Laurels Lodge Limited

Grosvenor Park Care Home

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

This inspection took place on 19 October 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Grosvenor Park is a 'care home'. People in care homes receive accommodation and 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. Grosvenor Park can accommodate up to 61 people across two floors. The service provides support for older people and people living with dementia. At the time of our inspection 50 people used the service.

The registered manager has been in post for over 12 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

At our last comprehensive inspection in March 2016 we rated the service good. We had found that improvements were needed to the way topical medicines were managed and when we re-inspected in September 2016 these were resolved. At this inspection the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People, relatives and staff told us the service was a safe place. The provider had recognised that the current care documentation did not support staff to provide sufficient information or guidance about people's care and support needs. They were in the process of improving the care records.

People received their medicine safely, however the treatment rooms needed to be improved. People were supported to access the support of health care professionals when needed.

People were protected from the risk of abuse because staff understood how to identify and report it. Accidents and incidents were analysed to identify trends and reduce risks.

People spoke positively about the staff at the service, describing them as kind and caring. Staff treated people with dignity and respect. Staff knew the people they were supporting well.

People were at the core of the service and included in all discussions. They 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 a varied and nutritional diet that met their preferences and dietary needs. The service

provided home-made food and drinks which were adapted for different diets.

There were sufficient staff on duty to meet people's needs. We received positive feedback about staff always being available when people needed them and staff were visible throughout our visit.

Staff were well supported and received the training they needed.

People were actively engaged in a range of activities and had opportunities to access the wider community. The provider had reviewed the unit for people living with dementia and found work was needed to ensure the environment fully met their needs.

People told us they did not have any concerns about the service but knew how to raise a complaint if needed. Feedback on the service was encouraged in a range of ways and was positive.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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

The service was safe.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff. Staff considered the least restrictive option to reduce risks to people.

There were sufficient skilled and experienced staff to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's medicines were managed safely and audited regularly. People lived in a clean and well-maintained service with environmental risks managed appropriately. The provider had identified that the treatment rooms temperatures had to be reduced and an additional assisted bath was needed.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Grosvenor Park 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.

An adult social care inspector and an assistant inspector carried out this unannounced inspection on 19 October 2018.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

During our inspection we spoke with 12 people who used the service and six relatives. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We spoke with the registered manager, regional manager, deputy manager, three senior care staff, five care staff, a domestic staff member, the maintenance person and the administrator.

We looked at six people's care records, three recruitment records, as well as records relating to the management of the service.

We also looked around the service, including bedrooms (with people's permission), the bathrooms and the communal areas.

Good

Is the service safe?

Our findings

The service was rated good at the last inspection in September 2016 and this rating has not changed.

People and their relatives told us the service remained safe. People commented, "I am absolutely fine here", "[Person's name] is fine here. I can honestly say it is the first home I have been in that does not smell," and "The staff are brilliant. I am very happy here."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, plans were in place to manage the risk of falls and choking. People's risk assessments were regularly reviewed. The regional manager and registered manager told us that the provider had developed a new document that would allow staff to record all relevant risks for people and this would be stored at the front of the care records. The aim of this document was to ensure staff could readily identify the potential risks at a glance.

We observed there were sufficient staff on duty to meet people's needs promptly. There were two seniors and six care staff were on duty and overnight there were two seniors and four care staff. The registered manager and deputy manager worked in addition to care staff. Ancillary staff, such as catering and domestic staff worked each day. The registered manager monitored the dependency levels of people who used the service and ensured staffing levels met these needs. A staff member told us, "We work well as a team and always find there are enough staff."

Risks to the environment continued to be safety assessed and plans were in place to mitigate these. For example, fire risk assessments were in place and maintenance checks such as electrical testing, servicing of hoists and lifts, were all up to date. Staff had recently received fire warden training and were confident in demonstrating their knowledge of fire drills and evacuating people in the home to us. However, staff told us that they would like more training around using evacuation equipment. The regional manager informed us that training for fire evacuation equipment was in the process of being rolled out.

Staff knew how to recognise abuse, what action to take and how to report their concerns. Staff had received safeguarding and whistleblowing training and told us they would refer concerns to other agencies, such as the local authority safeguarding team. Where safeguarding issues were identified these were reported and investigated. Accidents and incidents were analysed to identify trends and measures were put in place to reduce the risk of these recurring.

We found the home was clean and staff followed good infection control procedures, such as using personal protective equipment (PPE).

The provider had safe recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and obtaining references.

Medicines were managed safely. Staff had received training and had regular checks to ensure they remained competent to administer medicines. We noted that the treatment cupboards were very small, hot and did not have sinks. Air conditioning units had been installed but these were broken. The regional manager undertook to make sure improvements were made to these facilities.

Good

Is the service effective?

Our findings

The service was rated good at the last comprehensive inspection in March 2016 and this rating has not changed.

People and relatives told us staff had the skills and knowledge to carry out their roles. People's comments included, "They [staff] look after him well" and, "[Person name] has been here for three years, they know his mobility needs and make sure the right equipment is used."

The provider's assessment tool was a series of booklets that covered topics such as physical health, communication and nutrition. These booklets allowed an assessment either via tick boxes or some narrative and led to the information not providing a rounded picture of the person. The regional manager told us the provider was developing a document that would provide a good overview of people's needs.

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). Systems were in place to ensure appropriate DoLS applications were submitted to the assessing authority and to monitor when these were granted. We saw people had the required MCA assessments and 'best interests' decisions in place. Staff had a good understanding of people's capacity and how to support them to make daily choices. We observed staff asked for people's consent before engaging in care tasks.

Staff received good support and had access to the training they needed. Staff confirmed that they had regular supervision and appraisals. Staff told us that they felt more supported since the registered manager and felt able to discuss any issues with them. Staff told us, 'Things are very good" and "We complete a wide range of training and can complete a range of NVQ's." We found that the staff had completed national vocational qualifications and a large number of the staff team had gone on to complete additional levels such as management awards.

We found that on the unit for people living with dementia both bathrooms contained low domestic style baths, which meant staff had to kneel when assisting people. On downstairs there was a high/low bath, which assisted staff to bathe people more easily. The regional manager undertook to discuss installing a high/low bath on this unit. The moving and handling co-ordinator demonstrated an excellent understanding of how to train and enable staff to support people living with dementia. They showed staff how to work with people who may be confused or worried.

People were supported to have nutritional meals that were adapted for special diets such as diabetic, textured diets and for those people at risk of malnutrition. People told us they enjoyed the food and we saw that a choice of meal was available. One person told us, "If I don't like what's on the menu they always find me something else." Professionals were consulted with when risks were identified to ensure people had appropriate diets.

Care records showed regular involvement from health professionals to ensure people were living healthy lives. For example, there was involvement from the continence service, speech and language specialists, community psychiatric nurses and people had been appropriately referred to the community falls team when falls had been identified.

Good

Is the service caring?

Our findings

The service was rated good at the last comprehensive inspection in March 2016 and this rating has not changed.

The people and relatives we spoke with were complimentary about the service. People's comments included, "It is a brilliant home and I wouldn't want to be anywhere else" and "The staff and manager are wonderful and easy to approach."

We saw that staff were caring and compassionate when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people. We found the staff were warm and friendly. Staff told us, "I always treat people how I would expect to be treated" and "People deserve to be treated well and respected."

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door. Staff also discussed how they supported people's diversity, for instance by enabling individuals to practice their religious beliefs and to be independent.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they used this information and took the time to read the care plans of new people.

We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

The environment was designed to support people's privacy and dignity and people's bedrooms had personal items within them. The unit for people living with dementia was upstairs and did have clear signage and doors, however it was devoid of any items that would assist people occupy themselves. We found that the lack of stimulation on this unit led people to become anxious and distressed.

Good

Is the service responsive?

Our findings

The service was rated good at the last comprehensive inspection in March 2016 and this rating has not changed.

People told us, "There's a care plan and that you signed it I think. Probably once a year, sees the social worker", "They look after him well" and "I regularly speak with the manager and can raise anything with them, as I know it will be sorted."

People had care plans that were tailored to meet their individual needs and preferences. People and relatives told us care was delivered in the way they wanted and needed it. However, the care records lacked information about people's lives. Understanding how people had lived their lives is crucial when working with people who lived with dementia. They were not person-centred, as we could not establish basic information such as whether people were married or how to support individuals. We discussed this with the registered manager who explained that the provider had identified these deficits in the care records and was in the process of improving them.
People were given clear explanations in relation to their care and staff had access to a range of information in accessible formats to suit people's needs, such as braille or easy read. Information was also available in other languages.

We saw a weekly activity board that detailed ongoing activities each day, these catered for creative and religious preferences as well as upcoming outings. The activities coordinator also told us they had upcoming events for the home including a beach visit, Christmas fayre and party and a visit to the pantomime. People were also encouraged to visit the community centre and visits from local church groups. The activities coordinator was trained and able to conduct group sessions such as musical memories and musical movements for people to take part in gentle and appropriate exercise. Activities were scheduled, but were adapted to people preferences at the time of being offered. The activities coordinator told us, "I think it's important to stimulate residents, it should be spontaneous as well I think" and, "If they want to do a bit of polishing who is anyone to stop them."

People and relatives were confident about the way their concerns and complaints would be addressed. We saw documentation that demonstrated the manager understood how to investigate complaints and acted to rectify concerns and responded to people in a professional and sympathetic manner. Relatives we spoke to told us they had had no reason to raise any complaints. We saw thank you cards from relatives of people who had stayed at the service. Cards said, "As a staff, you are caring and very supportive, the home is friendly and it is like a home from home, thank you all once again and would certainly recommend the home." No one raised any concerns with us during our visit and told us if they did have concerns they would report them straight away. One relative told us, "I have no reservations about anything, if I did I could just go and speak to the manager."

Where appropriate people had end of life care plans in place. These gave staff details of people's wishes and how they wished to be supported. We found staff had received training in supporting people at the end of

their lives. Compliment cards demonstrated families had been grateful for the care and support provided to their loved ones who had passed away.

Good

Is the service well-led?

Our findings

The service was rated good at the last comprehensive inspection in March 2016 and this rating has not changed.

The registered manager had been in post for over 12 years. We found they provided focused leadership and demonstrated a great desire to provide an excellent service. They adopted an approach that supported staff to look at how improvements to the service could be made. The staff said that they had a good relationship with the registered manager and they were comfortable about being able to challenge each other's practice as needed.

The registered manager was a keen advocate for staff well-being and proactively supported staff members who experienced physical and mental health concerns. They also actively engaged with the people who used the service and relatives. We heard that people rang them on a regular basis and dropped into the office to share their views.

Staff questionnaires, residents' questionnaires and surveys for relatives were all used to seek feedback about the service using an IPad, however relatives that had completed this survey told us, "We don't hear anything back." The registered manager discussed how they worked to share findings from surveys and share what action would be taken.

An internal audit had been carried out the day before our inspection by the regional manager. Improvements had been recognised and already implemented in the record keeping. For example, full care plan audits had been carried out and we could see the review actions. It was also recognised that there were no outcomes for meetings held and surveys, therefore administration staff had created documentation to record outcomes and actions to follow up on in future meetings.

The registered manager said they were well supported by the registered provider. They told us that the provider gave them autonomy to operate the service. We found the whole staff team expressed the view that they were there to provide care and support for the people living at the home.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Residents meetings were held bi-monthly which covered improvements, management, environment, activities, care, housekeeping and maintenance. We saw suggestions raised being implemented, for example one person requested a regular art class take place in April's meeting and we saw this had been implemented and was ongoing during August's meeting.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service that meets appropriate quality standards and legal obligations. These included audits of health and safety, infection control, medicine management and people's care plans.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.