

Avery Homes Grove Park Limited

Grove Park Care Home

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

Grove Park Care Home is a residential care home providing personal care to 78 people aged 65 and over at the time of the inspection. The service can support up to 80 people in one purpose-built building. Grove Park Care Home accommodates people across three separate suites, each of which has separate adapted facilities. One of the suites specialises in providing care to people living with dementia.

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

People were protected from the risks of abuse and felt safe living at the service. Without exception, people said they were safe and well cared for. One person said, "I feel safe because there is nothing to make you feel unsafe. The staff are very good; very patient." When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. The registered manager was keen to use this approach to encourage improvements in the service. They had introduced reflective practice logs to embed this way of working in the service. There were enough staff available to provide a timely response to people and provide safe care. People received their medicines as prescribed and medicines were managed safely. Risks were managed well, and people had plans for staff to follow to reduce risk and keep them safe. The home was very clean and well maintained.

People received effective care and support from staff who knew them well and were well trained. Training was based on current research and good practice. This included dementia care and improving wellbeing for people. Staff received regular supervision and an annual appraisal of their role. They spoke highly of this support. 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. Consent to care was gained in line with current legislation. Staff supported people with their healthcare needs and worked well with external healthcare professionals. People's nutritional needs were met, this included any cultural preferences. Most people said they enjoyed the meals and there was enough choice.

People were treated well; with kindness and compassion. Staff respected people's privacy and dignity and promoted equality and diversity. People and their relatives spoke positively about the staff and the support they or their family member received. Comments included; "Pretty good staff; they are the best. They look after you proper" and "Staff are all very kind." People were supported to be as independent as possible and the accessible, supportive environment of the home enhanced this.

Care plans supported and guided staff to provide personalised care. There was a programme of activities that were tailored to people's individual preferences. People told us they enjoyed these. The registered manager and staff team placed a high emphasis on making sure people had meaningful lives and their wellbeing was enhanced as much as possible. There was a complaints procedure in place and systems in place to deal with complaints effectively.

The service was well led by a registered manager and a management team who everyone described as

approachable. People and their relatives were encouraged to be involved in the running of the service and the provider was open and transparent when things went wrong. Staff were happy in their work and felt well managed and supported. One member of staff said, "It is great to work in such a nice environment, with a great team. It keeps you motivated to do a good job for people." Systems were in place to monitor the quality of the service and the care provided and actions were taken to continuously improve the service.

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

Rating at last inspection

At the previous inspection (published 12 May 2017) the service was rated good.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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 ●

Grove Park Care Home

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.

Inspection team

On the first day, the inspection team comprised of two inspectors and two specialist advisors who were supporting with medicines and care records. Two Experts by Experience also attended on the first day. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, the inspection was carried out by one inspector.

Service and service type

Grove Park Care Home 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 all the information we held about the service. We contacted relevant agencies such as the local authority and 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. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 16 people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff. We also spoke with the registered manager, the regional manager, the chef and the well-being co-ordinator.

We reviewed 11 people's care records, 15 people's medicines records, policies and procedures, records relating to the management of the service, including recruitment records, accident and incident records, training records and quality audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also had contact with a health professional who regularly visits 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had received safeguarding training and understood how to keep people safe.
- People told us they felt safe. One person said, "I feel safe because I don't need to worry about anything at all."

Assessing risk, safety monitoring and management

- There was detailed guidance for staff on how to manage the risks but also maximise people's independence. People's care records included risk assessments for areas such as falls, nutrition, mobility and skin integrity.
- People had the equipment they needed to maintain their safety. One person told us, "If staff need any equipment to help you, it is always available." However, a person's pressure relieving mattress was not set correctly for their weight. The registered manager assured us mattresses were checked prior to use, to ensure correct settings were adhered to and there would be no impact on the person.
- The home was very well maintained. All maintenance checks were carried out as needed.
- Fire safety measures were in place. Staff were aware of the procedure to follow in the event of the need to evacuate the building.

Staffing and recruitment

- Recruitment was safe. All relevant background checks were completed before staff began working at the home.
- There were enough staff to safely meet people's needs. People's dependencies were assessed, and the rota was worked flexibly to ensure this.
- Some people said they occasionally waited longer than expected for staff to answer call bells. One person said, "If they are short of staff at night I might have to wait ten minutes." Another person said, "Good bit to wait if you ring your bell at night." The registered manager had systems in place for random checks on call bell responses and had not identified any recent concerns.

Using medicines safely

- Overall, medicines were safely managed. There were a small number of discrepancies between the records and the medicines in stock which were rectified during the inspection.
- Protocols supported the administration of medicines prescribed on a 'when required' (PRN) basis. However, there were some inconsistencies with the records of PRN medicines protocols, as some were not in place. The registered manager addressed this during the inspection and we saw regular audits were in place to identify any discrepancies in the future.

- People told us they were satisfied with the support they received to take their medicines. We saw people received their medicines in the way they wished to do so.

Preventing and controlling infection

- The home was very clean, and staff completed regular cleaning in accordance with set schedules. The housekeeping team had won and maintained for the second year, a gold award for their housekeeping standards. This was awarded by an external company.
- Staff followed good infection control practices and used personal protective equipment (PPE) to prevent the spread of infection.
- People and their relatives told us the home was always clean and high standards were maintained.

Learning lessons when things go wrong

- There was a positive culture where all safety concerns were valued and used as an opportunity to learn and improve practice.
- When accidents or incidents had occurred, appropriate action had been taken. For example, medical advice was sought, risk assessments were reviewed, and any lessons learnt were discussed with staff. Further training was offered if required and staff were given the opportunity to learn through reflection.

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. This meant 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

- The provider and registered manager kept up to date with new research and developments to make sure staff were trained to follow best practice. This included support for people who were living with dementia and falls prevention. There had been a significant reduction in the number of falls in the home.
- An assessment of people's needs was carried out, prior to admission to the home. A new moving in process to enhance people's transition in to the home had been introduced. This included regular checks on people's well-being in the first few days following their admission.

Staff support: induction, training, skills and experience

- Staff were effectively trained and supported to carry out their role. They were very complimentary of the training and support they received. One member of staff said, "I have had the best training ever, I feel I have learnt so much." Staff could describe how they had put their learning in to practice. For example, their approach to falls prevention and oral health care.
- The registered manager had nominated a senior member of staff to oversee the embedding of training in practice.

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

- People were offered choices and given the support they needed to eat and drink.
- There was emphasis on the importance of eating and drinking well. The chef maintained regular contact with people to ensure people had food and drink they enjoyed. Dining charters had been developed to show how people wished to be supported at meal times. For example, if they wished to have music playing or company at the table.
- Most of the people we spoke with were positive about the food. One person said, "Food is pretty good, and you can have as much as you want or need." Other people said, although the food was enjoyable most of the time they found some of the meals less than appetising. People said there were always plenty of alternative foods available if they didn't like what was on the menu.

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

- People's health care and oral health care needs were met. Staff worked closely with healthcare professionals such as GPs, dieticians and district nurses to ensure this. Staff understood the importance of good oral healthcare.
- The home had implemented the local authority initiative on providing written information about people if they needed to go to hospital. This helped ensure the person's needs were known and understood by health

care professionals.

- The home had a wellness suite which could be used by visiting health professionals to provide people with health support such as footcare. A relative spoke highly of this as they felt their family member received more timely healthcare as it was provided on site.
- A visiting health professional told us they found staff knowledgeable and supportive regarding people's health care.

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

- The design and decoration of the service took account of best practice for people living with dementia. For example, clusters of seating to encourage inclusion, reminiscence rooms and displays and pictorial signage.
- All bedrooms had ensuite facilities and were personalised to the individual. People could have their own furniture and personal belongings with them if they wished to.
- People had access to a large outside space to enjoy during warmer weather. A room had been set up to give people an observation space of this area, so they could still enjoy looking at the view and observing the natural environment in the colder months.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent for people's care and support. Staff had a good understanding of the principles of the MCA. People were supported and encouraged to make their own decisions.
- People's care records detailed their mental capacity, and others important in their care and support, such as power of attorneys.
- Systems were in place to ensure DoLS were reapplied for in a timely way when these were due for renewal.

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. This meant 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. They understood people's individual needs and preferences. We observed all staff interaction with people was attentive, encouraging and supportive.
- People gave very positive feedback about the caring nature of staff and the way they were treated. One person said, "They treat me very well, they are very good. They have a chat with you." Another person said, "Staff are kind; feel like they are friends, we all have a laugh together." A relative commented, "Staff are friendly and nice, my relative likes them."
- People were protected from discrimination in relation to the protected characteristics in line with the Equality Act 2010. Staff received training in equality and diversity and people's cultural needs were identified at initial assessment. The provider showed an understanding of protecting people's rights to express themselves as individuals. Information on display in the service promoted this.

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

- Overall, people and their families were involved in planning their or their family member's care. Some people were aware of the care plans they had in place and said these were reviewed with them. Some people said they did not have this involvement. However, we saw care plans recorded what level of involvement people and their relatives wanted.
- Life story work had been undertaken with people and their relatives. This had enabled staff to get to know people as individuals and develop supportive relationships with them. Staff spoke of the benefits of this. One member of staff said, "Knowing what people did in their lives help you to understand why they may be anxious or upset at times."
- People had the opportunity to express their views about the service. There was a 'residents committee' chaired by an independent person. A 'Customer Service/Resident Liaison' role had recently been introduced in recognition of the need to encourage people who did not participate in traditional meeting settings to give their feedback. People told us they felt respected and listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity. One person said, "Staff always knock and say who they are; ask if I need help."
- People were supported to maintain their independence. For example, a relative told us, "Staff always encourage [family member] to do what they can for themselves. It's important as they were always so active and proud."
- People were very complimentary about the home's environment; both inside and out. People said they

were pleased it was accessible and enabled their independence.

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. This meant 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

- People's care plans were individualised and included personalised information to support staff to deliver consistent care. Overall, they were reflective of people's current needs. One person's care plan on diabetes did not give guidance on the action to take in the event of very low or high blood sugar levels. This was rectified at the inspection.
- Reviews did not always show how care plans had been evaluated for their effectiveness. The registered manager told us this was something they had recognised and were working on with staff. We found this did not have a negative impact on people.
- People were treated as individuals and staff understood their needs and wishes in relation to their care. One person told us, "Staff know me well. They recognise the sort of person you are."
- Overall, people had choice in their daily lives. One person said, "No restrictions, do as you like here. I am a very early riser; everyone here knows that."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and care records detailed people's specific needs. This included details of any aids or equipment people needed to assist with communication.
- Staff were knowledgeable about people's communication needs and communicated effectively with people.
- The service could provide people with information in different formats if this was required.

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 lead active and meaningful lives. They participated in a range of social activities, based on their needs and preferences. For example, taking part in quizzes and reminiscence groups. We observed these taking place and saw there was lots of laughter and people said how much they enjoyed them. One person said, "I think activities are so important, we meet other people and talk to each other."
- People's relationships with family members and friends were supported and encouraged. There was a well-appointed, attractive coffee bar within the service. People and their relatives told us it was a great place to meet for socialisation. One person said, "We like meeting here, it's like going into a café in town."
- The home had a programme of weekly activities and events. These included; films in the home's cinema,

exercise classes, holy communion and trips out. Some people liked to spend time relaxing on their own or undertaking individual activity such as jig saws. This was respected by staff.

- Therapeutic interventions had also been introduced to promote people's wellbeing. These included empathy dolls to help reduce feelings of distress and give people comfort. We saw people's interaction with these was positive and fulfilling for them.

Improving care quality in response to complaints or concerns

- There were effective policies and procedures relating to complaints management. Records showed timely responses, full investigations and appropriate apologies were given.
- There were systems to analyse complaints and concerns to make improvements to the service. For example, if a complaint had led to a re-training need for staff.
- People knew how to complain and felt comfortable to do so.
- A relative told us they had raised a concern and were very happy with how this had been resolved.

End of life care and support

- People had suitable end of life care plans to advise staff of their end of life wishes and preferences.
- Care plans on end of life care, linked with other aspects of care provision and clearly identified the need for a dignified, pain free death.
- Staff were trained to support people and families at the end of a person's life. We saw positive feedback had been given by relatives in thank you cards and letters about the support they and their family member had received. One relative had said, 'You showed us understanding and compassion throughout one of the most difficult times of our lives.'

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. This meant 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

- Staff were motivated to provide good quality care and support. They were proud to work for the service and of the work they did there. For example, one member of staff said, "[Name of manager] gives fantastic support; gives you opportunities and wants you to do well."
- The registered manager monitored achievements and successes in the service and communicated this to people, relatives and staff. One member of staff said, "We are kept informed on what's working, what is not working and how we can improve to make things better for people." Staff told us there was good team working and everyone was focussed on ensuring people using the service were happy and fulfilled.
- People and their relatives felt the service was well managed they were listened to. One relative said, "Staff listen to my relative, [family member] is on the resident's committee; they have input into daily menus and all sorts."

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; Continuous learning and improving care

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and support.
- Records showed the registered manager was open and honest with people. For example, apologies given when poor care was identified, and actions put in place to prevent any re-occurrence.
- There was an effective audit system in place. This included audits of different aspects of the running of the service; completed by the management and senior management team. The audits included care plans, medicines and cleanliness. Where issues were identified, actions were taken to ensure improvements. For example, the introduction of coaching sessions and reflective practice logs to improve the standard of care plans.

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

- The registered manager understood their role. All the registration requirements were met. The registered manager knew what incidents required to be notified to the Care Quality Commission and made sure notifications were made as required.
- Records were well organised. For example, a new electronic care planning system had been introduced. This had been managed safely, with risks and benefits weighed up and addressed to achieve improved

outcomes for people. Staff told us the new way of planning care had led to more person-centred care being delivered. For example, better guidance in care plans on the detail of people's routines for personal care.

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

- There were inclusive systems in place to gather the views of people, their relatives and staff. These included surveys, meetings and regular engagement. Feedback was very positive which demonstrated people's satisfaction with the service.
- Staff had regular one to one meetings with a senior staff member. There were daily handover meetings to ensure staff always had up to date information available to them.
- Links with the local community had been developed. These included; children from a local nursery visiting to interact with people and a military veteran's group who came to give talks.

Working in partnership with others

- Health professionals felt the service delivered good quality care and worked in partnership with them. One commented, "The manager is knowledgeable about the residents and has been very good in helping manage the patient I came to see. [The manager] has always been willing to act in the patients interests and been professional in discussions about care."
- A regular surgery was held in the home with the community matron. Direct referrals for further support, such as a dietician could be made in a timelier way due to this system.