

Premiere Care (Southern) Limited

# Grosvenor Care Centre

## Inspection report

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Date of inspection visit:  
10 March 2017

Date of publication:  
23 March 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

Grosvenor Care Centre is a large converted hotel and accommodation is arranged over five floors. A lift is available to assist people to get to the upper floors. The service has 62 single bedrooms. There were 59 people living at the service at the time of the inspection.

### Rating at last inspection

At the last inspection, the service was rated good and requires improvement in the 'safe' domain.

We found the service was in breach of one regulation and required the provider to make improvements. The provider sent us information about actions they planned to take to make improvements. At this inspection we found that the provider and registered manager had made the necessary improvements and the service remained Good and is now rated Good in the 'safe' domain.

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

### Why the service is rated Good

People received the medicines they needed. Action had been taken since our last inspection to make sure that people's medicines were stored safely. Guidance had been provided to staff about how to support people to take 'when required' medicines.

Guidance was now available for staff to refer to about how to manage all the risks to people, including the support they needed to manage their behaviour. People had agreed with staff how risks, such as risks to their skin, would be managed. Plans were in place to keep people safe in an emergency.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and provider.

There were enough staff, who knew people well, to provide the support people wanted. People's needs had been considered when deciding how many staff were required to support them at different times of the day. Staffing levels in the afternoon had recently been increased.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

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.

### Is the service safe?

Good ●

We found that action had been taken to improve safety at the service.

Risks to people had been identified and staff supported people to be as safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

# Grosvenor Care Centre

## **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.

We undertook an unannounced focused inspection on 10 March 2017. The inspection was carried out to check that improvements to meet legal requirements planned by the provider after our April 2016 inspection had been made. The inspection team consisted of an inspector and an inspection manager.

Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with people living at the service, the provider, the registered manager and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment records and health and safety checks for the building. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

We last inspected Grosvenor Care Centre in April 2016, when there were two breaches of one regulation.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person told us, "The staff and people are a good crowd". At our last inspection we found that guidance had not been given to staff to support people with their behaviour. At this inspection we found that guidance was in place and followed by staff. Staff responded when people became upset or anxious and reassured them. The people calmed quickly when staff spent time chatting with them.

Risks to people had been identified and people had been involved in planning how to manage risks. Staff had given people all the information they needed to make decisions about risks and had supported them to remain as safe as possible including when they made unwise decisions. People told us they knew about the risks and were happy to take them.

Risks of people developing skin damage had been identified and action had been taken to mitigate the risks. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. We observed staff moving cushions between people's wheelchairs and arm chairs to make sure they always received the benefit of them. Staff knew how people preferred their specialist equipment set and checked to make sure it was used correctly.

Moving and handling risk assessments had been completed. We observed staff involving people when they required assistance and moving people safely. For example, people were encouraged to hold on to the hoist and tell staff when they were ready to move. People told us they felt safe when staff were supporting them to move.

The registered manager and provider had taken action to address the shortfalls in medicines management we found at the last inspection and manage people's medicines safely. Guidance had been provided to staff about people's 'when required' (PRN) medicines, for example pain relief. Staff recorded when PRN medicines were administered and why. People received the maximum benefit from their PRN medicines.

Medicines were now stored in a room which was only accessible to staff who were trained in medicines management. The temperatures of the medicine room and medicines storage fridge were consistently recorded and within the recommended range.

Staff had completed medicines training and their competency to administer medicines safely had been assessed. Effective systems were in place to order, store and dispose of medicines. We observed staff administering people's medicines safely and in a caring manner.

Some people had their medicines without their knowledge, known as covert medicines. Staff followed safe covert administration practice, which had been agreed with the person's health care professionals. People got the maximum benefit from their medicines, which helped them to remain physically and mentally well. Processes were in place to support people to manage their own medicines if they wished to.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the registered manager would take any action that was needed. The registered manager had raised any concerns they or staff had with the local authority safeguarding team and had taken action to keep people as safe as possible. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

The provider had arranged for the fire risk assessment to be reviewed and updated by a fire safety specialist shortly after our inspection. They had plans in place to implement any recommendations made to improve fire safety at the service. The provider had also asked the fire safety specialist to recommend evacuation equipment, which they intended to purchase. Plans were in place to support people to leave the building in an emergency. Regular checks were completed on all areas of the building and equipment to make sure they were safe.

People told us there were always enough staff around to meet their needs. We observed staff responded quickly to peoples' requests for support. When they were not able to help immediately they told people when they would be able to provide their support. Staff returned without delay to support people.

Staffing levels were planned around people's support needs. There were consistent numbers of staff on duty during the day and night. Cover for sickness and annual leave was provided by other members of the team or regular agency staff. Agency staff worked alongside experienced staff to make sure people received consistent support. The registered manager was on call out of hours to provide any advice and support staff needed.

Accidents and incidents had been recorded and the registered manager had analysed the information to identify any trends. They had identified that people were falling more frequently in the afternoon and had deployed additional staff to monitor and support people safely.

Staff were recruited safely. Recruitment checks had been completed to ensure that staff were honest, trustworthy and reliable to work with people. These checks included two written references and a full employment history. Any gaps in people's employment history were discussed and recorded. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Checks on the identity of staff had been completed.