

# Heathcotes Care Limited

# Grove House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Grove House is a residential care home providing personal care for up to 8 people. At the time of our inspection 6 people were living at the service.

### Right Support:

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. Staff supported people with their safety.

### Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe. Staff assessed risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture:

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Managers recognised when improvements were needed and took action to make things better. The provider had recognised communication had been poor both with people using the service and their relatives. They were making improvements in this area because they understood the importance of enabling people and those important to them to work with staff to develop the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19/05/2022).

### Why we inspected

We received concerns in relation to the environment including the heating and cooking facilities, a lack of experienced staff and concerns about the way the service was being managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found the provider had identified the issues reported to us and was working to make improvements at the service. There was no evidence during this inspection that people had been harmed as a result of the risks identified and the provider had acted to reduce the risk of harm to people. Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grove House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Grove House

## 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

This inspection was undertaken by one inspector.

#### Service and service type

Grove House 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. Grove House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

There was not a registered manager in post. At the time of our inspection the provider was interviewing candidates for the registered manager post.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with one person using the service, three staff members, the operations manager and the compliance manager. We also spoke with four family members. We looked at records which included care records for two people, three staff files, medicines records and other records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. We observed positive interactions and relaxed body language between staff and people living at the service.
- Relatives told us they felt their family member was safe. One relative told us, "It feels safe, staff are caring and [family member] is ok from that point of view."
- There were effective safeguarding and whistleblowing procedures in place. Staff were able to explain what the signs of potential abuse were and what action they would take if they had concerns.

Assessing risk, safety monitoring and management

- Staff spoke about people's risk and how they supported people to stay safe. For example, staff described how one person required additional supervision while eating and another person needed support to keep them safe while in the community.
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when necessary to keep people safe. When restraint was used best practice guidance was followed. The use of restraint was under constant review. Staff we spoke with told us they had received the training they needed to help people when they became anxious or upset.
- Staff managed the safety of the living environment. Regular environmental audits and fire checks were carried out to identify any problems, and systems were in place to fix issues quickly to help maintain a safe environment.
- We had received concerns about the cooking facilities and the heating systems. Staff told us the oven in the kitchen had broken and it had taken time to receive a replacement. The provider explained why there had been a delay and the actions they had taken to ensure people received hot nutritious meals during this time. The heating was working during our inspection and all areas of the service were warm. We found oil filled heaters in 2 people's rooms, these were unplugged and not in use. However, if used, there was a risk of people receiving burns from the high surface temperature. We could not find risk assessments for the use of these heaters. We spoke to the operations manager about our concerns and they immediately removed both heaters from the service and communicated the risks of using these heaters to all staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

#### Staffing and recruitment

- At the time of inspection the service was reliant on using agency staff to cover some shifts. The provider worked with the agency to try and keep the same staff to give people continuity of care. Permanent staff told us, with the use of agency staff, they felt there were enough staff on duty to keep people safe.
- The provider was actively recruiting and had made changes to the duty rota to allow more flexibility for people and for staff. This helped to accommodate people's outings, activities and healthcare appointments. Staff rotas were planned so staff had designated time to give people the one to one support they needed. During our inspection staff were always visible and on hand to meet people's needs and requests.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People could take their medicines in private when appropriate and safe. Staff were able to support people in their rooms with their medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Additional advice was in place to help staff when PRN or 'as required' medicine. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Regular medicine audits took place to make sure people received the right amount of medicines at the right time.

#### Preventing and controlling 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 in line with current government guidance.
- 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 could 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

- The service supported visits for people living in the home in line with current guidance. This included opportunities for people to visit their family homes.



### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence 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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives told us communication with managers had been poor impacting on their involvement with their family member's care and support. Two relatives told us regular weekly calls with managers or their family member had stopped and they sometimes found it hard to make contact with the service. One relative told us, "I just don't know what is going on."
- The provider had recognised that improvement was needed in the way staff and managers engaged with people and their relatives. They understood the importance of involving people and their family in how the service was run and this had been identified on the providers action plan.
- Staff told us sometimes staffing shortages had an impact on people's activities but overall the service was person centred and organised around meeting people's individual needs. Permanent staff knew people well and supported them to be actively engaged in activities in the service and in the community. One staff member told us how they supported people with day to day living skills and one person spoke to us about the shopping trip they were going on to buy food that was culturally important to them.
- People who were non-verbal did not always have the tools they needed to help them communicate and make choices about their care and support. Although permanent staff told us they understood people's communication needs there were no pictures or communication aids to help support people to communicate easily. The provider had recognised the need for improvement in this area. A registered manager from a sister service had been tasked to share best practice to improve communication methods and encourage the involvement of those people who were non-verbal. We will look at this again during our next inspection.
- Staff told us there had been some issues with the support they had received from managers in the past but felt this had improved and they now felt supported and valued by senior staff. Staff felt able to raise concerns with managers and were confident they would be listened to. One staff member told us, "We are well supported, there is good communication and teamwork."

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

- There was not a registered manager at the service at the time of our inspection but the provider was in the process of interviewing for the position. The provider had recognised that leadership had been inconsistent and had ensured there was a suitable management structure in place to run and support Grove House until a new registered manager was appointed. We were assured this structure would remain in place until the

registered manager was confident in performing their role.

- Governance processes were effective. Audits had identified areas for improvement and clear action plans were in place to support improvements. Weekly meetings were being held to monitor and review progress made and additional support was allocated when needed to ensure people were safe and received good quality care and support.

Continuous learning and improving care; 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

- Managers set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Weekly managers meetings shared learning from across the organisation. When things went wrong the area operations manager explained they shared lessons with staff to help reduce risk and improve people's care.

Working in partnership with others

- The area operations manager and staff had established effective working relationships with other professionals involved in people's care. This included health care professionals and professionals within the local authority to make sure people had the care they needed.