

Four Seasons (JB) Limited

Grove House

Inspection report

1 Palm Grove
Prenton
Merseyside
CH43 1TE

Tel: 01516528078

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Grove House is a nursing home that provides personal and/or nursing care for up to 63 people. At the time of the inspection 63 people lived at the service. The ground floor was for people who are elderly and who had general nursing needs and the top floor was for people with dementia. The middle or first floor had been designated for intermediate care patients who were funded by the NHS.

The infection control practices carried out by staff were effective and there was monitoring of the infection control and cleaning practices at the home.

People's experience of using this service:

Medicines were not managed safely, and our findings were that the medication procedures were not monitored effectively.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. However, no information about how to safely administer medicines covertly had not been obtained from a pharmacist or other reliable sources.

Relatives told us they thought they received safe care. Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Risks to people had been assessed and measures put in place to reduce these risks. We found that actions were taking place by staff or monitored by the management team.

Feedback from relatives was predominately good. They told us staffing levels were mainly good but at times more staff were required. All said they thought their relatives were receiving good respectful care and their needs were met. All six relatives told us that they were happy with the care.

There were vacancies at the home that were being advertised. We saw sufficient numbers of staff on duty on the two days of the inspection. Safe recruitment practices had been followed, and all records required were in place. The provider did not use agency staff a new initiative had been introduced for staff to work overtime to provide continuity to the people living at Grove House.

The food served at the home was of an adequate standard except for the special diets that were liquidised and did not look appetising. Relatives we spoke with told us that they thought the food was plentiful and good quality. People's nutritional needs were known by staff; however, records of food supplements were not completed, and we were unsure of quantities provided.

The building was in the process of having a refurbishment with an action plan being provided. Works had taken place that was observed to be in a good state of repair and people and relatives told us they were

comfortable. The décor was conducive for people living with dementia and had been decorated so as not to look the same in areas so people walking down corridors could recognise their doors.

The service worked with other professionals and agencies to help ensure people's needs were met effectively. Advice provided was clearly recorded however at times they were not being followed by staff.

We looked at the systems to gather feedback from people regarding the service and there were completed satisfaction survey audits that informed outcomes and actions taken. The feedback was positive. The systems in place for audits and management oversight were in place however there were issues where we found the medication audits did not reflect our findings and they were not effectively addressed.

Rating at last inspection: We inspected this service on 31 October and 1 November 2018 and 20 December 2018, published on 24 January 2019. We found that the service had changed to requires improvement. We found breaches of the regulations concerning people's dignity, their safe care and treatment and the governance of the home.

Why we inspected: scheduled/planned inspection based on previous rating of Requires Improvement. We received an improvement plan required from the last inspection. We had received concerning information in relation to staffing levels not being sufficient to meet the care needs of the people living there. We looked at staffing levels as part of this comprehensive inspection.

Enforcement: The service met the characteristics of Inadequate in one key question of safe. And repeated requires improvement in effective, and well-led. More information will be in the main report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Grove House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There were two adult social care inspectors a pharmacist inspector 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. They had expertise in dementia care.

Service and service type:

Grove House is a care home service with nursing. The service is registered for 63 people. There were 63 people living at the home at the time of this inspection. The service also provides care for people living with dementia.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since their registration with the CQC. We assessed the information we require providers to send us at least once annually 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 spoke with eight people and six relatives to ask about their experience of the care provided. We spoke with two members of care staff, the housekeeper, the activities coordinator, the cook, three nurses, the maintenance officer, the registered manager and the regional manager and the Intermediate care services director. We also spent time observing the support provided to people.

We reviewed a range of records. This included five people's care records, four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the

management of the home and a variety of policies and procedures developed and implemented by the provider.

During the inspection we looked at medicines and records about medicines for 13 people. We spoke with the manager the clinical service manager one nurse and one care home advanced practitioner who had responsibility for administering medicines on the day of the inspection.

After the inspection; we received additional evidence and information for medicines management and a plan for the management and oversight 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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met

Systems and processes to safeguard people from the risk of abuse Using medicines safely

- People were not always given their medicines safely because staff did not always follow the prescribers' directions.
- People missed doses of their prescribed medicines either because there was no stock available or because staff did not start giving them in a timely way.
- Some people needed to be given their medicines by disguising them in food or drink, but staff had not obtained information and guidance to ensure this was done safely.
- Staff did not always have written guidance to follow when they administered medicines prescribed to be given "when required" or with a choice of dose. This meant they did not have the information to tell them when someone may need the medicine or how much to give.
- Staff did not always complete the records about medicines accurately. Some had missing signatures, some medicines had been signed for, but the stock levels showed it had not been given. There were no records kept about the administration of thickeners and only limited records about the application of creams.
- Medicines were not always stored correctly. Waste medicines were not stored in line with current guidance and creams were kept in people's rooms without risk assessing it was safe to do so. Medicines including creams were not always stored at the correct temperature.
- The above concerns were brought to the attention of the registered manager to address.

The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a repeated breach of Regulation 12 Safe care and treatment and placed people at risk from potential serious harm.

Assessing risk, safety monitoring and management

- People told us they felt safe living in Grove House. Relatives informed us this was because they thought they received safe care and could talk to staff if they needed to.
- Monitoring protocols were being adhered to when they were in place but they were limited in relation to medicines.
- Equipment and utilities were checked regularly to ensure they remained safe for use.
- Emergency procedures for keeping people safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and an overall emergency procedure plan.

Staffing and recruitment

Recruitment records for staff showed that relevant checks and interview process had been undertaken prior to the person commencing work at the home. This meant that the provider had taken steps to ensure staff

were suitable to work with vulnerable people.

- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- Some staff told us staffing levels were adequate. We were contacted directly following the inspection by a number of people who told us that the staffing levels were not safe.
- Rota's showed adequate staffing levels to meet the care needs of the people living at Grove House.
- The registered manager advised us they had introduced supernumerary staff to support on all three floors. The recruitment for these roles were ongoing.
- Observations on the two days where that there were enough staff to meet people's needs, staff were busy but able to spend time with people.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Procedures were in place to maintain a safe and clean environment for people to live. This was an improvement from the previous inspection.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.
- People told us that they found the service was clean. A family member told us staff regularly wear aprons and gloves and felt that the home was clean. People's comments included "Cleaners always make sure home is very clean" and "My relatives' bedroom is cleaned every day".

Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. The information was used to inform of any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as updating risk assessments and care plans and providing any necessary equipment. We found that any changes in people's care plans and risk assessments were followed by staff and effectively monitored by the registered manager and senior staff.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met

Supporting people to eat and drink enough with choice in a balanced diet

- We found that food supplements prescribed were not being effectively provided and we saw that in some instances the supplements had ran out. This placed people at risk from not receiving adequate nutrition.
- The above concerns regarding prescribed food supplements were brought to the attention of the registered manager to address immediately.
- Records showed that when people required their intake to be monitored, this was recorded and informed whether people ate or drank sufficient amounts.
- People told us they had enough to eat and drink. Comments from people and their relatives included, "Food is good, I enjoy it", "The staff will ask my relative and make them something when they feel like it as they sometimes don't want to eat at meal times", "Food is all right, they [staff] do try to provide nice food" and "Food is good, plenty of it, no complaints".
- We saw that people's weights were monitored and early intervention taken if people started to lose weight by contacting the community dieticians and if required the speech and language therapists.

We found the home to be in breach of Regulation 12. The failure to ensure the safe management of medicines (and this includes prescribed nutritional supplements) was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support

- Where people required supported from healthcare professionals this was arranged. Staff requested visits from other health professionals for example a Macmillan nurse was requested to support the needs of a person who was unwell.
- Staff had access to professional guidance relating to people's specific medical conditions. Any support people needed with their healthcare needs were recorded in their care plan.
- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People and relatives told us that staff would always arrange for them to see a doctor if they were unwell.
- Where there had been advice to the staff provided by the dietician for food supplements the advice was not always followed correctly.

MCA / DoLS

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.
- Where people required the protection of a DoLS this had been applied for. A register was maintained of who had a DoLS in place and who had a DoLS applied for. Assessments of people's capacity to make decisions such as agreeing to their care plan had been undertaken. Where people lacked the capacity to make a decision a best interest decision making process had been undertaken.
- We found that the covert medication procedures followed did not have all of the best interest decision making processes undertaken. For example, the input of a pharmacist. The registered manager initiated actions immediately to contact the relevant professionals.
- Families and representatives had been involved in this process. People were supported to make everyday decisions for themselves where possible. We saw staff offering people choices throughout the day.
- Staff had received training in relation to mental capacity and told us they always asked people for their consent before providing support and people we spoke with confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Staff had access to best practice guidance, such as NMC Medicine Standards and The National Institute for Health and Care Excellence medicine guidance. Guidance from the local authority was also available, such as safeguarding procedures and thresholds.
- Care and support was planned and delivered however we found issues where monitoring was not being recorded effectively for medication procedures and as such we were unable to ascertain if the treatments were being provided in some instances as required in the care plans.
- Care plans were developed from initial assessments and included input from other health and social care professionals when required.
- When people had specific medical conditions, information regarding these conditions was not always held within the care files.

Staff skills, knowledge and experience

- Staff completed regular online training in areas relevant to their roles, to ensure they could support people effectively. Staff were required to attend onsite training for practical training including moving and safe handling people and health and safety.
- People and their relatives told us they felt staff were adequately trained and able to meet their needs safely.
- New staff had completed an induction which met the governments recommended induction standards. Staff competence was assessed during the induction process.
- Staff told us they received sufficient training and felt it helped to support them in their roles as it ensured they were kept up to date with good practice. Staff were supported by the providers to register for qualifications in care.
- Staff felt well supported and received regular supervisions and annual appraisals to discuss their roles and any development required.

Adapting service, design, decoration to meet people's needs

- People had freedom of movement around their floors and the building.

- A programme of redecoration of people's bedrooms was in place and we saw bedrooms that had recently been decorated to a good standard. Also, communal areas had been decorated with new fixtures and fittings.
- People had access to an outside established garden area. Although the garden required works to make it more appealing to people and their visitors.
- Pictures and signage was in place to help people identify communal areas and bathrooms. In addition, wall hangings and pictures had been added in some areas to offer stimulus to people.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, dignity and respect. This was an improvement from the previous inspection. People's and family members comments were mostly positive and included, "Really nice staff, very caring" and "Really respectful, I can't fault the girls" "They are always kind in their approach". One person told us that the majority of the staff "Are great, we have a laugh which is lovely".
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required they used non-verbal methods to communicate with people.
- People received their post directly and unopened.

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

- People and their family members were encouraged to share their views about the care provided.
- People had a choice of when they got up and went to bed.
- Care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.
- Staff had an understanding of how people communicated. Not all people communicated verbally, and staff communicated using their knowledge of the people. Staff explained how they could recognise how a person was feeling based upon their actions and emotions. Staff were observed to approach people in an appropriate way which was seen to be successful in reducing the people's anxieties.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed kind and respectful interactions where people were given time to express themselves fully. For example, we observed staff supporting a person who was distressed. Staff remained with the person throughout, they made sure that the environment was calm and communicated through their preferred method to resolve their distress.
- Staff provided people with personal care in private.
- People were supported to use their right to vote.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff. This was an improvement from the previous inspection.
- People were supported to maintain their independence.
- One relative described the home as; "Very Good" and added that

they; "Wouldn't change it for anything. Staff make you feel at home when you visit".

- Peoples personal histories and experiences were recorded in the five care plans looked at.
- Preparations for the lunchtime meal were positive in terms of staff interaction with people. Staff asked people what they wanted, where they wanted to sit, did they want an apron etc. Staff consistently talked calmly, reassuring people and making eye contact. We saw that people living at the home approached staff for conversations and felt confident in their company. Staff spent time chatting with people as well as meeting their support needs.

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

- Care plans demonstrated that people and their families or advocates were involved in making decisions about their care and the review of any personal outcomes.
- The registered manager told us that people had access to advocacy services if required. We saw information displayed on a notice board by the main entrance.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care

- People's individual needs had been assessed and care plans developed to meet those needs.
- Since the previous inspection people's care planning documents had been fully reviewed and updated. People were not always aware of their care plan being in place. We discussed this with the registered manager who told us that they would remind people that they could access their care plans at any time.
- Information was recorded regarding people's preferences in relation to their care and treatment, daily routines and how they liked to spend their time.
- Relatives told us they were aware of the plans of care in place and were always informed of any changes.
- Staff knew the people they supported including how best to approach people and how to support people if they became agitated or upset.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. People's needs were identified, including those needs that related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; the service identified, recorded, shared and met the communication needs of people living with a disability, dementia or sensory loss, as required by the Accessible Information Standard. Staff knew people well and how best to communicate to support their understanding.
- Staff completed daily logs to record the care provided and information regarding people's care. However, we found gaps in the recording for different records as reported above.
- A range of activities were available to people within the home and the activities coordinator told us of their plans about bringing the community into the home. Staff encouraged people to continue interests they had enjoyed before moving into the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were also knowledgeable around confidentiality and ensured that personal information was securely stored.
- People were supported to maintain their independence. For example, we saw people being supported to go where they wanted too. A member of staff told us; "We support people to do things as much as they can".
- People were supported to maintain relationships with their families. Relatives we spoke with told us that the staff made sure they kept them updated and always communicated any changes in their health and wellbeing.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and this was on display within the home. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt. A system was in place for the senior managers to monitor all complaints made about the service.
- Most people told us they knew how to make a complaint should they need to, and relatives agreed.
- Relatives who had raised concerns were happy with the action taken to address the issues.

End of life care and support

- We saw one person's end of life care record, People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning.
- Nursing staff had undertaken training to enable them to support people effectively at the end of their lives.
- The registered manager told us they would work with the community nurses and GP's during these times, to ensure people received appropriate care and support.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

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

- A system was in place for the monitoring of quality and safety. Areas for improvement were identified through audits and action was taken to make any required improvements. This was an improvement from the previous inspection. However, the current auditing systems in place had failed to identify that improvements were required to the safety of the medication procedures and that not all records had been well written, signed and dated. This was a repeated breach of regulation 17 Good governance. This is a failure of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the systems of governance were not being effectively monitored for the health, safety and welfare of service users.

- The registered manager was clear about their responsibilities and had an understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- People and family members were confident in the registered manager and told us they could speak to them at any time.
- Policies and procedures to promote safe, effective care for people were available to staff. The policies and procedures were provided to staff in a handbook and staff were being encouraged to familiarise themselves with them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager demonstrated an ethos of person-centred care and support for people using the service and was working to further promote this with the staff team.
- The registered manager and regional manager held regular meetings where they reviewed the service provided to people and planned for changes needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The management team engaged people using the service, family members and staff through surveys and meetings. In addition, a suggestion box was available for people to post any suggestions they had to improve the service. There was also a I-pad at reception that prompted people to make any comments and suggestions.
- The registered manager and staff sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.

- All staff spoken with told us that the registered manager was open, transparent and supportive. We were told that any issues would have actions taken. One member of staff told us that "The manager will even put on a uniform and muck in as part of the team if support is required due to sickness".

Continuous learning and improving care

- The service worked with local initiatives to continually improve the service people received.
- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- Improvements were being made to the décor within the service and was meeting their action plan from the last inspection.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.