

## Grove Court Nursing Home Limited

# Grove Court Nursing Home

### Inspection report

15 Cardigan Road  
Headingley  
Leeds  
West Yorkshire  
LS6 3AE

Tel: 01132304966  
Website: [www.grove-court.co.uk](http://www.grove-court.co.uk)

Date of inspection visit:  
08 November 2017

Date of publication:  
23 January 2018

### 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

Grove Court is an older building, which has had modern extensions added. Nursing care and residential care is provided to people on three floors. The home is registered to provide care for up to 39 people, some of whom may be living with dementia. The service is situated in the Headingley area of Leeds. Buses into Leeds City Centre and surrounding areas are within easy access. Local shops and amenities are a short distance away. The service was in the process of developing an initiative to enable dedicated intermediate care and support to be provided to people. At the time of our inspection there were 28 people using the service.

This comprehensive inspection took place on 8 November 2017 and was unannounced. At the last comprehensive inspection in August 2015 the service was rated Good. At this inspection we found the service remained Good.

The service was safe. Staff had been safely recruited by having checks carried out to ensure they did not pose an identified risk to people who used the service. Safeguarding training was provided to ensure staff knew how to recognise and report incidents of potential abuse. Risks to people were assessed and monitored to enable trends to be identified and plans put in place to help manage these safely. There were sufficient numbers of staff available to meet people's needs. Appropriate medicines support arrangements were in place and checks were carried out to ensure people's medication was administered in a competent way.

The service was effective. Staff were provided with a range of training and development opportunities to enable them to effectively meet people's needs. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice. A variety of choices of food and drinks were available to ensure people's nutritional needs were appropriately met and maintained. People's medical needs were supported with input from relevant health care professionals where this was required.

The service was caring. People's independence was promoted and they were treated with dignity and respect by staff who provided support in a caring and compassionate manner. People were able to live their lives how they chose and they and their relatives were included in decisions about how their support was delivered.

The service was responsive. People's support was personalised to meet their needs. A variety of opportunities were provided for people to enable them to have meaningful social interaction and reduce potential risks of social isolation. People's care plans were evaluated and reviewed to ensure they accurately reflected their wishes and preferences. People were happy with the service delivered and were able to raise their concerns and have these investigated and where possible resolved.

The service was well-led. The service had an open and inclusive culture and people, their relatives and staff

were positive about the way it was managed. People's opinions and views were valued and considered to enable the service to learn and develop. A range of systems were available to enable the quality of service delivered to people was assessed and monitored to help this to continually improve.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Grove Court Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 8 November 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. Grove Court 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 Court accommodates up to 39 people in one adapted building. At the time of our inspection there were 28 people using the service.

The inspection team consisted of one adult social care inspector, a specialist advisor with experience of dementia nursing and end of life care and an expert by experience who also had experience of dementia care and social care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part the of our pre inspection process we contacted the local authority safeguarding and contracting teams to obtain their views about the service. We also looked at the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 12 people who used the service, eight visiting relatives, the registered manager, the director, an administrator, two members of nursing staff, two members of care staff, an activity worker and two

volunteers.

We looked at the care files belonging to four people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the building.

# Is the service safe?

## Our findings

At our last inspection we found the service was safe. At this inspection we found the service continued to be safe.

People who used the service were protected from risk of abuse and avoidable harm. People told us they felt safe, comfortable and trusted the staff. Their comments included, "Yes I feel very safe.", "Oh Yes, definitely" and, "Yes, indeed I do." A visiting relative told us, "This is a safe place, I looked at lots of other home's before [Name of person] came here. There were lots of opulent ones, but this one suited them. They couldn't get anything better."

There was evidence staff had been safely recruited, with relevant checks to ensure they did not pose an identified risk to people who used the service. Staff had been provided with training on the protection of vulnerable adults to ensure they knew how to recognise and report incidents of potential abuse. Staff told us they had confidence the registered manager would take appropriate action to follow up safeguarding concerns and that disciplinary measures were implemented when required. We saw that checks were carried out with Nursing and Midwifery Council to ensure nursing staff maintained their professional registration and that this was kept up to date.

Sufficient numbers of staff were available to meet people's needs. We observed care staff interacted positively with people who used the service and saw they worked well as a team. We found care staff responded to people's requests in a sensitive and timely manner to ensure their needs were appropriately met. The registered manager showed us a dependency tool which they used to assess staffing levels on an on-going basis according to people's individual needs, to ensure there were sufficient numbers of staff on duty.

People who used the service were encouraged to make decisions and choices about their lives. We found a positive approach to risk management was adopted to ensure people were kept safe from potential harm. Incidents and accidents were monitored and investigated, to enable the service to identify potential themes and take action to minimise them from reoccurring. Regular checks were completed to ensure the environment and equipment were appropriately maintained. We found a robust approach to the upkeep of the building and saw that contracts were in place with suppliers of equipment, together with up to date certificates for utilities such as gas and electricity and that fire equipment was appropriately maintained. There was evidence of investment in the building and a major programme of planned refurbishment was underway to enable the service to develop.

Appropriate systems were in place to ensure people's medicines were managed safely. Nursing staff completed medicines management training and had their competency to administer medicines, regularly checked. We saw people's Medication Administration Records (MARs) had been accurately completed and that medicines were audited on a monthly basis to ensure potential errors were highlighted and actions taken to minimise shortfalls when these had been found. We saw abbreviations used to denote the type of

administration used had sometimes been smudged which made some MARs difficult to read. We spoke to the nursing staff about this who said they would make sure they signed these more clearly.

We observed people who used the service were clean and well dressed and that the service was free from offensive smells. We observed domestic staff working hard to ensure the building was kept clean and hygienic and saw supplies of aprons and gloves were available and appropriately stored to prevent potential outbreaks of infection.



# Is the service effective?

## Our findings

At our last inspection we found the service was effective. At this inspection we found the home continued to provide an effective service.

People who used the service felt their quality of life had improved since they moved into the service and were positive about the care and support they received. People told us they were provided with a range of choices, to ensure their wishes and personal preferences were respected. When we asked whether people felt staff were well trained and able to carry out their roles one person told us, "Yes. They know what they are doing" and another person said, "Yes, definitely."

People told us their health and wellbeing was positively promoted by staff. A relative told us how the service had been supportive of their mother's wellbeing and provided encouragement and assistance to help them to prepare for a move back to their own home. Speaking about the support following a period of rehabilitation for a member of their family a relative commented, "I know they will do the best they can to get the physiotherapy needed to keep the progress going." We spoke with a member of nursing staff about this who said they would ensure this was actioned.

There was evidence staff continued to be provided with a range of training and an induction programme that was aligned to the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. We found this included training on people's specialist needs, together with participation on nationally recognised courses to help staff to develop their careers. On the day of this inspection an assessor was visiting the service to support a member of staff to undertake an external qualification. Staff told us and they felt supported by management. There was evidence in staff files of regular supervisions and appraisals of their skills to ensure they were able to carry out their work and enable their performance to be monitored.

Staff demonstrated a good understanding of their duty to promote people's health and wellbeing. We found training on the Mental Capacity Act (MCA) 2005 had been provided to ensure staff knew how to appropriately uphold people's human rights. The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us care staff involved them in decisions about their support and ensured they were in agreement with care interventions that were carried out. We found the registered manager had submitted DoLS applications where required and maintained records for when these needed to be renewed.

People had access to healthcare services and received on-going healthcare support. The registered manager told us the service maintained positive relationships with local GP's and took part in local initiatives to improve health care services. We found these included participation and development of the 'Red bag' scheme, where by important information is sent with people to hospital with the aim of improving communication and treatment for them. The registered manager and director of the service told us about their on-going use of SBAR (Situation, Background, Assessment, and Recommendation) framework of healthcare, to improve multidisciplinary team communication. We overheard clinical information being passed to staff escorting a person to hospital for an appointment, to aid effective communication with other agencies. People's care records contained evidence of consultation with a range of health care professionals together with close monitoring of their medical conditions and visits from them arranged promptly when needed.

There was evidence people's nutritional and hydration needs were appropriately supported and encouraged to maintain a healthy and balanced diet. People told us they enjoyed their meals. Arrangements were in place to ensure people's dietary intake was appropriately monitored with involvement from community specialists when needed, such as dieticians or Speech and Language Therapists where people had difficulties with swallowing. Speaking about this a relative advised how the service had involved them and acted on their wishes for choices of food that was served. They told us, "They listened to us, we were allowed to do the best thing for mum and even if something happened, my mums wish is to stay here and not to go to hospital."

We observed people's specialist needs had been considered and found their needs and choices assessed by the provider and that signage was available to help people orientate themselves around the building.

# Is the service caring?

## Our findings

At our last inspection we found the service was caring. At this inspection we found the home continued to provide a caring service.

People who used the service and their relatives told us staff ensured people's personal dignity and wishes were respected and showed consideration for their individual needs. We found there was a friendly and welcoming culture that encouraged relatives to visit and take part in the life of the service. Everyone we spoke with said they were happy with the support that was provided. People's comments included, "Care is not bad at all, the staff are good to me, they know me well", "I don't have any quarrels with anyone, they are good to me" and "They asked me what I want to do and take me where I want to go."

A relative told us how staff involved them in decisions about their member of family and commented, "The staff let me know if mum is unwell or not her usual self, they ring me, so yes I would say they are caring too."

We observed staff interacted with people in a compassionate way and engaged with them in a friendly manner. There was evidence staff knew people very well and demonstrated a positive regard for what mattered and was important to them. We saw staff communicated with people sensitively and provided friendly reassurance and encouragement. We found the service employed two physiotherapy assistants to help maximise people's independence.

Speaking about the approach that was adopted in meeting people's individual needs a member of nursing staff told us, "It's all down to how you want to be treated yourself. I use a preventative approach to care, encouraging fluids, watching out for things and we always ensure the family is involved too."

Information in people's care records contained details about their preferences personal histories, pen pictures and 'maps of their lives' to help care staff support their wishes and aspirations. People told us care staff involved them in choices about the delivery of their support and promoted their dignity and wishes for privacy. The registered manager told us they were aware of their duties under The Equality Act 2010 and worked to reduce barriers or obstacles in relation to people's needs and conditions. We were told the service maintained a library of books in large print to help people with visual impairments to read. We found adapted cutlery and stay warm plates were in use for people who experienced difficulties with eating and the promotion of their independence. The registered manager told us they were looking at training and development needs to ensure information for people was available in accessible formats.

Details about the use of advocacy services was available to help provide independent sources of advice when this was required. We found that details about people were securely maintained and we observed care staff respected their wishes for confidentiality and did not disclose this to people that did not need to know.

We found the service ensured people were treated with compassion and respect and were given emotional support. A specialist member of staff in the community told us about the way the service had helped meet

the needs of a person at the end of their life. They told us, "I have just spoken to the daughter of a person who died in Grove Court last week, and they were overwhelmed by how caring and supportive the staff were, they made a sad time peaceful."

## Is the service responsive?

### Our findings

At our last inspection of the service we found the service was responsive. At this inspection we found the service continued to be responsive to people's needs.

People who used the service confirmed they were involved in making decisions about their support, to ensure it was personalised to meet their individual needs. People and their relatives told us they had no complaints and were happy with the way support was provided. People told us a range of activities were provided for them to participate in to ensure their wellbeing was promoted. One person told us, "I enjoy the activities Yes; I go to bingo once a week."

People's care records were well developed and clearly set out to demonstrate how their support was personalised to meet their needs. Information and a range of assessments and care plans had been carried out to help staff deliver support that was tailored to their individual wishes and aspirations. We saw people's care plans were evaluated and updated on a regular basis and found that people and their relatives were involved and included in this process. Relatives told us staff communicated with them well about changes in people's conditions when this was required.

There was evidence the service collaborated in local initiatives to enhance people's health and wellbeing. We found this included a clinical telehealth support project that enabled people to consult hospital staff by video link and be involved decisions about their treatment options. We were told about a local enhanced care home project the service had collaborated with that enabled rapid access to specialist nurse support and advice.

People were supported at the end of their lives and advance care planning was offered to ensure people's wishes and preferences were respected including their religious or cultural requirements. A community specialist from a local hospice commented, "I have visited Grove Court nursing Home regularly over the past few years, to offer support to staff and patients with palliative care needs, often in the last days/weeks of life. They are always determined to offer the best care and symptom management to patients, offering support to relatives and friends. They will always ask if unsure and are keen to learn. I have on a number of occasions delivered training; the staff have always engaged fully and are responsive to change."

People had opportunities for social interaction that included individual one to one time with staff. The service had an activities coordinator who was supported by a team of volunteers. We observed a group of people involved in making arts and crafts decorations. The activity worker told us they had recently been appointed and spoke about various events that had recently taken place, including a Halloween celebration with pumpkins and fireworks night. We were told that following consultation with people the service had introduced cinema matinee afternoons and take away nights and an activities calendar on display advertised forthcoming baking sessions, pampering times, trips out and people's birthdays. On the afternoon of our inspection a volunteer was holding a regular sing along with people. Throughout our inspection we observed a calm and supportive atmosphere in the service and saw people appeared relaxed

and content.

There was a complaints policy in place to ensure people's concerns could be listened to and addressed. Most of the people and their relatives we spoke with told us knew how to make a complaint. We saw details about the complaints policy were on display. People told us they had confidence their concerns would be followed up when required, in line with the registered provider's policy for this. There was evidence people's complaints had been investigated and an outcome from these provided.

# Is the service well-led?

## Our findings

At our last inspection of the service we found the service was well led. At this inspection we found the service continued to be well led.

People who used the service and their relatives told us they had confidence in management and felt the service was well-led. Their comments included, "Yes I would recommend this home", "They know what they are doing", another commented, "Yes it is, they are all very nice." This person went on to tell us they thought the service could be further improved with more entertainment and reminiscence sessions. We spoke with the registered manager about this who told us they would look to addressing this issue.

We found the address of the provider we held did not match that listed at Companies House following the nominated individual for the provider recently moving home. This meant we might not be able to take action if this was needed. We spoke with the nominated individual / director of the service who took action and this issue was promptly addressed.

There was a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a wealth of knowledge and experience to manage the home and there was evidence they took their role seriously. The registered manager told us they carried out unannounced visits at night to ensure the health, safety and welfare of people was promoted. The registered manager understood their responsibilities to make statutory notifications about significant events that occurred to the CQC when this was required. We found they worked with and welcomed the involvement of care home improvement initiatives. These included the local authority quality review team, schemes to improve health care services, such as the development of the 'Red bag' initiative for hospital admissions and discharge processes, a telehealth pilot scheme and the their use of SBAR framework of healthcare to improve multidisciplinary team communication.

There were systems and procedures in place to enable the quality of provision to be monitored and assessed. The registered manager was supported by an administrator who helped ensure the service was effectively run and received regular visits from the nominated individual / director to ensure the quality of the service was assured. We saw a range of audits and checks of different elements of the service were regularly carried out, together with action plans to address shortfalls where these were noted to help the service develop and learn. We found these included ISO9001 accreditation which is an internationally recognised standard for organisations. .

We found the service had a positive and inclusive ethos that welcomed the involvement of staff and people who used the service. Staff told us they enjoyed their work and said the registered manager was supportive

of them and encouraged them to question their attitudes, values and behaviours and helped to develop their skills. Staff told us that feedback about their work was provided in a constructive way and that they had supervision with senior staff to enable them to be clear about their roles was what expected of them. A member of nursing staff commented, "I had worked for as an agency staff at this home, before applying for a post to work here. I found that other places were not a patch on Grove Court. I immediately liked it and knew I could provide compassionate care to people and help them towards dignified deaths. They went on to tell us, "There is always something to learn more about, the management here are great."

We found a range of surveys were issued to people, their relatives, professionals and staff to enable them to provide feedback about the service.