring and management; learning lessons when things went wrong.

- Recording related to risk management was not always sufficient. This included inconsistent recording of oral care support and bed rails checks. Whilst we did not identify evidence that people were harmed by this, there was the potential for increased risk. We spoke with the registered manager about this who immediately reminded staff to record all support and safety checks.
- At the previous inspection staff were not consistently recording people's fluid intake. Improvements had been made and records for this area of people's care were now completed. This helped to protect people from the risk of dehydration and associated health conditions. A staff member told us, "Poor fluid intake can lead to a multitude of things; higher falls risks, confusion, urine infections, kidney failure and heart problems."
- The risks people faced were assessed and staff understood how to reduce those risks. Staff knew people well so could identify when their risks increased or reduced. People's risks included those associated with mobility, skin integrity and dietary intake.
- Relatives told us they felt their family members were supported to stay safe. Their comments included: "Yes I do think [family member] is safe. The staff are very good", "Oh, definitely and absolutely safe" and, "I do consider [family member] safe. Staff are very careful. They go in to check every 30 minutes and turn [family member] every 45 minutes."
- Risk assessments were regularly reviewed as people's needs changed or following an incident. For example, a relative explained, "Falls led to a risk assessment and aids were obtained for [family member]."
- General environmental risk assessments had been completed to help ensure the safety of people, staff, relatives and visiting professionals. These assessments included: gas safety, water temperature, legionella, window restrictors, electrical systems and equipment.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good understanding of the signs and symptoms that could indicate people were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- We spent time over the two-day inspection observing people's interactions with staff. People appeared relaxed and settled when with staff. Interactions included sensitive reassurance, respectful dialogue and appropriate banter.

- Staff said they would feel confident whistleblowing if they observed or heard about poor practice. They felt confident they would be listened to and action taken in a timely way if they raised concerns.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff attended to their needs in a reasonable time when requesting their assistance. The service used regular agency workers alongside permanent staff to provide support during busier times. Relatives comments were: "I've seen enough staff and it's a safe environment", "It's not hard to get hold of staff at visits" and, "[Family member] hasn't experienced long waits if [family member] needs someone to come to help." Staff told us, "Staffing isn't an issue. I find we have enough staff" and, "There is always enough staff."
- The service had safe recruitment practices including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines on time and as prescribed. This included topical creams for dry or sore skin.
- People's electronic medicines administration records were complete and easy to follow.
- Staff who administered medicines had received relevant training and ongoing competency assessments. Staff administering medicines wore, 'do not disturb' tabards in line with the home's medicines policy. This reduced the risk of errors caused by distraction.
- For each person prescribed medicines they only needed to take occasionally; guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. This included access to pain medication.
- Daily checks ensured medicines were stored correctly and at safe temperatures.
- Medicines requiring stricter security were stored appropriately with stocks matching records.

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.
- The provider was supporting visiting in line with government guidance and local risk assessments.

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

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

At our last inspection the provider had failed to seek consent in line with the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity to make individual decisions, mental capacity assessments were not always undertaken. For example, one person who could not make decisions about their care had moved into the home in January 2023 and mental capacity assessments or best interests decisions had not been carried out. This meant there was a risk their care plan did not reflect their previous views and preferences.
- On most occasions people's legal representatives, relatives and relevant professionals were consulted and this recorded. However, one person had moved rooms for approximately 8 weeks as their room was being redecorated. No consent or mental capacity assessment had been completed to support this temporary move was done in the persons best interest.

People's care was not always provided in line with the MCA. This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed this area of people's care would be reviewed to ensure practice and documentation was in line with the MCA.

- The service had applied to the local authority for people who required DoLS authorisations and kept a record of when applications were made and due to expire. Where 1 person had conditions attached to their authorised DoLS there was evidence this was being met by staff.
- Staff were observed seeking people's consent prior to supporting them. A relative shared, "Of course they respect her wishes if [family member] doesn't like something and will come back later and try to explain the benefits." A staff member stated, "Consent is very important, as an important part of care ethics and part of our human right."
- Staff demonstrated an understanding of some of the principles of the MCA and how they applied this approach when supporting people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to adequately assess and plan for people's oral health care. This was a breach of regulation 9 (Person centred care) 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 9.

- Since the previous inspection the service had introduced an oral assessment screening tool and each person had a detailed oral care plan.
- People's toothbrushes showed evidence they were supported to maintain their oral health. A supply of new toothbrushes was available when replacements were required. Where people had prescribed toothpaste, this was used.
- People in the home were supported by named professionals. Health professionals' comments included, "I have always found the care home staff to be professional and approachable. If I speak with someone who is unable to answer my questions, they will find someone who can. That member of staff is always knowledgeable about the patient and is able to clearly describe the shared concerns and what has been tried to date. Staff are receptive to ideas and report back as agreed" and, "Care is good on a practical level. Staff follow our instructions."
- Relatives felt their family members health and wellbeing had improved living at Grove Lodge. They commented: "[Family member] seems calmer now when I speak to [family member]", "Being at this home is a massive relief. [Family member] is happy and content here", "I think it has definitely improved [family member's] quality of life" and, "I'm happy [family member] is well looked after. The staff are friendly, nice and answer any questions."

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

- People's bedroom doors did not always have their names visible. This meant people may find it harder to identify their room. We raised this with staff and were told that some people living at the home sometimes removed these. They were immediately replaced.
- Some 'dementia friendly' signage was used around the home to help people navigate to places such as

the lounge, toilets and bathrooms. The registered manager told us they were sourcing materials to decorate each person's bedroom door so people could feel they had their own front door. The registered manager showed us 'dementia friendly' signage they had purchased to add to people's doors once this was done. This will help people find their rooms more easily.

- People's bedrooms were personalised with photos, furniture and mementoes that mattered to them and reflected their hobbies, tastes and achievements.
- The home had spacious and well-tended gardens with extended views of the countryside. There was evidence of people enjoying the gardens in warmer weather.

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

At our last inspection we recommended the provider continue to review people's mealtime experience in line with appropriate good practice guidance. The provider had made improvements.

- Ten people attended lunch on day 1 of the inspection. People were supported to choose what they wished to eat. A picture menu and plated foods helped people make choices. All 10 people appeared to enjoy the meal. Staff were attentive and supportive throughout.
- Where people required extra support with eating or drinking this was provided in a patient and respectful way that upheld people's dignity.
- People's weight was monitored. There were systems in place to ensure liaison with health professionals if people were losing weight or struggling to eat and drink safely. □
- Dietary needs were supported in line with guidelines set by relevant professionals. People's individual risks were well known, and staff support provided accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed prior to moving into the home. This formed the basis of people's ongoing care plans.
- Care plans were reviewed and updated as people's needs changed. This helped inform the care they received. Relatives told us they were involved in these reviews. For example, a relative confirmed, "The staff update me, and I was involved in the care plan."

Staff support: induction, training, skills and experience

- New staff received an induction which included shadow shifts with more experienced staff and practical competency checks. Staff were supported to do the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff undertook a range of training that supported them to meet people's needs. This included, dementia, moving and repositioning, and medicines. A staff member said, "I enjoy the training we have at present, it's interesting and informative." Another said, "I am encouraged to develop new skills."
- Relatives expressed confidence in the competence of staff. Their comments included: "The carers are definitely skilled and experienced", "I think the staff are well trained and pretty efficient" and, "They are on the ball. They specialise in dementia and know exactly what they are doing." Our observations over 2 days confirmed this.

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 for this key question has remained requires improvement. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure oversight of the safety and quality of people's care was robust.. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audits were not always effective as they did not identify the issues we found with mental capacity assessments, best interest decisions and the gaps in care recording.

Oversight of the safety and quality of people's care was not robust. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsive to feedback during and after the inspection. They said they would ensure more robust scrutiny of care recording. This included asking senior care staff to monitor consistency of completion at the end of each shift and the provider sourcing additional training from the developers of the recently introduced electronic care system.

- Audits included, medicines, infection control, training, complaints, accidents and incidents and risk assessments.
- The registered manager had a good understanding of CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- Staff were encouraged to develop their full potential by undertaking advanced training, new roles and qualifications.

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

- Feedback was sought via surveys; the last being November 2022. The registered manager told us they had no responses from either relatives or professionals. The registered manager said they were looking to set up resident's meetings and had introduced a suggestions box in reception. Reviews of care were also used as an opportunity to seek people's and their relative's views.
- Staff meetings were held and were well attended. Staff told us they were encouraged to speak up and contribute to developments at the home.

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

- The home had a welcoming, friendly and supportive culture. For example, staff shared: "We are a friendly team and being such a small team, we are like a family. We support and encourage each other where possible", "The home is a very unique place, where there is a friendly family atmosphere, you can feel that when you walk in", "[Registered manager] has made this home a great place to work. Will always support staff when needed and will encourage progression" and, "It is a great atmosphere and it's a calm environment to work in."
- Relatives felt the home was well run. They expressed: "It is (well run). It has a lovely and happy atmosphere. I get through to the office easily", "From what I see, it is running efficiently", "They seem to be pretty much on the ball. My [family member] is anxious and is well supported" and, "It runs well because there is a lovely warm atmosphere from the staff. It's a spacious place. It's tidy, clean and welcoming. We've never had a problem."
- Relatives spoke positively about the registered manager. Their comments included: "[registered manager] is a lovely person. Has talked to me and is very aware of the care of residents and their happiness. [registered manager] is a very good manager" and, "I think [registered manager] is very good. Very prompt when any issues about treatment arise and works with the changes."
- Staff were unanimous in their praise for the registered manager. Some comments were: "[Name] has been the best manager I have worked for, is kind and caring and very supportive", "[Name] is the most supportive manager I have worked for. Is always there to give advice and guidance when I needed it. Is never too busy and is always there for staff" and, "[Name] is one of the best managers I have ever worked for. Makes you feel part of the family and any issues are always dealt with."
- Staff were proud to work at Grove Lodge. They shared: "It's a rewarding job, an amazing place to work", "I love my job. I am proud of Grove Lodge, I enjoy going to work every day", "I am extremely passionate about my job and working with a team that are so supportive" and, "Making a difference, small as it may be in someone's life from my perspective, is what makes me proud." The registered manager said, "I think I have a really good team. Like a jigsaw, they all bring something and make it a whole."

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

- The registered manager had a good understanding of the duty of candour. They said, "This is about being totally being transparent, we would contact the person and resident's family, CQC, and local authority. We would determine what has happened and look how to stop it happening again. We would share the learning. We talk about incidents as a staff group."

Working in partnership with others

- The home had established and maintained good working relationships with others such as GPs, social workers, district nurses and community mental health team.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Consent to care including restrictive practices had not been consistently sought within the framework of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Complete, accurate and contemporaneous records had not been maintained related to the delivery of care. Systems to monitor and improve the quality of people's care had not been effective.