Care Quality Commission

Eldercare (Halifax) Limited

The Grove Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 19 February 2015 and was unannounced. We continued the inspection on 2 March 2015 to look at documents relating to assessment and monitoring of service provision. This visit was arranged with the nominated individual at their earliest availability following the first visit. When we last inspected The Grove Care Home in April 2014 we found the home was failing to meet the standards required in all of the regulations we assessed. We told the provider that improvements must be made.

When we inspected the service on 8 April 2014 we found the registered provider was not meeting the regulations relating to respecting and involving people who use services, cleanliness and infection control, staffing, assessing and monitoring the quality of service provision and records. We asked the registered provider to make improvements. On this visit we checked to see if improvements had been made.

The Grove Care Home is registered to provide residential care for up to 28 older people. Bedrooms are situated on both the ground and first floor with communal lounges and dining room on the ground floor. There were 15 people living at the home at the time of our inspection.

A new manager has been in position since October 2014. This person has registered manager status in another of the provider's services and is currently applying to the

Summary of findings

Care Quality Commission to transfer this status to The Grove. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the new manager had taken sufficient action to meet with most of the compliance actions set as a result of our inspection in April 2014. Staffing arrangements were still in need of improvement.

People told us they felt safe and staff knew how to maintain people's safety although some had not had the required training. People told us they sometimes had to wait for support as staff were very busy and although attentive, were not always available to them.

The home was generally clean although adequate hand washing facilities were not always in place.

Staff training was in need of updating particularly in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that training had been arranged in this and other areas. Systems for supporting staff were in place and although some slippage had occurred, the new manager was addressing this.

Staff treated people with kindness and respect. People who lived at the home and their relatives told us the staff were very caring.

Staff respected people's right to make choices and knew how to support people in this. People received a nutritious diet and found the food enjoyable.

Care planning had improved since our last inspection and plans were in place for further development.

Activities were provided but this was not at a level which would meet the needs of all the people living at the home.

Processes were in place for auditing the quality of service provision. The new manager was in the process of bringing these up to date.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

People told us they felt safe but not all staff had received the training they needed to maintain people's safety.

Staff were not always available to people as they needed.

Procedures for managing medicines and staff recruitment were safe.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff training was in need of updating particularly in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Systems for supporting staff were in place but slippages had occurred. The new manager was in the process of making sure staff received the support they needed.

People enjoyed a nutritious diet but improvements were needed to make the dining experience enjoyable for all of the people who lived at the home.

People were able to make choices about their care.

Requires Improvement

Is the service caring?
The service was caring.

People who lived at the home and their relatives told us they were very happy with the care they received.

Staff were respectful of people's privacy and dignity needs.

People were involved in making decisions about their care.

Good

Is the service responsive?
The service was not always responsive.

Activities were provided but this was not at a level which would meet the needs of all the people living at the home.

People felt their concerns were listened to and acted upon but these were not always recorded appropriately.

Not all care plans had been developed with a person centred approach but this was being introduced.

Requires Improvement

Is the service well-led?
The service was well led but improvements were needed in relation to auditing the quality of service provision.

Requires Improvement

Summary of findings

The manager had made a number of improvements since their appointment and was in the process of applying to the Care Quality Commission for registered manager status.

Systems for auditing the quality of service provision were in place and were in the process of further development.

The Grove Care 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 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.

The first day of this inspection took place on 19 February 2015 and was unannounced. We returned to the service to continue out inspection on 2 March 2015. This was to meet with the acting manager, the operations manager and the nominated individual. None of these people were available at the time of our first visit.

The inspection was carried out by two adult social care 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. The expert by experience on this occasion had experience in caring for elderly people, particularly those living with dementia.

Prior to this inspection we looked at all the information we hold about The Grove Care Home. This included the notifications of events such as accidents and incidents sent to us by the home and reports from local authority contracts visits including infection control. We had sent a provider information return (PIR) to the provider and this was returned to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our first visit we spoke with eight people who lived at the home, one person visiting their relative and five members of staff. On our second visit we spoke with the manager, the senior operations manager and the nominated individual. We also spoke with the two people visiting their relative. We looked around the home, observed practice and looked at records. This included four people's care records, three staff recruitment records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

During our visit we asked people whether they felt safe in the home. Everyone we spoke with told us that they did. One person said, "The staff make me feel safe."

When we asked people about staffing in the home one person said, "I think they are short staffed as a fairly regular occurrence. I need two people to help me with toileting and it is often difficult to get them. They come quickly when I call but usually say 'it'll be five minutes.' It's not their fault – they're just so busy." Another person said, "'The number varies, they seem very busy."

We talked to people about whether they felt safe around staff and other people who lived at the home. One person said 'Sometimes people argue. The staff intervene to try and make them stop. They try to do it nicely.' One person told us about how they had been followed around by another person who lived at the home. They told us the person had followed them into the toilet and into their bedroom. We asked if staff had resolved this problem to the person's satisfaction and they said they had.

All of the staff we spoke with had an understanding of procedures they needed to follow in relation to reporting any incidents or situations which might put people at risk of harm. We saw from training records that the majority of staff had received recent training in safeguarding and that yearly updates were planned. The registered provider should make sure that all staff working in the home have received training in this area.

We saw that accidents and incidents, including safeguarding incidents, were recorded, monitored and analysed so that lessons could be learned and the risk of repeat minimised.

We looked in people's care files to see if risk assessments were in place where assessment of their needs had indicated they may be at risk in a particular circumstance. We found these had not always been completed effectively. For example a person assessed as at risk of falls remained at risk because there was no plan to prevent falls, just equipment to alert staff if they had fallen.

When we inspected the service on 8 April 2014 we found the registered provider was not meeting the regulations relating to staffing. The evidence from this visit gave us cause for continued concern about how the service was staffed. We saw from rotas that staffing was arranged at three care staff on duty throughout the day and three care staff on duty through the night. On the first day of our visit there were four care staff on duty. We were told this was because one member of staff was pregnant and therefore restricted in the duties they were able to perform. However we saw that this member of staff was included in the usual level of three staff on other days of that week. Some of the staff we spoke with told us they were hurried and working under pressure to provide services in what they described as 'too little time'. People who lived at the home told us they sometimes had to wait for assistance. One person said that although staff came to them promptly when they rang their buzzer, this did not always mean that they received assistance at that time. They said 'I really needed the toilet and I had to wait. They apologised but it was very uncomfortable for me.'

We observed staff to be very busy and noted that communal areas where a number of people were sitting were often without staff presence. We saw that people had call buzzers placed within their reach both in their rooms and in communal areas.

This demonstrated a continued breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at three staff files and saw that procedures had been followed to make sure staff employed at the home were suitable to work with vulnerable people. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

When we inspected the service on 8 April 2014 we found the registered provider was not meeting the regulations relating to cleanliness and infection control. On this visit we found standards of cleanliness within the environment to be good. However we found some bedrooms and bathrooms did not have hand wash soap available. It is

Requires Improvement

Is the service safe?

important for hand wash to be available for people who live at the home, but also for staff to be able to wash their hands after supporting people in their rooms, before they leave the room.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff that had been appropriately trained. We observed some people being given their medication during our visit.

We looked at the medication administration records (MAR) file. We saw that MAR charts were monitored to make sure they had been completed appropriately. For medicines delivered to the home in boxes or bottles we saw countdown sheets had been put in place. This enabled staff to check the number of tablets still available against the number received from the pharmacy and the number administered to the person. When we looked at some of these medicines we found the countdown sheets were accurate. We saw that daily temperature recordings of the storage of medicines, including those stored in the medicine fridge, were taken and were within recommended limits.

This meant there was a safe system in place for managing medicines.

Requires Improvement

Is the service effective?

Our findings

During our visit we asked people who lived at the home and visitors whether they felt that the staff had the right training to provide care for them or their loved ones. One person said, "Of course the staff know what they are doing". Another said, "They do. They understand how to speak to me so that my hearing aids work well." A further person said, "They are definitely well trained – they know how to look after people. You can always have a bit of banter with them whilst they are helping." No one told us of any concerns about staff's abilities to provide care. People visiting their relatives told us, "I couldn't have put (my relative) in a better place" and "They have offered us friendship, support and love."

People were positive when asked about freedom to decide what time they got up and went to bed. One person said, "I get up whenever I want. I got up very early today. You get up and just ask for breakfast." When asked about access to bathing and showering, people were equally certain that they could exercise choice with regard to frequency and timing. One person said, "I find it too much bother having a bath so I prefer not to have one too often." Another said, "I can have a bath but I have to ask – that's only right. I can definitely have one when I want."

People we spoke with were broadly positive about the meals that they were served. One said, "The food is nice and we get a choice." Another said, "They will come round soon and ask what we want for lunch. I've seen a list of the meals for the week in the corridor." Another person said, "I particularly like the breakfasts – you can choose what you have. Scrambled eggs are my favourites."

People said they always had access to drinks, and could ask the staff for one at any time. We observed staff respond to requests for tea and coffee and we saw jugs of juice in people's rooms which were mostly within the person's reach. In one person's room we spoke to a family member about the provision of drinks as their relative spent their time in bed. The visitor said, "There's always a jug of juice in here. They don't keep it next to the bed because (my relative) would knock it over. I've never arrived to find them desperate for a drink."

We did not see much availability of snacks for people to take as they wished. We saw people were offered biscuits with drinks but did not see any fruit available as advertised on the menu board. We saw one person provided with some bread and jam when they requested it in the afternoon.

We saw the cook talking to people before lunch. They offered choices and were patient as people made their selections.

We observed the service of lunch in the dining room. Service was quite slow for some people and people differed in their reactions to the meal. One person said, "That smells good." Another person told the staff member that they did not like the look of what they had been brought. The staff member said, "But that's what you chose." The person said, "I don't like cabbage. I don't like carrots," but received no reply from the member of staff. Another member of staff approached the person later and asked why they had not eaten their meal, then asked if they would prefer something else. Meals were served ready plated, meaning that there was no opportunity to personalise these. We observed little interaction between staff and people who lived at the home to make the mealtime an occasion.

Four people took their lunch in the lounge. During the meal the cleaner was using chemical sprays and wiping tables in this lounge, and later vacuumed the carpet whilst people were still eating, cleaning the carpet round the feet of one person who was eating their meal.

We saw from one person's care records they had lost a significant amount of weight but was not having their weight monitored on a weekly basis. The manager confirmed to us that a referral to the dietician had been made for this person.

We saw from people's records that the advice of healthcare professionals including GP's, district nurses, falls specialists and dieticians were sought as needed. This meant that people's health care needs were met.

We spoke with four members of staff about the training and support they had received. The care staff we spoke with told us they had received training and one person told us they had received supervision. The ancillary staff we spoke with said they had not received training for their roles and had not received supervision. When we spoke with the

Is the service effective?

manager on the second day of our inspection, they told us that supervision was being planned but the programme had been interrupted due to changes in management and unplanned absence.

We looked at the training matrix and saw that whilst training had been completed and more arranged, there were some gaps. For example only three of the twenty one care staff employed were recorded as having had training in 'Dignity, choice and diversity', only seven had received training in Infection control, and six staff had not had training in safeguarding people. Other gaps in training were in fire safety, health and safety and moving and handling.

We saw there was a lot of training booked in some of these and other areas which indicated that the new manager had recognised this as an outstanding issue and was taking action to make sure staff had the training they needed to carry out their roles safely and effectively.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

One person living at the home told us about their experience of being prevented from leaving the home on their own. They told us about some problems they had experienced many years ago and felt that was why they were prevented from leaving the home unaccompanied. They said, "I'm locked in here 24 hours a day and I hate it. I hate it here." We asked a member of staff about whether there was a formal reason why the person could not go out on their own. The member of staff referred to the problem the person had told us about and said they didn't think it would be good for them to go out alone. We asked the member of staff whether there was a source of information that they could turn to in order to ascertain who could or could not leave the home unaccompanied. They said there was not.

On the second day of our inspection we discussed this situation with the manager. The manager said the person had never raised this with them. The manager then took immediate action to support the person to leave the home unaccompanied. This included providing them with a mobile phone with numbers programmed in, a card with the address and telephone number of the home and other information to support the person in their safety. They also developed a clear protocol with the person so that everybody involved knew what to do if a problem arose. The manager also sought the services of an IMCA (Independent Mental Capacity Assessor) to work with the person and contacted the person's social worker. This meant that the manager took appropriate action to make sure the person was not deprived of their liberty and put appropriate safeguards in place.

We saw that staff had received training in MCA and DoLS but when asked, staff did not understand how MCA and DoLS applied to people in their care. We saw that further training had been organised.

On the first day of our visit we noted that the small lounge area also formed a corridor to the dining room and large lounge. This meant that staff, visitors and people who lived at the home were frequently walking through. We noted that chairs in this area were not arranged in such a way that people sitting in this area were not disturbed by people walking through. We spoke to staff about this and were pleased to note, when we returned, that changes had been made to the arrangement of furniture to provide a more comfortable and undisturbed place for people to sit and enjoy the television.

We found the environment was not stimulating, particularly for people living with dementia. There was no use of colour or tactile materials to assist with navigation and orientation or to encounter when walking with purpose. There were no rummage items or objects to pick up and engage with.

Good

Is the service caring?

Our findings

We asked people who lived at the home and visitors whether they felt that staff were caring and kind in their approach. Everyone we spoke with appeared to hold the staff in high regard. Most people used words such as 'lovely', 'very nice' and 'kind' when describing the staff. One person said, "The staff are comical – you can have a laugh with them." Another said, "They are always very nice, another resident I know well is ill and in hospital now. They were so kind to him." One visitor told us, "The staff are always willing to help, always say 'hello' as they pass." Another visitor told us staff 'could not do enough' for their relative and the family. They said, "I can recommend you to send anybody here'. One visitor told us about the care their very frail relative received. They said they could not praise staff highly enough.

We asked people about whether they felt that the staff understood when they might not be feeling too well. One person said, "They always know when I'm not feeling so good. They suggested I see a GP a couple of days ago."

When we inspected the service on 8 April 2014 we found the registered provider was not meeting the regulations relating to respecting and involving people who use services. During this visit people told us that staff treated them with respect and believed that their privacy was respected by staff. We observed several occasions where staff knocked on doors before entering people's rooms. However we noted that some bathroom or toilet doors did not have locks in place so that people could be afforded privacy. We also noted that in a number of bedrooms, charts had been put on the walls giving details of the person's personal care needs. This meant that personal information could be seen by anyone entering the room and did not protect people's dignity. This matter was addressed at the time of our inspection.

We saw examples of people's decisions about their care being respected. For example we saw a person in the lounge wearing nightclothes and a dressing gown. One two occasion's staff members asked the person if they would prefer to have some help to dress and respected their choice to remain as they were.

In one person's care file we saw documentation relating to how staff had supported the person when they became ill. This documentation showed staff had given care and reassurance to the person throughout their illness.

We saw some good interactions between staff and people who lived at the home. For example we saw staff take themselves to the person's eye level when speaking to people who were sitting down. However we also saw staff walk past people without acknowledging them on several occasions.

We saw some indication of people being involved in their care planning but this was not evident in all of the care files we looked at. A member of staff told us about how they had planned that day to sit down with a person who had recently come to the home to develop their care plan with them.

We also saw an example of a person being involved in their risk assessment and plan of care about how they could be supported to maintain their independence safely. One person's relative told us visitor told us, "I am involved and they keep me well informed. I come to all the reviews."

This meant that people had been involved in planning their care.

None of the people we spoke with said they did not have support from family or friends. However, if people needed it, we saw information relating to AgeUK's advocacy services displayed in the corridor within the home.

Requires Improvement

Is the service responsive?

Our findings

We asked people who lived at the home about what was available to engage them during the day and found most were limited in their responses. Some told us about entertainers that had recently visited the home and were positive about this. A person who had been to that event told us, "I joined in with the singers and had a dance." One person told us, "There's nothing much to do during the day. We watch television." Another said, "I'm not so sure what there will be to do today."

We asked people what they would do if they wished to make a complaint. Several people said 'I'd talk to the staff about it.' One person said, "I'm not afraid to complain to the staff." No one told us that they had ever felt unable to talk to the staff about anything. A visitor said, "'If there were any problems I'd go straight to the staff."

We saw the activities plan was a handwritten notice on A4 paper which was stuck to the glass wall separating the dining room from the TV lounge. It was not given any prominence and would have been hard for people to see. The activities listed did not appear to be very diverse or stimulating. For example four days activities were one to one time or shopping/out for a walk. On another day the activity was to watch a film.

We spoke with the activities co-ordinator about how activities were planned in the home. They said they tried to tailor activities to peoples' needs but said most people just wanted to go for a walk or to sit and talk. They said they accompanied many of the people who lived at the home to the supermarket which was located almost adjacent to the home. We observed that when the activities co-ordinator asked a person what they would like to do, they only gave the suggestion of going out for a walk. Whilst supporting people to go out is positive, this restricts the number of people who can be engaged in activity to one or two each day. This means that other people living at the home were not offered meaningful activity on a daily basis.

During the morning we observed there was little to engage people. Televisions were on in both lounges – one was showing a daytime chat show, the other a documentary. In the first lounge the television was set to show subtitles and had very low volume that was constantly compromised by ambient noise. We asked people about how they chose what they were watching. One person said, "We just watch what comes on and leave it on one station." The televisions both remained on during the length of our visit and we did not observe anyone being asked what they would like to watch or whether they wanted the television on. None of the three people who spent their day in the television lounge appeared to be watching the programmes.

In the afternoon the activities coordinator was offering people a taste of foods that they might not have had before. They offered mango crisps and asked people what they thought and whether they liked them. Whilst this was positive, it was not used to encourage discussions such as foods that people remembered.

A visitor we spoke with said, "I think (member of staff) seems to be doing more with the residents than the previous activities person did. She comes into (my relative)'s room and does one to one work with them."

There was little available in the communal rooms for people to engage with. Whilst there were a small number of magazines in the television lounge there were no books or other materials for people to access.

The care files we looked at did not demonstrate that care was always planned in a person centred manner. The manager told us that the care documentation currently being used was to be replaced with a much more user friendly system.

We did see some evidence of people's preferences being sought and saw that consideration was given to people's individuality. This was especially evident through the completion of a document entitled 'What is important to me and my family'.

We saw the complaints procedure was available on a notice board. When we asked people whether they had any experience of making a complaint. One person said, "I once got my tea in a chipped cup, which I didn't like. I told the staff about it and it has never happened again."

We looked in the home's complaints file and saw that no complaints had been recorded recently but we saw that two from several months previously had been managed in accordance with the complaints policy and procedure. We saw a new pictorial complaints procedure had been developed but this was not in a place where people who lived at the home would be able to see it. The manager said they would not always record low level complaints. Although people told us that their concerns or complaints

Requires Improvement

Is the service responsive?

were dealt with effectively, it is important that all complaints are recorded along with the process followed to resolve them and whether or not the complainant was satisfied with the outcome.

Requires Improvement

Is the service well-led?

Our findings

During our visit we spoke with the relative of a person who lived at the home. They told us, "The manager now is absolutely fantastic, she is the best one they have had, and there have been a few. She couldn't have helped me enough."

One person who lived at the home told us, "They don't ask me what they could do better. I don't think they have meetings." Another said, "I think there are meetings, but I don't go." A visitor told us, "I went to a meeting and raised an issue. I think that this was heard, and I think that they addressed my concern."

Staff we spoke with told us they have confidence in the new manager.

A new manager has been in position since October 2014. This person has registered manager status in another of the provider's services and is currently applying to the Care Quality Commission to transfer this status to The Grove.

On the first day of our visit the manager was not available. The person in charge was a senior care assistant. They appeared to be skilled and confident in organising care but they were not able to assist us to a great extent in looking at documentation relating to the running of the service. The administrator was helpful but again had difficulty in in providing us with some of the information we needed. In view of this we returned to the home for a second day. On this day we were able to meet with the manager, the operations manager and the nominated individual.

The manager was able to provide us with all the information we needed relating to the systems in place for monitoring the quality of service provision. We noted that the manager had implemented a number of improvements to the systems for quality monitoring since their appointment.

The operations manager told us that the provider had commissioned the services of a consultancy group who had conducted a full quality audit of the service in November 2014. We saw that an action plan had been developed as a result of this audit and that actions had been taken to address any issues identified. A follow up visit had been conducted in February 2015 to check on the progress of the action plan.

We looked at a fire risk assessment dated May 2013. A follow up to this dated May 2014 indicated that there were still some outstanding actions. The recommended twice yearly revisiting of the risk assessment had not been completed.

We saw that many audits of the environment were completed on a weekly basis. These included checks on fire safety, nurse call system and hot water temperatures.

Checks on the safety of equipment such as mattresses, bedrails and lifting equipment were conducted on a weekly or monthly basis.

We saw the audit of the medication system completed in January 2015 had identified a few minor issues. However there was no evidence that actions to address these issues had been taken.

We asked to see copies of the most recent audit visits by the nominated individual. We were provided with one dated November 2014; however the nominated individual told us it was from May 2014. The audit was not robust and did not always identify actions needed to address identified issues.

We saw the results of the quality assurance survey conducted by the service in July 2015. We saw that nine out of the eighteen surveys sent out had been returned. We noted that these had been sent to people's relatives and not to people who lived at the home. The results of the survey indicated a general satisfaction with the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff were not always available to meet the needs of the people living at the home in a timely manner.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.