

Peak Care Limited

Grove 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

We inspected Grove House on 5 December 2018. The service 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.

Grove House is registered to provide personal care and accommodation for up to 31 adults, including people living with dementia. On the day of our inspection there were 25 people using the service.

The service was last inspected on 28 April and 02 May 2017. The service was rated 'Requires Improvement'. There was no clear management structure in place and staff did not always receive the training necessary to meet people's needs. We also found people, particularly those living with dementia, experienced inconsistent levels of support to maintain interests and meaningful activities.

During this inspection we checked to see whether improvements had been made, we found improvements had been made and this contributed to the service receiving a rating of 'Good' in all the key areas.

Since our last inspection there had been a change in the management of the service and a new registered manager had been appointed and registered since June 2018. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the training staff had received. This had developed staff's understanding on providing care to people living with dementia. This also included improved understanding, in how to provide and engage people living with dementia in social activities, occupation and stimulation. The systems that monitored quality and safety had been improved upon with plans for further development. The service was continually driving forward improvements and an action plan was in place.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm, they had received safeguarding training and had policies and procedures to support their practice. Accidents and incidents were reviewed and action was taken to reduce further reoccurrence. This included reviewing how risks were managed and advice and guidance was sought from extremal healthcare professionals when required. Risks associated with people's individual needs, including the environment were assessed and planned for, and regularly reviewed.

The environment and equipment was found to be clean and staff followed best practice guidance, in the prevention and control of infections.

People were supported by sufficient numbers of staff that were deployed appropriately, to meet their individual needs. The provider had robust safe staff recruitment procedures to ensure as far as possible, staff

employed were safe to provide care and treatment.

People received their prescribed medicines safely and best practice guidance was followed. This included staff receiving ongoing training and competency assessments, in the management of medicines.

Staff received an induction and ongoing training and support to ensure their knowledge, skills and competency were safe and effective. Staff were knowledgeable about people's health conditions and worked effectively with external healthcare professionals to support people's needs. Systems were in place to share information about people's health conditions with other healthcare professionals, to ensure people's ongoing needs were known and understood.

People received a choice of meals and drinks and were assisted to eat and drink where required and their independence was encouraged and supported.

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 received care that respected their privacy and dignity. Staff were knowledgeable about people's needs, routines and preferences and encouraged independence

Information about independent advocacy services was available. People and or their relative, were involved as fully as possible in how care and treatment was provided.

Staff had information to support them to understand people's needs, preferences and diverse needs. The provider's complaint Spolicy and procedure had been made available to people who used the service, relatives and visitors. People's end of life wishes had been discussed and planned with them.

People, relatives, staff and professionals were positive about the service provided and how the registered manager led the service. People received opportunities to feedback their experience of the service and the provider acted to make changes to feedback received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were aware of how to protect people from abuse and avoidable harm. Risks associated with people's needs and the environment were assessed and planned for.

Sufficient staffing levels were available and safe staff recruitment processes were used.

Prescribed medicines were managed safely.

Accidents and incidents were acted upon and analysed to mitigate against further risks.

Infection control best practice guidance was followed and the service was clean

Is the service effective?

Good 

The service was effective.

Improvements had been made to staff training and staff received support and their competency was assessed.

The principles of the Mental Capacity Act 2005 were understood.

People received support with their nutritional and hydration needs.

People's health needs were assessed and monitored and action was taken when changes occurred.

Is the service caring?

Good 

The service was caring.

People received care that met their individual needs and presences. Privacy and dignity was respected.

Advocacy information was available. People were involved in decisions about their care and independence was promoted.

Is the service responsive?

The service was responsive.

Staff had information and guidance about people's needs, preferences and routines. Improvements had been made to social activities and opportunities.

People had access to the provider's complaints procedure. End of life care had been discussed with people.

Good ●

Is the service well-led?

The service was well-led.

Improvements had been made to the systems and processes to manage the service and these were being further developed.

People received opportunities to share their experience about the service. Staff were positive about the leadership and support they received.

Good ●

Grove House

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 comprehensive inspection took place on the 5 December 2018 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We sought the views of the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

During the inspection, we spoke with four people who used the service, six visiting relatives and a two external healthcare professional. We also spoke with the registered manager, the deputy, the provider's representative, the cook, a housekeeper, two care staff and a senior care staff member. We looked at the care records of four people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the service ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. Staff had received safeguarding training and the provider had policies and procedures to support staff. People told us they felt safe and relatives confirmed they had no concerns regarding their relations safety.

We asked staff what measures were in place to protect people from abuse at Grove house. Staff could tell us about signs of potential abuse and what they would do to report this. For example, one staff member we spoke with told us they knew people very well and would be able to identify if a person acted differently to their usual self. Another staff member said, "I would not hesitate to report poor practice to the manager, and I know she would act on what I have said." This meant people could be assured staff knew what action to take to safeguard them from abuse including discrimination.

Risks associated with people's needs, including the environment had been assessed and planned for. A relative said, "There is a pressure mat by the bed and [relation] has a call button in the room."

Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's care plans included risk assessments. However, some information had not been updated to reflect recent changes. The management team were aware of this and action was being taken to update information. We found staff were knowledgeable about people's needs. This meant care was not compromised and people remained safe.

We observed staff interacting with and offering support when required to people who used the service to move around the home safely. People were encouraged to mobilise using walking frames and walking sticks. Some people used wheelchairs to move around the home and staff supported them to transfer to comfortable lounge chairs and used safe practice when doing so. Where people had been assessed as requiring equipment such as pressure relieving mattresses and cushions, these were in place and being used. Assistive technology was used as a measure to reduce the risk of falls for people identified as high risk. For example, sensor mats were used to alert staff if a person was independently mobile.

There were risk assessments in place in relation to the risks people faced if they needed to evacuate the building in an emergency. Staff had access to the provider's business continuity plan that advised of the action required should there be an event that affected the safe running of the service. Health and safety checks included the risks to fire and legionella. This is a water based bacteria that can cause serious illness. This meant staff had information to support them in the event the safety of the service was compromised and measures to reduce risks from occurring.

There were sufficient staffing levels provided and the deployment of staff met people's individual needs and safety. People told us staff responded to requests for assistance without delay and felt there were sufficient staff to meet their needs.

Staff were positive about the staffing levels. The registered manager told us how they assessed people's

dependency needs to determine the staffing levels required, and that they regularly reviewed people's needs. They also told us staffing levels were flexible and increased if required. On the day of our inspection the staff rota matched the staff on duty and there was a good mix of experienced staff. We were therefore assured staffing levels were appropriate in meeting people's needs.

People were supported by staff who had undergone appropriate pre employment checks to confirm their suitability to provide safe care and support. These included references and criminal record checks. Staff files showed the necessary recruitment checks had been carried out. This meant people could be assured as far as possible, they were not at risk from unsuitable staff.

People received their prescribed medicines safely. We received no concerns in relation to how people's medicines were managed. A relative said, "I've seen them (staff) give medication and they always ensure that [relation] has taken it."

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and administration records. These checks found medicines were managed following best practice guidance. Staff had the required information to support people safely and staff who were responsible for administering medicines, had received training to update their knowledge and skills in this area. This included staff having their competencies reviewed. The competency checks ensure staff are working to expected standards. We observed staff administering medication to people who used the service. They did this in a safe way that reflected good practice guidance such as remaining with the person to ensure they had taken their medicine safely.

Checks had been carried out to make sure that medicines were given and recorded correctly, and remaining medicines tallied with the stock held. Actions identified from audits were recorded on action plans and signed off when completed. We saw an external audit by the supplying pharmacist had taken place. They identified a small number of actions which had been completed. This demonstrated action was taken to monitor and make required improvements when required to maintain people's safety.

The provider had systems in place to monitor accidents and incidents, including falls and this was analysed by the registered manager for themes and patterns. Action to mitigate further risks included a review of a person's care and referrals to healthcare professionals for further assessment and guidance. This meant the registered manager could easily identify any patterns and trends and act quickly to reduce further risks.

Is the service effective?

Our findings

The provider used best practice guidance and care was delivered in line with current legislation. For example, the provider used recognised assessment tools used in the assessment and monitoring of nutritional needs and skin integrity. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination.

We saw care plans were regularly reviewed and evaluated and people's involvement in this process was clearly recorded. Individual plans included advice, guidance and recommendations from other health and social care professionals involved in people's care. The service participated in the red bag scheme, this is an NHS initiative that improves communication between care homes, ambulance and hospital staff in meeting people's health care needs. This is important in the ongoing care of a person. This meant people received consistent, coordinated care and support.

People told us they felt staff knew them well and were aware of their individual needs. We found staff were aware of people's needs and preferences, and provided care that reflected their wishes. People were cared for by staff that had received an induction, training and ongoing support. Since our last inspection, improvements had been made to the training opportunities for staff. This included additional training in caring for people living with dementia.

Staff told us about the training they had received which was specific to the service provided. One staff member said, "I have achieved NVQ (this is a qualification in health and social care) level three. I have also completed all of the on-line training in the management of medications and attended training which covers the mandatory subjects." Another staff member said, "We've received more training in dementia care which has been really useful." The registered manager told us how they assessed staff's competency and understanding to ensure staff had learnt from their training. This demonstrated how the registered manager ensured staff provided effective care.

Staff also told us they were well supported by the registered manager and peers. They said they felt able to go to the registered manager for support and guidance. One staff member said, "I feel I can contact her even when she is at home. We work as a team to provide the best care possible." This showed how staff received opportunities to review their work, training and development needs.

New staff completed the care certificate when they first started working at the service. The care certificate is a set of standards that sets out the knowledge, skills and behaviours expected from staff within a care environment. New staff also received opportunities to work alongside more experienced staff, before they were added to the staff rota numbers. This meant new staff received a structured and planned induction at the commencement of their work.

People had a good well-balanced diet with choices and their individual needs were catered for, and their

diet and weight monitored as necessary. People were positive about the choice of meals they received. A relative said, "[Relation] did lose some weight but could not get on with the calorific drinks. They (staff) do give them snacks and they seem to have regained the weight which is steady now."

We saw the menus were displayed and the cook showed us picture menus which helped people decide what they wanted to eat. Staff were knowledgeable about people's nutritional needs and preferences. For example, if any person had allergies to food and people who required a more specific diet, for example, people who were diabetic or needed their food blending.

People's care records showed what action had been taken when concerns had been identified such as weight loss or difficulties with swallowing. This included referrals to extremal healthcare professionals such as the GP, dietician and speech and language therapist. A community matron visited the service weekly to review people's health needs and supported the staff in managing any health conditions.

We saw people's meal time experience was positive. Staff were organised and attentive to people's needs. Choices of drinks were offered and where people required assistance, staff were unhurried and provided encouragement and spoke to people throughout their support. Independence was promoted such as the use of adapted cutlery and crockery. Food looked and spelt appetising. People ate their meals and told us they had enjoyed what they had eaten. During the day we saw people received a choice of snacks and drinks, meaning their hydration and food intake needs were met.

Food stocks were stored and managed in accordance with best practice guidance. The local authority food agency inspected the service in 2017 and awarded a rating of five, this is the highest rating that can be awarded and confirmed what we found.

Staff assessed and monitored people's health needs effectively. A relative said, "They're (staff) on the ball getting the doctor in. [Relation] sees the chiropodist."

People's care records showed the staff were responsive to fluctuations in people's health needs with input of external healthcare professionals such as the GP, dieticians, specialist nurses, opticians and chiropody. Staff communicated well to ensure they knew who had been visited by a health professional and about the treatment that had been prescribed. For example, the handover we observed informed staff who had been seen by the GP and who had been poorly so needed extra supervision. We spoke with a GP who visited several people during our inspection. They told us the staff contacted the surgery for visits and these were always appropriate requests. They said, "I find the staff extremely caring, we have good working relationship with the service and a community matron has been involved with staff to prevent unnecessary admissions to hospital."

The environment met people's needs. Consideration had been made to people living with dementia such as the colour of bedroom doors and signage. The registered manager told us they had further plans to make improvements. People had a choice of communal rooms to spend their time and this included space to meet with friends and relatives privately.

People were involved as fully as possible in their care and treatment. 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

We saw mental capacity assessments (MCA) had taken place for people who lacked capacity to make some decisions. For example, we saw one person had a MCA and best interest decision for them to receive their medication covertly (hidden on food or drink). We saw a letter from the GP who agreed that crushing the medication and adding to drinks was the least restrictive way of administering the person's medication. The management team were in the process of submitting applications for deprivation of liberty assessments, where they had identified people had some restrictions on their freedom and liberty.

Is the service caring?

Our findings

People were cared for by staff who had a caring approach, they had time to care for people and were compassionate, kind and caring. A person said, "The staff are lovely." A relative said, "The staff are very good, nothing is too much trouble, they are so kind and caring." Two other relatives we spoke with told us they thought the care was 'first class' they told us, nothing was too much for the staff and they were well organised to ensure people's needs were met."

We spoke with a visiting nurse practitioner who spoke highly of the staff at the service. They said, "I am always made to feel welcome. Staff greet me and show me to where people are sitting. I feel this is a well-run service and people receive person centred care."

Staff were positive about their work and by talking with them, we found them to be knowledgeable about people's needs, routines, history and what was important to people. Staff demonstrated they wanted the best for people in their care. A staff member said, "I really love my job, I would describe all the staff as extremely caring, loyal and respectful, we are like one big family." Another staff member said, "I think the care provided is very good. I would not hesitate to place my mum here."

The ethos and culture developed by the registered manager and staff was one of valuing people and treating them as individuals. Care people received was very kind, caring and compassionate. Staff took time to listen to people, respond to their questions and interacted with them as they went about their tasks. We heard a staff member say to a person, "Let me just wipe your fingers. They've got some gravy on them and I don't want that glass of juice to slip out of your hand."

The environment was decorated nicely for Christmas and this included the external environment. Outside the small garden area in front of the dining room window was decorated with three Christmas trees and lights and there were small stone rabbits and fawn, and a lighted reindeer. A person was seated at the nearest table to this and said, "I always sit here so I can look at the view across the road. Now it's even better look what they've done outside it's lovely."

We found staff spoke to people with understanding, warmth and respect, and considered people's privacy and dignity. We observed staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect while considering what they wanted. We saw staff enabled them to be as independent as possible while providing support and assistance where required.

People benefited from staff that had a caring approach to their work and were totally committed to providing high quality care. All the staff spoken with were enthusiastic about their work. We observed staff supporting people in a positive encouraging way. People were asked what they wanted to do and where they wanted to sit and rest. For example, we heard staff asking people where they wanted to sit after the main meal. Staff offered to take them to their bedroom to rest if they wanted.

Staff had received training in dementia care and equality and diversity. There were dignity and dementia champions within the staff team. These staff worked closely with the activity coordinators, in ensuring people received continuous stimulation throughout the day rather than at set times. This demonstrated the staff's commitment in providing good quality care.

Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. People were involved as fully as possible in their care and treatment. Relatives told us they felt involved in their relations care. People's care plans reflected people's individual needs and showed how their relative or representatives were consulted and involved. There were no restrictions on people's family and friends visiting them.

Daily records made by staff described how the person had been throughout the day, tasks or activities they had taken part in and how their mood had been. The records we looked at were sufficiently detailed and informative.

People's records were stored securely to ensure their confidentiality. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

People's needs were assessed prior to moving to the service. People and their relative or representative, were involved in the assessment, development and review of care plans. These documents provided staff with guidance of how to meet people's health and diverse needs. This supported staff to provide care that was individual to the person. For example, people's backgrounds, routines and preferences in how they wished to receive care was recorded. This was important information to support staff to have a person centred and responsive approach to care. Care plans also outlined what people could do on their own and when they needed assistance. We saw care plans were reviewed monthly and updated if required.

People told us their preferred routines were known and respected. This included a choice of when they got up and retired to bed in an evening, along with their preference to male or female staff to support with personal care. People's religious, spiritual and cultural needs and preferences, had also been discussed with them and support was provided where required. People told us they were happy and comfortable with their bedrooms and we saw examples of how these were personalised with their individual possessions, including small items of furniture, photographs and personal memorabilia. This supported people to be comfortable and relaxed.

People's communication and sensory needs had been assessed and considered. This meant staff had detailed information of people's needs and how to support people effectively. This included support with hearing aids, glasses and considered people's different communication needs and preferences. This showed how the provider was meeting the requirements of the Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss.

We received positive feedback from people and their relatives regarding the activities provided. People we spoke with told us that the activities available at Grove House had improved over the last year. We noted that activity sessions were advertised as happening over seven days a week. A relative said, "I'm impressed with the activity people. I like the memory boxes. They really do try to keep people stimulated."

There were detailed individual activity plans for each person, which were personalised, reflecting the individual's interests. On the day of our inspection, both activity staff were on training, however we spoke with one of them who told us how they had improved the opportunities available to people. Activities reflected people's pastime interests and hobbies and included opportunities to access the local community. In the absence of the activity staff, we saw the provider's representative holding a reminiscing coffee morning around Christmas. This was a lively discussion, in which people from their responses, indicated they were enjoying this opportunity. We also saw people joining in discussions and reminiscing about previous events and activities. The provider's representative told us how they were in contact with the local school and wanted to develop a relationship whereby the school children visited people. This showed how improvements had been made to activities and stimulation available to people, and the provider's ongoing commitment to further develop opportunities and experiences

People received good end of life care. Staff worked closely with local GPs and district nurses when people's lives were ending and provided a good standard of care and support. This was extended to people's families too. One relative we spoke with said staff had been, "wonderful, marvellous" when supporting one of their family members. They added, "You could not find better, more compassionate staff anywhere."

People had access to the provider's complaint procedure. There were leaflets for people to make suggestions, comments or complaints. There was also a notice relating to in the event of a complaint with the name and number of the registered manager and the number of the CQC and the local authority. Where complaints had been received, these had been investigated and action taken within the timescale expected by the provider.

Is the service well-led?

Our findings

People who used the service and their relatives, were positive about the service provided at Grove House. The management team were described as good leaders. Comments included, "The managers are spot on. If I raise something, they sort it straightaway." Several relatives told us they would recommend Grove House to others. One relative said, "I have recommended here to several people."

The staff we spoke with felt the service was well led and that the registered manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions counted.

Staff understood their roles and responsibilities. They were good at communicating with and supporting people, who seemed happy to be in their company. When asked, staff said they liked their work very much.

Staff confirmed that they had attended staff meetings which took place regularly. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety.

The provider had a clear vision and set of values for the service that was based on people receiving care that was person centred, responsive and transparent. Staff were seen to work to the provider's set of values; they had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibilities.

The registered manager demonstrated a great commitment to continually drive forward improvements at the service. Whilst improvements had been made to the systems and processes used to monitor quality, safety and make improvements, the registered manager had plans to further develop these to ensure improvements were fully embedded and sustained.

The provider had policies and procedures that reflected current legislation and best practice guidance, and set out what was expected of staff when supporting people. People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

As part of the provider's internal quality assurance checks, annual satisfaction surveys were sent to people who used the service and relatives. In addition, resident and relative meetings were arranged to encourage people to be involved in the development of the service. Records showed how people had been informed and involved in the recent refurbishment plan. This showed how the management team valued and acted upon feedback received.

The provider's representative also visited the service regularly to enable them to have oversight of the service provided. In response to a recent external audit to fire safety, an improvement plan was in place to

make the required improvements. A refurbishment plan was also in place which showed many improvements had already been completed such as new furnishings and decoration.

The provider had met their registration regulatory requirements of notifying CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

The management team told us how they used CQC alerts and The National Institute for Health Care Excellence (NICE), to keep their knowledge up to date. NICE guidelines make evidence-based recommendations on a wide range of topics to improve the health of people.

It was clear from talking with people, staff and viewing care records and feedback received from external professionals that the service regularly worked in partnership with external agencies. This demonstrated the service had established effective links with external health and social care professionals in meeting people's needs.