

# Hyde Crook Nursing Home Limited

## Grove Lodge

### Inspection report

Hyde Crook  
Frampton  
Dorchester  
Dorset  
DT2 9NW

Tel: 01300320098  
Website: [www.hydecrook.com](http://www.hydecrook.com)

Date of inspection visit:  
08 April 2022  
20 April 2022

Date of publication:  
08 July 2022

### 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 a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service can support up to 22 people.

### 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 that when people could not make their own decisions, and consent to their care, that the decisions made for them were made within the framework of the MCA.

People were supported in ways that minimised risks. However, risk management was impacted by recording that was not sufficient to monitor the risks people faced effectively.

People's needs were assessed before they moved into the home and a system was in place to develop a detailed care plan once they moved in. This was not always effective and care plans had not been developed consistently. People felt well looked after, however omissions in implemented care plans meant people did not receive personalised oral care.

Most people told us they enjoyed the food. Where people were at risk of not eating and drinking safely or were at risk of not eating and drinking enough, staff liaised with appropriate professionals. People did not all have a positive mealtime experience that supported individual choice. We have made a recommendation about this.

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 this is through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There was a system in place to ensure the oversight of DoLS and any conditions attached to them.

People lived in a home where staff followed guidance related to the use of PPE and hand hygiene. People were supported to maintain relationships with their loved ones.

There were enough staff deployed to meet people's needs. Staff told us they felt part of a strong supportive team. The registered manager spoke highly of the staff team and was eager to ensure they had the support they needed in response to the impact of the pandemic.

We received positive feedback from relatives about their confidence in the care provided for loved ones and the communication they had with staff in the home. Staff and relatives reflected a shared understanding of the service's ethos to provide a homely environment.

People told us they felt safe and we saw that they were relaxed in the company of staff. They were supported

by staff who understood how to identify and report safeguarding concerns.

People had access to health care and staff followed the guidance of health care professionals.

The environment was being adapted to meet the needs of people and to improve their experiences. The registered manager had plans to further the development of a dementia friendly environment.

The management team was responsive to the feedback throughout our inspection.

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

The last rating for this service was good (published 19 October 2018).

#### Why we inspected

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.

We received concerns in relation to restrictive practice, risk management and governance. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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](http://www.cqc.org.uk).

#### 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 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 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 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

Two inspectors carried out the inspection.

#### Service and service type

Grove Lodge 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 inspection

We reviewed information we had received about the service since the last inspection, this included notifications made by the service and concerns raised with the Care Quality Commission. 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 eight people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior staff, care workers and auxiliary staff. As most people were living with dementia, 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 twelve people's care plans, care records and medicines records. We looked at a variety of records relating to the management of the service.

#### After the inspection visit

We continued to seek clarification from the provider to validate evidence found related to people's experience of meal times, the application of the MCA and oral care.

We asked the provider to share a poster asking staff and family and friends to contribute to our inspection. We received feedback from the relatives of three people living in the home. We also spoke with a health professional who worked closely with 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 changed to 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 sufficient. Staff were not consistently recording the fluid intake of people who had fluid charts in place. Whilst we did not identify evidence that people were dehydrated, it was not possible to assess people's fluid intake. This meant there was a risk that if people needed increased encouragement to drink enough this may not be identified. The registered manager told us they would address recording with staff through group sessions and enhance checks made by senior staff. We were not able to check the effectiveness and sustainability of this action during the inspection.
- The risks people faced were assessed and staff understood how to reduce those risks. These included risks associated with mobility and nutritional intake.
- Risk assessments were reviewed in response to accidents and incidents and this meant emerging risks were mitigated.
- Relatives told us they had contributed to initial risk assessments and were reassured by the provisions in place to mitigate risks. One relative told us, "We are so happy to have (person) safe."
- Environmental risks associated with the layout of the building were assessed and plans put in place to mitigate these risks.

Using medicines safely

- People mostly received their medicines as they were prescribed. However, recording errors and omissions put people at risk. The systems in place to ensure topical medicines were given as prescribed were not sufficient. It was not possible to review if people had received their topical creams as prescribed because records had not been kept. We looked at the recording of prescribed topical creams for four people in April 2022. Two people had no records in place and two people's records did not indicate they had received their creams as prescribed.
- Recording related to a medicine prescribed to help a person when they were agitated was not accurate. There was guidance in place that detailed when the person needed this medicine. In March 2022, they had been given this medicine at times when records indicated they were settled and calm. The registered manager explained that the person had not received this medicine incorrectly and these records were not accurate. It was not possible to review the effectiveness of the medicine because records could not be used to review their behaviour and mood. Despite this shortfall, the person had experienced an improvement in their mental wellbeing and needed this medicine less often at the time of our inspection.
- The registered manager told us they would address these recording shortfalls with staff through group sessions and enhance checks made by senior staff. This would include cross referencing the medicines records with daily records. We received assurances this work had started. However, we were not able to check the effectiveness and sustainability of the action during the inspection.
- The registered manager put measures in place to ensure checks on topical medicines were carried out.

- The staff who gave medicines had undertaken training and their competency to give medicines safely had been assessed.
- There were systems in place to ensure people had access to pain medicine when they needed it.
- A pharmacist had undertaken an audit in the home in August 2021. They found measures in place for the administration of medicines to be robust and sufficient.

#### 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.

#### Visiting in Care Homes.

- People had been supported to maintain relationships during the different phases of the pandemic. This had included garden visits, visiting inside and using technology. We gathered mixed evidence related to the understanding of staff and relatives about visiting during an outbreak. Relatives we spoke with had not known that a relative, or friend, could be nominated to visit during this time. Staff reflected how it would be good when visitors could come back into the home as people found it difficult without visits. The registered manager told us that guidance was followed when possible and that families had chosen not to visit when the home was in outbreak.

#### Systems and processes to safeguard people from the risk of abuse

- People who could communicate their views with words told us they felt safe in the home and with the staff. Other people, who no longer used words as their main means of communication, were relaxed with staff and their interactions indicated they felt safe. We saw laughter, chatter and also calming reassurance take place.
- Staff had received training in safeguarding and told us they understood their responsibilities.

#### Staffing and recruitment

- People were supported by enough staff to meet their needs. One person told us, "There are quite enough staff. They are lovely all of them."
- Staff were deployed to meet people's needs. For example, when a person had started to get up very early one member of staff had altered their shift pattern to ensure they received support at the time they needed it.
- The staff team was stable with the majority of the team having worked together for a number of years.

- Recruitment processes had not been changed since our last inspection and ensured that checks were made on the suitability of candidates to work with vulnerable people.

# 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 changed to requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent

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 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, and whether any conditions on the authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, mental capacity assessments were mostly undertaken, however one person who could not make decisions about their care had moved into the home in December 2021 and no MCA assessments or best interests decisions had been carried out. This meant there was a risk their care plan did not reflect their previous views and preferences.
- Staff told us that people's legal representatives, relatives and professionals were consulted about decisions although this was not always recorded clearly. For example, two people, who did not have capacity to make this decision, had moved bedrooms. The registered manager told us this was done in consultation with their families and showed us notes they had taken reflecting that they had spoken. However, these people both had legally appointed representatives who could make this decision on their behalf but their role in the decision was not recorded.
- Relatives without the legal power to give consent on their loved one's behalf had been asked to provide consent. This meant best interests decisions had not been completed and there was a risk the person's views were not reflected in the decision making process and that restrictive practices were not reviewed. Where people had appointed a legal representative to make decisions about their health and welfare they had not always been asked to do so.
- A health care professional told us that it was not always easy to get information about whether people had appointed legal representatives to make decisions about their care on their behalf.

This is a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We discussed this with the registered manager and they told us they would address this and ensure decisions were made by the appropriate decision maker.
- The registered manager told us a change had been made to the record of care plan review to ensure that people, and if appropriate their relatives or legal representatives were involved in ongoing consultation and consent to care.
- The member of staff with responsibility for documenting and developing care plans had a list of work that identified where best interests decisions would need to be undertaken.
- Staff had completed training in MCA and they told us they encouraged choice in their daily work.
- There was a system in place to monitor and implement any conditions that were applied to people's DoLS. At the time of our inspection no one living in the home had conditions applied to their DoLS.
- One person, who was subject to DoLS was expressing that they did not wish to remain in the home. This was referred to the supervisory authority for review just prior to our inspection.

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

- People's oral health care was not adequately assessed and planned for. People's oral care needs and preferences were not recorded and staff gave varying accounts of the support people needed. The recording of oral care was not robust and it was not possible to use the records to determine the support people had received to maintain their oral health. Some people's tooth brushes had not been used, other toothbrushes appeared dry and some were caked in dry toothpaste. We checked when new tooth brushes had been provided and showed the registered manager what we had found.

This is a breach of regulation 9 (Person centred care ) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager told us they would put measures in place to improve people's oral care. They described how they would oversee this area of people's care to ensure people's needs were met. We have not been able to review the impact of these changes at this inspection.
- We received feedback from a healthcare professional. They told us they were confident in the staff's ability to identify concerns and communicate them appropriately. They also told us that staff ensured any guidance provided was followed.
- The home had a clinical lead from the primary care network. People in the home were supported by named professionals and this ensured people received consistent support to meet their healthcare needs.
- Relatives were positive about how people's health care needs were met. One relative described how they were always informed of any changes to their loved one's wellbeing.

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

- People had varied mealtime experiences. People's opportunities to make choices about their meals were not always optimised and food was served in a way that meant people sitting together ate at different times. On our first visit people did not have access to condiments unless they requested them. We discussed our observations with the registered manager who told us they would seek to improve people's mealtime experience and described the use of photos that were being updated to reflect the current menu.

We recommend you continue to review people's mealtime experience in line with appropriate good practice

guidance.

- People had their nutritional needs assessed and care plans were in place to meet their needs safely. Staff were able to describe the support people needed with eating and drinking.
- 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. The chef described how they made fortified meals and drinks for people to support them to take on enough calories.
- People told us they were largely happy with the meals and snacks provided.
- The chef described how they were informed by care staff about people's likes and dislikes and ensured that special diets were catered for.

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. During the Covid-19 pandemic more of this assessment process had been done remotely to reduce the risks associated with cross infection. Once they moved into the home a temporary care plan was implemented that was developed as staff gathered more information about the person. A relative explained they were asked for information prior to their loved one moving into the home and that they had the opportunity to share further information as it came to them.
- There was evidence care plans were being reviewed and developed as more information was gathered. This had not, however, happened consistently. We spoke with the member of staff responsible for care plan documentation and the registered manager about this. There was a plan of work in place to cover work that needed doing to ensure the care plans remained live documents informing the care people received.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported by their colleagues and the registered manager. One member of staff told us, "It is a lovely team to work for, the manager is supportive as are the staff." Another member of staff said, "I feel very supported."
- People had confidence in the staff who supported them. One person told us: 'The staff are good they look after us very well' Another person told us, "The staff all know their job."
- Staff had completed appropriate training and received support that enabled them to carry out their roles. Competency assessments were also carried out to ensure staff had the skills and knowledge they needed.

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. The registered manager told us they had plans to recreate people's bedroom doors so that they reflected their old front door.
- People's bedrooms were personalised with photos, pictures and belongings that mattered to them and reflected their tastes.
- Communal lounge areas provided a variety of seating options for people to choose who they spent time with. The rooms were bright and airy and furniture was laid out in ways that supported interaction between people.
- We saw photos of people enjoying the outdoor space. The registered manager described how this space was used in the summer months.

# 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 changed to 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

- Staff understood their roles and told us they felt supported by each other and the registered manager. The registered manager spoke highly of the staff team.
- The registered manager told us they were considering moving to an electronic recording system. The provider organisation used this in their other home. This was important because we found recording was not sufficient to ensure oversight of the quality and safety of people's care. For example, personal care, topical creams, fluid intake were not accurately and consistently reported.
- Systems in place to oversee people's experience were not fully effective when we visited. For example, the oversight of oral care and people's mealtime experience had not been sufficient. Care documentation had been audited but this had not led to necessary best interests decisions being carried out. An issue related to a person's medicines administration had been picked up by a senior member of the team and they had made an entry in the staff communication book highlighting when this medicine should be given. Whilst an error had been identified it had not been escalated appropriately to ensure that the root cause was analysed and addressed.

This is a 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 and implemented additional training and monitoring in relation to the shortfalls identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People lived in a home where there was an ethos of providing a homely atmosphere and individualised care. Staff responded to people's individual needs and spoke about people with care and familiarity.
- Relatives were positive about their experience of the home highlighting positive communication and their confidence in the staff. They reflected on the friendly, homely atmosphere in their comments.
- People praised the staff describing them as 'lovely', 'kind' and 'good'. We saw staff interacting with people in ways that reflected these views.
- The registered manager and senior team were committed to providing high-quality, person-centred care and open to making improvements.

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 was transparent and acknowledged issues identified. They sought to make improvements and reduce the risk of repeated mistakes.
- The provider had a policy in place to support the duty of candour.

Working in partnership with others

- The staff worked in partnership with other professionals to ensure people's needs were met. This included making referral to professionals to meet specific needs.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>People's oral care needs had not been adequately assessed and oral care was not provided in a way that met people's needs and reflected their preferences.                               |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>Consent to care including restrictive practices had not been consistently sought within the framework of the MCA.  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>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. |