

Spring View Care Limited

Grosvenor House Care Home

Inspection report

Aqueduct Lane
Coopers Hill
Alveschurch
Worcestershire
B48 7BS
Tel: 0121 447 7878

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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 

Overall summary

This inspection took place on 2 February and was unannounced.

Grosvenor House provides accommodation for people who require nursing care for a maximum of 25 people some of who have a dementia related illness. There were 19 people living at the home when we visited and there was a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe. During our inspection we observed that people received their medicines as prescribed and at the correct time.

The provider followed the correct process to support people who might not be able to make decisions on their own about the care or treatment they receive

Summary of findings

We found that people's health care needs were assessed, planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were supported to eat and drink enough to keep them healthy. People had access to drinks during the day and had choice of meals. People's likes and dislikes had been considered alongside any specialist dietary needs.

People were relaxed and chatting with staff. The atmosphere was calm and staff responded to people's requests. Relatives said that they were very happy with the care of their family member. Our observations and the records we looked at supported this view.

Staff had received training which they felt reflected the needs of people who lived at the home. People, their

relatives and staff told us that they would raise concerns with the nursing staff, the deputy manager or the registered manager and were confident that any concerns were dealt with.

People felt they made everyday choices and were supported by staff. They also told us how they spent their time enjoying their interests or hobbies.

The management team had kept their knowledge current and they led by example. The management team were approachable and visible within the home and people knew them well. The provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

Summary of findings

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.

People received care and treatment from staff that knew how to safeguard them from the risks of abuse. The risks to people had been assessed to ensure they received appropriate care. People received their medicines on time and as prescribed.

People told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home.

Good



Is the service effective?

The service was effective.

People were supported by trained staff who had up to date information specific to people's needs.

The Mental Capacity Act (2005) code of practice was being met. At the time of the inspection applications for Deprivation of Liberty Safeguards (DoLS) had been submitted.

People had a choice about what they ate to meet dietary needs. Staff contacted other health professionals when required to meet people's specific health needs.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was respected. People and their relatives were positive about the care they received.

Staff showed an interest in people encouraging them to chat about everyday matters in ways that engaged them.

People and their relatives were encouraged to express their views on the care they received and staff were knowledgeable about people's needs.

Good



Is the service responsive?

The service was responsive.

People were encouraged to make everyday choices about how they spent their time and were supported to maintain their interests or hobbies.

People or their relatives were enabled to raise any comments or concerns and these were listened to and responded to appropriately.

Good



Is the service well-led?

The service was well led.

People, their relatives and staff were very complimentary about the registered manager and told us they listened to their views and were approachable.

Good



Summary of findings

The registered manager and provider monitored the quality of care provided. There were effective procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Grosvenor House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 February 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people who lived at the home and two relatives. We spoke with five care staff, two nurses, the registered manager and the provider.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at three records about people's care, medicine records, meeting minutes and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People told us they felt safe and secure living in the home and said “If I have been worried or need reassurance they would “Speak with the register manager”. One person said they “Trusted” the staff that looked after them and added they, “Make my feelings count”. Our observations showed that people were at ease with staff and were encouraged to share and discuss their concerns. For example, when a person told staff they did not want to be left on their own staff offered reassurance and support.

Staff said they could speak to the registered manager, the deputy manager or the provider about “People’s safety”. Staff told us they were clear about the appropriate action to take should they be concerned about a person’s welfare. For example, if they saw something of concern they would first ensure the person would be “made safe” and then “take action” to report the incident. One staff added, “There is no way I would let carers get away with bad care”. They were also aware of the provider policy on protected people from abuse. They told us and we saw that it was kept in the office and they would refer to it if needed.

People’s risks had been looked at and assessed so staff knew what actions to take to help people receive safer care. For example, we saw people were encouraged with prompts so people were aware of how to sit down in a chair safely. Staff we spoke with were clear about the help and assistance each person needed to support their safety. This included managing people’s health risk, such as managing skin care. We saw that the risk had been

reviewed and updated regularly and were detailed in people’s care plans. Staff also told us they had access to these records and were told about any changes at the start of their day.

We saw staff met people’s care and support needs in a timely manner and one person said, “Well you can see there are many (staff) around”. People had their call bells answered promptly by staff. We saw that staff were able to spend time chatting with people and respond to any requests for drinks or assistance. One relative felt that “Staff were always around” and “You never have to look for them” when their family member needed help or support.

The registered manager and provider had assessed the needs of people to calculate the number of staff required. They had also added an additional staff member at busier times of the day to ensure people’s needs were supported as a result of staff feedback.

Some people told us they did not look after their own medicines but this had been their choice. One person said they were “relieved” and found it “one less thing to worry about now the nurses do it” as they got their medicines when needed.

During our observations people were supported to take their medicines when they needed them. Staff on duty who administered medicines told us how they ensured that people received their medicines when they needed them. For example, at particular times of the day or when required to manage their health needs. People’s medicines were stored and disposed of correctly and had been recorded when they had received them.

Is the service effective?

Our findings

People told us that staff knew how to look after them and one person felt the staff were trained to an “Exceptional high standard”. One person said the “Nurses are fantastic” and felt they were knowledgeable about their health needs. Relatives told us they were confident that their relative’s needs were met by a “Lovely staff group” that “Know what to do”.

Staff told us that they felt supported in their role and had regular discussions with the registered manager. They felt their training reflected the needs of the people who lived at the home and were able to tell us how they applied their training in their roles. For example, staff told us how they had applied techniques to prevent sore skin to people who not able to move independently.

The PIR showed that training records for all staff were up to date with the provider’s ‘key training’ subjects. Nursing staff had been supported to maintain their qualification. The provider encouraged staff to develop in their role by offering the opportunity for a recognised qualification in care.

People’s capacity to make decisions or consent to their care had been assessed. For example, when making a decision to use bedrails for one person who lacked capacity to make the decision there had been a best interest assessment made. This showed that registered manager was aware of their legal obligation to protect people’s rights and freedom.

Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves.

The staff demonstrated they understood the principles of the Act and the DoLS and they gave us examples of when they had applied these principles to protect people’s rights. We saw them seeking people’s consent before they assisted

them with the needs during the day. The registered manager told us that three people at the home currently had their liberty restricted and authorisations were in place.

People told us they enjoyed the food at the home and one person said, “Dinners are well balanced with plenty of vegetables”. People told us they enjoyed the meals available from the menu and there was a “Choice of fresh juices” alongside hot drinks. One person said that if they did not want something from the menu the chef, “Will do one offs”. The provider also looked at feedback to see if improvements were needed. They used a book for people and visitors to leave comments. These included, “Choice is unprecedented”, “I’m never hungry” and “Lunch was super”. Therefore the provider assured themselves that people were happy with their food.

We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. Where people required a specialist diet or required their fluid intake to be monitored this information was recorded by staff.

Staff told us about the food people liked, disliked and any specialised diets. The chef used this information to plan meals and ensure people got the food they enjoyed. People’s care records showed their dietary needs had been assessed and reviewed regularly.

People were able to access health, social and medical support when they needed it. One person we spoke to said, “The doctor is brilliant, comes every Monday. I feel I can mention the smallest thing”. Another person said, “I go to the dentist, take a taxi with staff”. We also spoke with a GP that visited people at the home. They felt that the home managed people’s care well and called the surgery for advice or to request visits. In addition, any advice or changes to people’s medicines was followed.

We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, people were being supported by continence nurses.

Is the service caring?

Our findings

People we spoke with told us the staff were “Thoughtful” and were “Very happy” overall with the care. They also told us they enjoyed living in the home and one person said, “It’s just amazing here”. Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. One said the staff were “Worth their weight in gold”.

People responded to staff by smiling and talking with them. Staff responded in a kind and caring way, made conversation and held their hands as requested. We saw staff enjoying chatting to people and this made people feel at ease. Staff told us they also got to know people by talking with them and showing an interest. Care plans we looked at showed people’s likes, dislikes, life history and their daily routine.

People were able to express their views and were involved in making decisions about their care and treatment. They were also involved in reviewing their care or were supported by a family member. One person said, “My care plan is routine, with no changes”. One person said, “The care I receive is really good, I have a nice life here”. People told us they were confident to approach staff for support or requests. One person said, “They (staff) know the care I like. If I want something different I ask”.

Staff were aware of people’s everyday choices and were respectful when speaking with them. Staff used people’s names, made sure the person knew they were engaging with them and were patient with people’s communication styles. One staff said, “I make sure I give them (people) time to respond. We can use pictures as well”. Staff also said that they “Don’t rush” and took time to “Chat” and never “Cut corners” when they were providing care.

People told us they chose their clothes, got to dress in their preferred style and they were able to choose when they got up and went to sleep. One person told us, “Staff they tell me what they are going to do and I tell them the help I need”.

We saw that people were supported in promoting their dignity and independence. One person told us at times they needed support from three care staff and said, “They are very good, never make me feel awkward or uncomfortable”.

Staff told us they “Offered encouragement” for people to do things on their own and “Did not want to take away their independence”. One member of staff said, “How much they need us changes, so I just ask how much they care they want me to do”. We saw that staff ensured people clothes were clean and changed if needed. Staff told us how they “Shut doors and curtains” that “Staff did not talk over people” and ensured people were “Covered up as much as possible” during personal care.

Is the service responsive?

Our findings

People told us they were happy and got the care and support they had wanted. Visitors were made to feel welcome and could visit at any time. We saw that staff took time to talk with family members about how their relative had been.

People had their needs and requests met by staff who responded with kindness and in a timely manner. Staff knew each person well, their families and histories. Staff were able to tell us about the level of support people required. For example their health needs and the number of staff required to support them.

Staff members discussed people's needs when the shift changes to share information between the team. The registered manager told us the handover book was available in the office for staff to refer to if needed. If needed changes to a person's care had been updated in their care records. People's care records reflected the care that people received.

People told us and we observed that they got to do the things they enjoyed which reflected their individual interests. People were able to access the home's wireless internet connection to use their computers and tablets. One person said, "I read, attend the quiz, do the crosswords in the paper" One staff member told us people were given the opportunity to follow personalised hobbies and interests. For example, playing dominoes, watching DVD's, chatting about their favourite subjects. Records showed how people liked to spend their time and records were used to select activities.

We saw people had chosen to be part of group activities, which were arranged five days a week. People were involved and this promoted conversation and laughter between people and staff. People told us that they had the choice to be involved and this depended on what and where activities were offered. Trips were arranged for people to go to the local community. For example, one person told us about trips to the garden centre and local public house.

People's views about the home and their care and treatment were asked for when planning their care. People

we spoke with were able to tell us how they were involved in the care they needed. For example, the use of additional equipment and preferred routines. Relatives had also been asked for their views which had been considered when planning people's care. One relative said, "I come and look at the paper work".

The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded when putting together and maintaining care records. We looked at three people's records which had been kept under review and updated regularly to reflect people's current care needs. These included following advice and guidance from other health professionals such as doctors and specialist nurses.

People told us they were happy to raise issues or concerns with the owner, registered manager or staff. People said that staff will have their breaks "Sitting and chatting" with them and felt happy to discuss things at any point. They also told us the providers, registered manager and staff were "Very approachable" and "Never make you feel like you are moaning". Throughout our visit relatives approached staff and the registered manager to talk about the care and treatment of their relative. One person said, "They (Provider and registered manager) sit down and chat to us". One relative said, "We (relatives) have monthly meetings, although I have never had to complain, if you ask for something it's just done". People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed.

Although no written complaints had been received, the provider had used feedback from people and relatives on how to improve their individual care needs. We saw these had been recorded with the outcomes or action taken. For example, flooring had been changed and additional alterations to the home were underway to improve the facilities on the ground floor.

A complaints policy was available in the entrance hall of the home and gave details of how to make a complaint. A comments book had been available for people to use and this had been regularly reviewed by the registered manager. All comments we saw had been positive.

Is the service well-led?

Our findings

People were supported by a consistent staff team. People and their families were complimentary about the care received. They also felt they were listened to and supported by the staff and provider. People felt the providers knew “Everyone’s name” and was in constant contact with their families by “emails and phone”. They told us that “[Provider’s names] are here often” and “Turn up and see you”.

The provider had arranged ‘relatives and residents’ meetings every six months and one person said, “It’s a packed room” and “Everyone gets a spot”. They felt that action had been taken in response to feedback. For example, an existing toilet was being improved to allow room for hoist to be used. One relative said, “[Provider] always says it’s [person] home”. The provider also used other external marketing organisations to obtain feedback about their home. We saw positive comments about the care and treatment provided. The information had been reviewed by the provider and registered manager to see what had worked well.

All of the staff we spoke with told us the home was well organised and supported by the management team. They told us they felt supported by the registered and deputy manager. They also knew the providers and felt able to approach them about any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments with people’s care. For example, the registered manager had attended a morning handover after staff felt they could be improved. Staff were able to tell

us about how they would ‘whistle blow’ if they had concerns about people at the home. For example, using an internal procedure before contacting other agencies, like CQC if no action was taken.

The registered and deputy manager spoke about how they worked well with the provider and supported each other to continually improve the home. They met frequently to discuss all aspects of people’s care. The registered manager regularly checked the home environment and people’s safety and welfare. For example, reviewing people’s care records, staff training, ‘residents and relatives’ comments and incidents and accidents. We saw that this had led to on going improvements to help ensure information was accurate and reflected the care and treatment people received.

The provider had sent annual questionnaire to people, relatives and staff to gain their views on the care provided. There was a high proportion of satisfaction with no concerns raised. We saw many recent compliments that relatives had sent regarding the care and treatment that had been provided. Some staff had raised two recent issues that had arisen. The registered manager had been aware of these and provided details of how these would be addressed.

We found the registered manager and staff were aware of their responsibilities in relation to managing people’s health and welfare needs. The registered manager’s skills and knowledge enabled them to drive improvements. This supported them to deliver high quality care to people through care staff that had appropriate guidance in line with current best practice.