

Grove Park Healthcare Group Limited

Grove Park

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

About the service

Grove Park is a hospital that consists of two nursing units which provides nursing and personal care for up to 58 older people with complex needs, and an acute inpatient mental health service for adults of working age in two wards (nine beds on each). At this inspection, we only inspected the nursing units and there were 43 people living there.

People's experience of using this service and what we found

The required improvements had been made since the last inspection in respect to the recording of food and fluids, relevant training for staff and having robust systems in place to monitor and improve the quality of the service.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring people were cared for in a person-centred way and the provider learned from any mistakes. Our own observations and the feedback we received supported this. Staff had received appropriate training and people received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic.

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe, were well supported and there were enough staff to care for them. Our own observations supported this, and we saw friendly relationships had developed between people and staff.

People received medicines safely. The service was clean, hygienic and a pleasant environment to spend time in. People's care plans were up to date and accurately reflected their needs. People were able to receive visits from their relatives and there was a programme of activities to support their well-being.

Staff worked collaboratively with outside agencies such as the local authority and healthcare professionals. People were protected from harm and abuse, as staff knew how to safeguard people and what procedures they should follow. Complaints were responded to appropriately and people's wishes at the end of their life were respected. People were able to express their views and had their dignity, independence and privacy promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service had Insufficient evidence to rate (published 23 September 2022) and there were breaches of regulation. We did not rate this service at that inspection because we did not look at the key questions in full. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from insufficient evidence to rate to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Grove Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector and an assistant inspector.

Service and service type

The nursing units at Grove Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The nursing unit at Grove Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. However, the manager of the service was in the process of registering with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with people, relatives and staff and gathered information relating to the management of the service. We reviewed a range of records. This included 7 care plans. We spoke with 8 people living at the service and two visiting relatives. We also spoke with 11 members of staff, including the manager, a registered nurse, care staff, administration staff and ancillary staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection there was insufficient evidence to rate this key question. Following this inspection, this key question has been rated good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

At our last inspection, the provider had not ensured there were appropriate procedures and policies in place to guide staff effectively on how and when to escalate concerns with regards to people's food and fluid. The provider had not ensured all people were consuming safe amounts of fluid. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection, records of fluid given to people contained gaps and omissions and did not inform staff of the required amount of fluid somebody was assessed to need during the day. It was not possible to determine whether people's hydration needs had been met. Improvements had been made.
- The provider had implemented an electronic care planning system that enabled staff to record information in real time on handheld devices. We saw that fluid intakes were recorded as they happened, and staff had access to information to guide them on the amount of fluids to offer people.
- The manager ran a regular report on people's fluid intakes and this was discussed at staff meetings and handovers, so that staff were aware of what people needed.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs. For example, some people were at risk of falls or choking. Their care plans contained comprehensive and specific details for staff on how to manage these risks.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- At the last inspection, we reviewed the provider's incidents and found that some were not recorded correctly and did not contain enough detail. Furthermore, they did not contain information of actions taken following the incident to mitigate reoccurrence and drive improvement. Improvements had been made.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was

recorded. Specific details and any follow up measures to prevent a re-occurrence were recorded. Any subsequent action was shared and analysed to look for any trends or patterns.

- People said they felt safe and they had no concerns around safety. One person told us, "I feel safe here, I'm not worried about anything."
- Staff had a good awareness of safeguarding, could identify the different types of abuse and knew what to do if they had any concerns about people's safety. Information relating to safeguarding and what steps should be followed if anyone witnessed or suspected abuse was displayed around the service.

Staffing and recruitment

- The deployment of staff met people's needs and kept them safe. Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- People and staff told us the service had enough staff to keep people safe. A relative told us, "There are enough staff around as far as I can see. I visit regularly and there is always somebody to help." A member of staff said, "We have recruited more staff now, but the agency staff we use are all regulars as well."
- The provider followed safe and effective recruitment practices. This included checks with the Disclosure and Barring Service (DBS), requesting references from previous employers about their conduct in previous jobs and health checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records showed staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the Nursing Midwifery Council (NMC).

Using medicines safely

- Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate. They also showed us how they ensured that stock levels of medicines were accurate. People told us they had no concerns about their medicines.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of medicines storage areas. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- Medicines were stored appropriately and securely, in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to see their friends and relatives at a time that suited them and were supported by staff to do so. Procedures were in place to enable people to receive visitors safely. PPE, including masks, and hand sanitiser was available to all visitors to use.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection there was insufficient evidence to rate this key question. Following this inspection, this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had not ensured all staff working with people had undertaken the required training to ensure they were competent to deliver safe and good quality care. Staff had not received regular supervision and appropriate levels of support from managers. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, staff had not all completed their mandatory training such as safeguarding, moving people safely, fire safety and communication in dementia. Furthermore, staff had not received supervision since starting at the service, and other systems to support staff, such as staff meetings had not been regularly held. Improvements had been made.
- Staff had received relevant training in looking after people. They were knowledgeable of relevant best practice and regulations. Staff supported people with confidence and professionalism. A member of staff told us, "I've done all my training. [Manager] doesn't let you start unless you are up to date. Yes, I've got supervision scheduled as well. I feel supported."
- Systems of staff development including one to one supervision meetings and annual appraisals were in place. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the last inspection, DoLS had been applied appropriately, however, we found that one person's application was not sent off for two weeks after they arrived at the nursing unit, and consent was not always recorded fully or appropriately. Improvements had been made.
- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

Supporting people to eat and drink enough to maintain a balanced diet; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice was sought from healthcare professionals on how people's diets should be adapted to suit them. Information was available in the kitchen to ensure people received appropriate drinks, meals and snacks.
- Where people were at risk of malnutrition, food and fluid charts were completed to monitor people's intake. This allowed staff to provide support and encouragement to people who were struggling to eat and drink.
- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person told us, "It's nice, we've got barbecue sauce today, I like that."
- People's needs were assessed before they moved into the service. This allowed staff to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People told us they received effective care and their needs were met. A relative told us, "They do everything for my [relative]. He needs a lot of support and they do that well."
- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets. Dementia friendly and clear signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we did not inspect this key question. Following this inspection, this key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. A relative told us, "The staff are all lovely, they seem to really care."
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service and could stay as long as they wanted.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do and where they would like to spend time. A member of staff told us, "We always offer them a choice of what they want to do, what they wear and what they want to eat. We listen to them."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. One person told us, "I'm not much of a morning person, they know that now, so they come to me a bit later."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, one person was encouraged to shower and dress independently, and another ate finger food, as this enabled them to eat without assistance.
- Care staff informed us that they always prompted people to remain active and carry out any personal care tasks for themselves, such as brushing their teeth and hair and mobilising around the service. One person told us, "They help me when I need it, but often I help myself, that's what I'm used to. They look surprised by that sometimes."
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They are all very kind to me."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we did not inspect this key question. Following this inspection, this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included people's choices around what they enjoyed doing during the day and their preferences around clothes and personal care.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that the service responded well to their care and recreational needs. One person told us, "I don't get involved with all the activities, but I'm enjoying this puzzle."
- There was a range of activities on offer which included, music, arts and crafts, quizzes, exercise, Tai-Chi and visits from external entertainers. For people who chose to stay in their room, staff scheduled one to one activity time with them. A relative said, "There's always music playing and things to do, I don't think they're bored."
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans. If requested, representatives of churches visited, so that people could observe their faith.

Improving care quality in response to complaints or concerns

- People were supported to raise concerns. People received information on how to make a complaint when they moved into the service and information was also on display for people to access.
- People living at the service and their relatives told us that they were happy to raise concerns.

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the service instead of being admitted to hospital.
- Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection there was insufficient evidence to rate this key question. Following this inspection, this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider did not have effective governance processes in place to ensure it assessed, monitored and improved the safety and quality of the services as needed. Leaders had not ensured they had clear and robust oversight of the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection, there was a lack of effective leadership with no one being fully accountable for the day to day safety and quality of the service and no clear oversight of the risks, issues and performance. Improvements had been made.
- A manager was in post, who was in the process of registering with the CQC. The manager had implemented systems and processes to drive improvement at the service and support staff. The manager told us, "There was a lot to do when I arrived, but we've all worked really hard to get where we are now."
- At the last inspection, the provider did not have effective processes to have oversight and monitor the quality of the service. Audits had not been being carried out to identify areas for improvement in the service. Improvements had been made.
- The manager undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medicines, infection control, care planning and health and safety. The results were analysed to determine trends and introduce preventative measures.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported

this. One person told us, "They are very good, I can't fault them. They are responsive to what I need." A relative added, "It is well run [my relative] has improved since they've been here."

- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this. The manager said, "We're not perfect, we're always learning, but we're building a good team with a good culture of care."
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively involved in developing the service. We saw examples of how feedback from people had influenced activities and sharing information with families around hospital appointments.
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. A relative said, "They contact me with any changes."

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented they all worked together and approached concerns as a team. A member of staff told us, "[Manager] is really good, we can go to her whenever we want. We're a good team and we're supported well."
- Up to date information was made available for staff including details of specific topics, such as infection prevention and control and the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service liaised with organisations within the local community. For example, the Local Authority and Integrated Care Board, to share information and learning around local issues and best practice in care delivery, as well as to assist each other in investigating any concerns.
- The service also engaged with the local community. Children from a local school had been invited to meet people living at the service and sing with them.
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.