

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The Grove Care Home

40 Owen Street, Rosegrove, Burnley, BB12 6HW

Tel: 01282437788

Date of Inspection: 20 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Walton Care Limited
Registered Manager	Mrs Claire Tighe
Overview of the service	<p>The Grove is owned by Walton Care Limited. It is a purpose built single storey home registered to provide accommodation, personal and nursing care for up to thirty eight people, including frail older people and younger people with disabilities. There are surrounding gardens with a patio area, and a car park at the front of the building. Shops, pubs, churches and other amenities are within walking distance.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 20 May 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

What people told us and what we found

Prior to our inspection we received some anonymous information. We considered this information and brought forward our scheduled inspection.

We spoke with five people using the service, one visitor, a district nurse and the local authority. We also spoke with three care staff, the cook and a kitchen assistant, the registered manager, the compliance manager and the owner. We viewed records which included, three care plans, daily care records, staff duty rotas, menus and records of meals served, monitoring records and equipment service records.

We considered the evidence we had gathered under the outcomes we inspected and were satisfied with the evidence provided in relation to the concerns. We used the information to answer the five questions we always ask:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

This is a summary of what we found:

Is the service safe?

There were policies and procedures in place relating to the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager confirmed no applications had been submitted since our last inspection.

We found all areas of the home to be bright, safe and comfortable. People had access to a range of appropriate equipment to safely meet their needs and to promote their

independence and comfort.

During our visit we observed staff responding promptly to people's requests for assistance. However, following our discussions with people, we were concerned staff were not always freely available to meet people's needs. We shared our concerns with the manager and the owner and care staff numbers were immediately reviewed and increased. This meant there were sufficient numbers of staff to meet people's needs at all times.

Is the service effective?

Everyone we spoke with told us they enjoyed the meals. One person said, "The food is fantastic; there is always a choice". A visitor said, "Mum always gets enough to eat; the food is very good and there is always a choice". Staff were aware of people's dietary preferences and were able to provide specialist diets as needed.

People told us they enjoyed the activities both inside and outside the home. Activities were arranged for small groups of people or on a one to one basis.

Regular reviews were carried out to respond to any changes in people's needs and to ensure the level of care was appropriate. We noted the records did not clearly show people's involvement in this process. However, people told us they were involved in discussions about their care and kept up to date with any changes.

Is the service caring?

People told us they were happy with the care and support they received. Comments included, "I am 100% satisfied; the care is second to none", "Moving here was the best thing I ever did" and "I am very happy here".

Care records contained useful information about people's preferred routines and likes and dislikes which would help ensure people received the care and support they needed and wanted.

Staff were observed interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. People told us, "Staff are lovely", "Everyone is very nice to me" and "I feel confident to leave mum in their care".

Is the service responsive?

People's health and well-being was monitored and appropriate advice and support had been sought in response to changes in their condition.

The service had good links with other health care professionals to make sure people living in the home received prompt, co-ordinated and effective care. A district nurse told us staff notified them of any issues relating to their 'patient's' health and well-being and that any instructions they gave were followed.

Is the service well-led?

The manager had recently been registered with the Care Quality Commission (CQC). We received positive feedback about the manager. One person living in the home said, "The manager is lovely; she asks if I am alright". Staff told us, "The manager is approachable and sorts things out; she is very hands on and works with us so she knows the residents".

People were encouraged to express their views and opinions of the service during day to day discussions with staff and management and through annual customer satisfaction surveys (October 2013). However, we were told residents and relatives meetings had not been held. People should be kept up to date and involved with any decisions about how the service was run.

There were systems in place to assess and monitor how the home was managed and to monitor the quality of the service; this included regular visits by the 'owner'. However, a number of the 'checks' were not formally recorded which meant it was difficult to determine how effective the systems were. We were told regular monitoring visits were being introduced which should help protect people from poor care standards and identify any areas of non-compliance.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at this outcome as we had received some anonymous information. We were told there were 'a number of people' who had developed pressure sores and people were not receiving the attention they needed. We looked at records, observed care practices and spoke with people living in the home, a relative, care staff, a district nurse and the management team.

People told us they were happy with the care and support they received. Comments included, "I am 100% satisfied; the care is second to none", "Moving here was the best thing I ever did" and "I am very happy here".

We looked at four people's records. We found their needs were assessed and care, treatment and support was planned and delivered in line with their individual care plan. We found the care records contained some useful information about people's preferred routines and likes and dislikes. This would help staff to look after them properly and ensure people received the care and support they needed and wanted.

Regular reviews were carried out to respond to any changes in people's needs and to ensure the level of care was appropriate. People living in the home, and their relatives, told us they were involved in discussions about their care and kept up to date with any changes. However, the provider may find it useful to note, the records did not clearly show people's involvement or discussions with relatives.

Staff told us they were able to discuss people's needs at regular 'handovers' which should make sure they were up to date and should make sure everyone received the care they needed.

People's health and well-being was monitored and appropriate advice and support had been sought in response to changes in their condition. However, the provider may find it useful to note the records did not always reflect the action being taken to reduce any

identified risks to people's health and well-being. This could result in people not receiving the care they needed.

We spoke with the district nurse and with the manager about the number of people living in the home with pressure sores. We were satisfied there were no concerns in this area. Records showed appropriate care had been given to people.

There were policies and procedures in place relating to the Mental Capacity Act and Deprivation of Liberty Safeguards. The manager confirmed no applications had been submitted since our last inspection.

Some of the care staff had achieved a recognised qualification in care, which would help them to look after people properly. Staff were observed interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

From looking at records, and from discussions with people who used the service, it was clear there were opportunities for involvement in a range of suitable activities both inside and outside the home. Activities were arranged for small groups of people or on a one to one basis. People told us they enjoyed the activities. Comments included, "There are trips out and I can go to my weekly club", "There is plenty organised for us" and "I can join in or do my own thing".

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We were told the service had recently changed their food supplier. We were told this had not affected the quality of the meals but there had been some initial problems with amounts of fresh meats; we were told this was being monitored. Kitchen staff were happy with the new supplier. They told us they were able to have frequent deliveries which meant more fresh fruit and vegetables.

Everyone we spoke with told us they enjoyed the meals. Comments included, "The food is fantastic; there is always a choice", "The meals are very good; they are helping me with healthy eating", "There is always plenty to eat and drink throughout the day and night" and, "The food is very good; my wife sometimes comes to eat with me". A visitor said, "Mum always gets enough to eat; the food is very good and there is always a choice".

Records showed there was a choice of food and drinks available. During our visit we observed people being offered alternatives to the menu. However, the provider may find it useful to note that whilst we were told snacks and suppers were provided there were no records to support this. This meant it was difficult to determine whether everyone's nutritional needs were being met at all times.

We observed staff being attentive and supportive during the lunchtime meal. People were supported to eat and drink sufficient amounts to meet their needs and were provided with specialist equipment to aid independence. The dining room was spacious, bright and pleasant and people were provided with appropriate cutlery, crockery and condiments. The meal time was not rushed and people were able to eat at their own pace. People told us they were able to choose where they dined.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

The provider worked in cooperation with others to ensure people's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services.

Reasons for our judgement

From looking at records and from our discussions with people, we found the service had good links with other health care professionals to make sure people living in the home received prompt, co-ordinated and effective care.

We spoke with a district nurse who told us staff notified them of any issues relating to their 'patient's' health and well-being and that any instructions they gave were followed. They told us they had no concerns about the home and their 'patients' were happy with the care they received.

There were processes in place to ensure relevant and appropriate information was shared with other providers when people were admitted, transferred or discharged to another service.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our visit we found all areas of the home to be bright, safe and comfortable. We found improvements were ongoing and there were systems in place to maintain standards of the environment and standards of cleanliness. We were told any requests for maintenance or repair were responded to promptly.

There were a number of communal areas which were bright, furnished to a good standard and suitable for the people living in the home. However, the provider may find it useful to note the odours from the 'smoking' lounge had filtered into the corridor where people were sat in their bedrooms. The manager told us the provision of smoking areas was being reviewed as this problem had already been identified.

The gardens were safe, accessible and well maintained. There were seating areas and raised flower beds for people to enjoy in the warmer months.

People told us they were happy with their rooms and most had brought in personal items to make them more homely. Comments included, "I have a lovely room and I can look out into the gardens", "I have everything I need to make it my home" and "It is a beautiful place; I can't fault it".

Bathrooms and toilets were clearly signed, fitted with appropriate locks and suitably equipped for the people living in the home.

People who lived in the home were given information about how to respond to any emergencies. This should help to keep them safe.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

During a tour of the home we found people had access to a range of appropriate equipment to safely meet their needs and to promote their independence and comfort. Records showed that equipment was stored safely and regularly serviced and maintained. Staff had received training to ensure they were competent to use the equipment safely and properly.

There were procedures in place to support staff to manage any emergencies, such as power failures.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at this outcome as we had received some anonymous information. We were told there were not enough staff to deliver adequate care. We were also told senior staff were not providing support to other staff. We looked at records, observed care practices and spoke with people living in the home, a relative, care staff and the management team.

We asked people living in the home and their visitors whether there were enough staff to meet their needs. They told us, "There are enough staff; they always come when I press the buzzer", "Sometimes there are not enough staff", "There are mostly enough staff; they check on me during the night" and "I press my buzzer and staff always come when they can; they are very busy".

We asked staff about the staffing numbers. They told us, "We have had a few more new residents which means we are busier; it is hard at the moment, we could do with another pair of hands", "There are not enough staff especially at meal times; it is difficult to look after everyone at once", "If we had a few more staff it would be much better; it is a lovely home and people are well looked after" and "We have new residents and it is difficult to get to know them properly when we are rushing around".

During our visit we observed that although staff were busy they responded promptly to people's requests for assistance. We observed staff were competent, confident in their work and very much involved as a team. One member of staff told us, "We are a good team; we support each other". From observing care and looking at records we found most people required the assistance of two staff, some were nursed in their rooms and some needed support at meal times.

We looked at the staff rotas. There was 1 nurse and 5 care staff on the morning shift and 1 nurse and 4 care staff available in the evening. However, we found staff were not always freely available at busy periods such as mealtimes, bedtimes, bath times and medication rounds. We found staffing levels had been consistently maintained. Any shortfalls, due to sickness or leave, were covered by existing staff, regular agency staff and bank staff and additional staff had been provided to cover pre-arranged hospital appointments and excursions. This ensured people were looked after by staff who knew them.

The manager and the owner told us staffing levels were kept under review and a nationally recognised staffing tool was being used. This helped to determine minimum staffing levels and identified any need for a review of staffing levels due to changes in people's dependency levels. We were told 'resident' occupancy levels had increased recently and new staff would be recruited.

We shared our concerns about staffing with the manager and the owner. Following the inspection we were told care staff numbers had been increased, employment application packs had been sent out and the times of medication 'rounds' had been changed to ensure nursing staff were available to support people during meal times. We were confident there were now sufficient numbers of staff to meet people's needs at all times.

People told us they were happy with the staff team. Comments included, "Staff are lovely", "Everyone is very nice to me" and "I feel confident to leave mum in their care".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had systems to help ensure people were provided with a good quality service.

Reasons for our judgement

The manager had recently been registered with the Care Quality Commission (CQC).

We received positive feedback about the manager. Comments from people living in the home included, "The manager is lovely; she asks if I am alright" and, "The manager is a very nice person". Comments from staff included, "The manager is a lovely person; I feel supported and enjoy working here" and "The manager is approachable and sorts things out; she is very hands on and works with us so she knows the residents".

We were told a staff meeting had taken place some months ago but none since. The manager told us there were plans to introduce these on a more regular basis. This should help make sure staff were kept up to date and consulted about any changes.

People told us they were encouraged to express their views and opinions of the service during day to day discussions with staff and management and through annual customer satisfaction surveys (October 2013). However, we were told residents and relatives meetings had not been held. The provider may find it useful to note that without regular resident and relative meetings it was difficult to determine how people were kept up to date and involved with any decisions about how the service was run.

We were told there had been no recent complaints. However, the provider may find it useful to note there were no clear records of people's previous concerns. This meant it was difficult to determine whether appropriate action had been taken, whether there were recurring problems or whether the information had been monitored and used to improve the service. We discussed this with the manager who assured us clearer records would be maintained of people's concerns. We found people using the service and their visitors had made complimentary comments about the service.

There were systems in place to assess and monitor how the home was managed and to monitor the quality of the service; this included regular visits by the 'owner'. However, the provider may find it useful to note that a number of the 'checks' were not formally recorded. This meant it was difficult to determine how effective the systems were. We discussed this

with the recently appointed 'compliance manager'. They told us regular monitoring visits were being introduced to help improve and maintain quality. This should help protect people from poor care standards and identify any areas of non-compliance.

Any incidents and/or safeguarding concerns had been reported to the local authority. Staff were aware of the procedures for reporting any concerns about poor practice. There was evidence the service had used previous information of concern to improve the service and to prevent any reoccurrence.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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