

# Four Seasons (JB) Limited Grove House

## Inspection report

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Prenton  
Merseyside  
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Date of inspection visit:  
17 February 2021

Date of publication:  
10 March 2021

### 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 House is a 'care home'. Grove House accommodates 63 people. The service is accredited for intermediate care people who are funded by the NHS. At the time of the inspection 27 people lived at the service, across three separate units, each of which had separate adapted facilities. One of the units specialises in providing care to people living with dementia.

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

People's relatives told us there were enough staff available to help when needed. Comments included, "There always seems to be sufficient staff when I visit" and "Staff are always available to support my relative, they are very attentive to their care and support needs". 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.

People's relatives told us the home was a safe place to live. One person commented, "My relative is very happy and I can tell [relative] looks well-groomed and well. They work well with [relative] and manage risks as well. They really invest their time to make sure [relatives] quality of life is good". Staff had received safeguarding training and understood their role in recognising and reporting safeguarding concerns.

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.

Relatives told us they had 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, "We are able to communicate through video calls and we have had window visits too. [Relative] has dementia but for me it's useful, [relative] is always clean and looks well".

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 (published 24 January 2020).

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.

### Why we inspected

This was a planned inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement 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 House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Grove House is a 'care home'. People in care homes receive accommodation and nursing or personal care 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 announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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 seven relatives. We spoke with the registered manager, the deputy manager, a nurse, two care staff, an activities coordinator, and the maintenance person.

We also reviewed a range of records at the home. These included three people's care records, a sample of medication records, four staff recruitment files and records to staff training and support. We also looked at records relating to the management of the service.

#### 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place 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 family member commented, "My relative is safe with the staff, the care is exceptional, they genuinely care and make sure [relative] is 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.

Assessing risk, safety monitoring and management

- Risks to people, were assessed, monitored and managed. All nine relatives spoken with said the home made them aware of any accidents or incidents their relative had been involved in.
- The environment was well-maintained and there was a plan of redecorating for the whole home. Regular safety checks were carried out on utilities and equipment.
- Fire safety was effectively managed.
- People had personalised risk assessments which were reviewed regularly and gave staff the information needed that managed the risks associated with people's care.

Staffing and recruitment

- There were enough staff available to meet people's needs. Relatives said there were enough staff available to help their family members when needed. Comments included, "There are always sufficient staff, there are more now and activity staff who are brilliant" and "The care is exceptional".
- Call bells were answered promptly and people who were in communal areas were quickly assisted by staff when they needed help.
- Staff were visible around the home 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.

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 and other records looked at related to

medicines management demonstrated people received their medicines as prescribed. Regular audits ensured that any issues were addressed.

- There were sufficient numbers of competent staff to administer medicines and staff knew the people they were caring for well.

#### 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.

#### 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 and were accessible to all. The provider ensured that policies and procedures were understood by all staff from induction and ongoing training and development. When policies were updated staff were informed by the provider and they were revisited to ensure staff understood them.



# 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 we found that systems in place to monitor the quality and safety of the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that improvements to the governance systems had been made and continued and sustainable improvements implemented especially with the improvement to record keeping including care files, staffing rotas, development of the environment and social care records.

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were able to give their feedback about the care at the home in a variety of ways, such as during care plan reviews and an annual survey.
- Relatives told us the registered manager was approachable and they had been able to speak with them when needed, either in person prior to COVID-19 visiting restrictions or via telephone or video call since these restrictions were implemented. One relative said, "There is Facetime and WhatsApp. Sometimes it is easier just to use the phone. We can ring daily if we want to. All very accommodating". Another relative said, "The staff contact us when they need to communicate something about [relative]. We call most days". Relatives told us they had good communication with staff about their loved ones whilst COVID-19 visiting restrictions had been in place.

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

- 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.
- 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.

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 understood their responsibilities regarding the duty of candour and promoted openness and transparency within the service. Relatives comments included, "The manager is very good". and "The managers do communicate and keep us [family] informed of any changes in our relatives health".

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

regulatory requirements

- Ratings from the last CQC inspection were clearly displayed within the home and on the provider's website, as required.
- CQC had been notified of all significant events which had occurred, in line with the registered provider's legal obligations.

Continuous learning and improving care

- Records were clear, well-organised and closely monitored by the registered manager.
- The provider had robust systems in place to monitor, assess and improve the quality and safety of service being provided.

Working in partnership with others

- Staff at the home positively engaged with organisations and professionals who could provide them with additional support and guidance. For example, the home was taking part in a scheme with the local infection prevention and control team to monitor best practice in managing COVID-19.