

The Grove Residential Home (Solihull)

# The Grove Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Grove is a residential home for 30 people, some of whom live with dementia. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

People's experience of using this service:

- People felt safe and were protected from avoidable harm. Staff understood how to keep people safe and how to report any concerns they may have.
- Staff knew about the risks associated with people's care and understood how to minimise risks to them. Further information was available in care plans for staff to refer to.
- Staff supported people to take their medicines and how to store them safely.
- Staff understood how to prevent the spread of infection.
- People received care from a consistent team of staff who understood their needs well.
- People's needs were assessed to ensure they could be met by the service.
- Staff were recruited safely and processes were in place to check the background of potential staff.
- Staff received training and guidance.
- People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.
- People were offered choices in the meals and drinks they were offered.
- Staff respected people's rights to privacy and dignity and promoted their independence.
- People received information about the service in a way that was appropriate to their needs.
- People were involved in planning their care.
- Care plans contained the information and guidance staff needed to support people.
- Systems were in place to manage and respond to any complaints or concerns raised.
- The provider had systems for reviewing how the home was managed by the registered manager. This included reviewing systems for updating people's care.

At this inspection we found the service met the characteristics of a "Good" rating in all areas.

Rating at last inspection: At our last comprehensive inspection of this service in April 2016, we rated the service as 'Good'.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# The Grove Residential Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Grove is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

Before the inspection, we reviewed:

- Information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as accidents. .
- Feedback from the local authority and professionals who work with the service.
- 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 spent time with people in the communal areas of the home and in their rooms and we saw how staff supported the people they cared for.
- We spoke with five people who lived at the home, to gain their views about the care provided. We also spoke with two relatives.
- We also spoke with the registered manager, three care staff, the home administrator and a volunteer working at the home.
- We reviewed a range of records. This included three people's care records and multiple medication records, and records about safeguarding people's liberty and freedoms.
- We also looked at records relating to the management of the home. These included systems used to check the quality of the care provided, such as residents and relatives surveys. We also checked how complaints and any accidents and incident were managed. In addition, we saw checks made on medicines administered, and checked the systems in place to manage Deprivation of Liberty Safeguards.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. We saw people were comfortable and at ease around staff. One person told us, they felt "Very safe. The carers are very attentive."
- Staff could recognise the signs of abuse and understood how to report their concerns. One staff member told us, "If I had any concerns, I'd go straight to the office" and was assured the registered manager would act on any issues they raised. The registered manager understood how to report concerns raised with them.

Assessing risk, safety monitoring and management

- Staff knew and understood the risks people lived with. Care plans contained guidance for staff on managing the risks to people's health. Risk assessments had been reviewed and updated regularly.

Staffing and recruitment

- People told us they had sufficient support from staff when needed. We saw people being supported in a timely manner. The registered manager felt assured they had sufficient staff to support people. One person told us, "At night time they will look in and ask if I want anything." They told us people's dependency levels were reviewed regularly to check this. Where changes were needed, these were made.
- The registered manager had processes in place to check the background and references of potential staff before recruiting them to work at the home.

Using medicines safely

- People we spoke with told us medicines were always on time and that they never missed any.
- The registered manager had a system in place to ensuring people were correctly supported. A system was in place for reviewing how medicines were stored and staff competency to ensure practices were safe.

Preventing and controlling infection

- We saw The Grove was clean and odour free and staff had access to protective clothing such as aprons and gloves. One person told us, "Cleaning staff do a marvellous job. If there is anything extra in the room that you want done, they will do it."

Learning lessons when things go wrong

- Staff told us about how they recorded accidents and incidents. They shared the information with the registered manager so that the most appropriate support could be found for the person. For example, one person required more specialist help and the registered manager helped the family source this for the person.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The wishes of people, their families and staff were considered when people's needs were assessed. This helped to ensure people's care preference and needs were promoted.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- People volunteering at the home told us they were well supported and were supervised so that people received the correct support.
- Staff were very positive about the training they had received, and the opportunities they had to develop their skills further. Staff told us training was always planned in advance and dates shared with staff. One staff member told us, "There's always plenty of training."
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- One person told us, "The food is very good. It varies, and we don't have the same meal twice a week. It's very well done."
- People enjoyed their meals and where people required support, we saw this was provided.

Staff working with other agencies to provide consistent, effective, timely care;

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

- People told us staff helped them to see the doctor if they were not feeling well. Care plans we reviewed illustrated how people attended hospital appointments with the help of staff.
- Staff described how they monitored any changes in people's care so additional support could be accessed. For example, one person had an increasing number of falls and further advice was sought from the Falls Clinic to help better support the person.
- One staff member told us "Staff come in a bit early and read the communication book." They told us this helped update all staff about immediate changes needed in people's care and support.

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

- People were encouraged to contribute ideas for how the home and how it could be improved. We saw people's ideas had been incorporated into the redevelopment of the home. For example, the lounge was having a mural painted which reflected the suggestions people made.

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 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

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.



# 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

Good: 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

- People told us they liked and felt cared for by the staff supporting them. They told us they knew many of the care staff well because they had worked at the home for a number of years.
- Staff we spoke with understood people's individual needs and how each person required support. Where people required additional support with their mobility or with their spiritual beliefs, staff understood and ensured each person received the support they needed.

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

- People were supported to express themselves in ways that reflected their ability. For example, one person had problems with the vision, and staff took time to explain everything they needed to keep the person involved in their care.
- We saw staff support people continually by explaining things to them and ensuring they understood. For example, people chose where to spend their time. Where people chose to spend time in quiet areas, this was respected by staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and helped to maintain the independence. For example, one person told us, "They trust me with my independence." They told us about how they were supported to keep as independent as possible.
- People's confidential information was securely stored, to promote their privacy.

## Is the service responsive?

### Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person told us, "We have puzzles, Arts and Crafts, quizzes – they do and try to keep us busy." We spoke with the activities co-ordinator who explained how each person was supported according to their interest and need.
- People told us they were involved in their care planning. They told us staff spoke with them about their care and whether anything could be improved. Where suggestions were made, staff acted on this.
- Where people's care needs changed, people's support was amended accordingly. For example, we saw one person required an increasing amount of support as their illness had progressed. Staff we spoke with understood how the person now required support and understood how their needs had changed.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

Improving care quality in response to complaints or concerns

- People we spoke with told us they felt able to speak to staff or the registered manager if they had any concerns and understood the process for doing so.
- We saw the provider had a complaints process in place to acknowledge, investigate and respond to complaints.

End of life care and support

- People were supported to express their preferences for end of life support. Where this had been expressed people's wishes were incorporated into their care planning. One staff member told us about end of life care, "We would do anything we are asked of."

## 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- One family member told us, "It's nice as it is. I'm very pleased mum came here. I liked it so much I wanted my uncle to come here as well. I went to many places and it's by far the best one I saw."
- People liked the registered manager and felt able to approach them and discuss any issues that might concern them. One person told us they had no hesitation in going into the office to speak with the registered manager.

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

- We saw that the registered manager understood their obligations to report certain issues to the CQC. We reviewed information we held together with information contained within the PIR which the provider is required to send in. We saw the information sent in was appropriate and timely.
- The registered manager explained how they were accountable to a board of trustees that regularly reviewed how the home was performing. The registered manager had a system in place for reviewing people's care and showed us the systems in place for checking staff had supported people correctly and that care documentation was accurate.
- Staff we spoke with understood the importance of ensuring people's care records reflected their needs. For example, staff felt confident in carrying out checks on people's care. Staff understood to share concerns about a person's skin or if a piece of equipment was not working.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their families were encouraged to share their feedback on the home. A schedule of bi monthly Focus Group Meetings 2019 was on display. Family members told us they did not always attend meetings but felt that they didn't need to because they could speak with the staff or the registered manager at any time.
- The registered manager explained how they continually monitored how people's care was delivered so that where necessary improvements could be made. For example, care plans were continually reviewed and where necessary, suggestions for improvements shared with staff so that staff understood the registered manager's expectations.