

HC-One Limited

Grosvenor House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Grosvenor House is a care home providing personal and nursing care to 23 people aged 65 and over at the time of the inspection. The service can accommodate up to 50 people in one adapted building.

People's experience of using this service and what we found: We received positive feedback from people regarding the service they received and the staff who supported them.

People's care plans were personalised and gave an excellent amount of information regarding how to care for and support them.

Audits and systems were effective at supporting the registered manager to monitor the service and make improvements.

There was a quality assurance system in place and people completed surveys several times a year. The comments made by people were acted on. The service was able to show how they used people's views to improve the quality of the service.

Risk assessments were in place. Staff knew how to keep people safe and were trained in safeguarding.

People and their relatives spoke positively about the registered manager and told us they were responsive and approachable.

Robust recruitment and selection procedures ensured suitable staff were employed.

Staff received appropriate training and support to meet people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People were supported to have enough to eat and drink.

Healthcare professionals were involved in people's care and support as and when this was needed.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via people and relative meetings, team meetings, and phone and video calls.

People were supported to be independent and their rights were respected. Support was provided in a way that put the people and their preferences first. Information was provided for people in the correct format for them.

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

Rating at the last inspection: At the last inspection we gave the service a rating of good (published 21 October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Grosvenor 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 planned this inspection to check 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.

Inspection team:

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using services and in this instance, they had experience of using and caring for older people who use care at home services.

Grosvenor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 looked at other information we had including notifications received from the service and other healthcare professionals including safeguarding, commissioners and the local Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection:

We spoke with five people, four relatives and three care staff, an activity volunteer and the registered manager.

We reviewed three people's care records and three staff files including recruitment, supervision and training information. We reviewed five medicine administration records and daily notes for people as well as records relating to the management of the service.

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 now remained the same.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and could raise any concerns appropriately.
- Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.

Assessing risk, safety monitoring and management

- People had both general and individualised risk assessments which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.

Staffing and recruitment

- Staff were highly visible during our inspection. There were enough staff to meet people's needs individually and safely.
- Safe recruitment procedures were followed.
- People felt safe with their staff and told us they didn't have to wait for staff to come along when they needed them.

Using medicines safely

- Medicine administration records (MAR's) were completed appropriately with no missing signatures.
- The provider completed audits to review MAR's.
- Care plans and records were being used to support medicines. One person told us, "They came with my medication this morning staff are trained to give it out."
- Medicines records contained information for application of topical medicines when required.

Preventing and controlling infection

- The cleanliness of the home was of an extremely high standard especially in communal areas and the treatment room. One relative told us, "Her bedding is always clean, no smells, she is never left in a dirty state."
- Staff had a plentiful supply of personal protective equipment such as gloves and aprons. Staff wore them when administering medicines and when helping people with personal care.
- Staff received infection control training and regular hygiene spot checks.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise any risk of further incidents.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's preferences, care and health needs were assessed before they began to use the service.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had the right skills and knowledge necessary to meet their needs. Essential training was up to date.
- Staff had development opportunities to train to become a nursing assistant or to gain a higher NVQ (National Vocational qualification) in care.

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

- People's dietary needs were met. Staff were aware of people's dietary needs and kept up to date records. One relative told us, "My relative has their food pureed and it's well presented and colourful. They eat all of it and is always catered for. For example, they have thickeners in drinks and the staff know what she can and can't have".
- People told us they were happy with how the staff helped them with their food and drinks.

Staff working with other agencies to provide consistent, effective, timely care

- Agency nursing staff were used to cover holidays and busy periods. This was done effectively by working in partnership with the agency company to make sure the same group of agency nurses were used and they were well informed to ensure people's needs were met.

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

- The home was in the process of updating some bedrooms to be more modern and more spacious.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked regularly with external professionals to support and maintain people's health, for example GPs and community nurses. Staff also supported people to attend health appointments.
- People had regular access to healthcare professionals. One person told us, "The Chiropodist comes around regularly and the doctor comes. They phone the doctors surgery if you need one."

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

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where appropriate people had signed consent forms to say they were happy for care to be provided.
- Where relatives held Lasting Power of Attorney this was in the care plan. This is a legal process that allows designated individuals to make decisions on a person's behalf, if they do not have the capacity to do so themselves.
- People were encouraged to make decisions and told us staff always sought their permission.
- Health professionals completed capacity assessments. Where necessary the service had completed best interests reviews and decisions to ensure people received appropriate care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect.
- There was a positive rapport between people, support staff and management.
- People were supported to maintain relationships with friends and family.
- Positive feedback was given about staff and their caring attitude. One relative told us, "They all seem ok. They knock on the door and close the curtains. The staff I know are kind."

Supporting people to express their views and be involved in making decisions about their care

- No one using the service had an advocate. Information was available to people and staff and people were supported to exercise their rights. One person who had left the service had used one recently to help them to make decisions.
- Staff supported people to make decisions. They knew the people they cared for very well and were able to give many examples of how they achieved this.
- People told us they were involved in their care. One relative said, "They all know her well and what she likes, they are kind and polite to her."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully. One person told us, "They are quite good friendly and efficient. They close curtains and they ask me and tell me what they are doing. If I require changing during the day, they change me they never leave me in dirty clothes."
- Staff respected people's privacy when visiting them at home and offering personal care. One staff member told us, "We always respect this, privacy always."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and included people's choices, preferences and history. These were written in the first person.
- Where people had specific health care needs, these were clearly identified and showed how people should be supported.
- The support people received was individual to their needs and delivered in a person-centred way. One person told us, "I make my own decisions', Staff talk to me about my care."

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people in different formats if requested to ensure people could access information in the most convenient way.
- People who had a visual impairment were offered talking books and the registered manager told us how one person's sight had deteriorated, and they were getting talking newspapers in for them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part (if they chose) in planned activities and outings provided by activity staff and regular volunteers.
- Where people chose to opt out of group activities staff made sure they were not isolated. One member of staff told us how they would go to one person's room to play chess as they preferred this.
- The volunteer we spoke with told us, "I decided to volunteer to help. There is a reasonable choice. We have a quiz, play music, instruments also storytelling and creative writing."

Improving care quality in response to complaints or concerns

- We saw that there was a complaints procedure in place, however no recent complaints had been received.
- People told us they knew who to go to if they had any concerns or a complaint to make.
- People were supported to complain. One relative told us, "Straight to the manager. She would sort it

immediately. We have done this and it was sorted."

End of life care and support

- People were supported to discuss any wishes they wanted to make.
- People had plans in place to support their end of life choices related to their care and support.

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.

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

- There was a good system of communication to keep staff, people using the service and their families informed.
- The registered manager held regular staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings and found the registered manager and deputy approachable and supportive.

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 gave us an example of how they had supported someone move in and how they had experienced falls due to orientation in the new environment and how they addressed this.
- The provider had a business continuity plan to ensure minimal disruption to care in case of an emergency.
- The registered manager showed how they adhered to company policy, improved risk assessments, monitored incidents.
- Analysis of incidents was carried out to reduce the risk of any further incidents happening.
- All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.
- The provider had made timely notifications to CQC in relation to significant events that had occurred in the home.

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

- Policies and procedures were current and in line with best practice.
- The registered manager continued to use more robust and frequent audits.
- Feedback from people regarding the management of the service was positive. One person told us, "I couldn't ask for more they are total professionals. The manager never lets me down, always keeps me in the loop. The management are very experienced, that gives me peace of mind."

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

- The registered manager was able to give a recent example of how they had supported a person to move from the home to be closer to their ethnic community and family.
- Couples were supported to live at the service and their privacy and rights respected.

Continuous learning and improving care

- People who used the service spoke positively about the registered manager and the level of support they offered.
- The registered manager took on board opinions and views of the people who used the service to make improvements. One relative told us, "Yes we get the surveys regularly to give our feedback."

Working in partnership with others

- People were encouraged to be active citizens within their local community by using local services regularly with support.