Lancashire County Council

Grove House Home for Older People

Inspection report

Highfield Road
Adlington
Chorley
Lancashire
PR6 9RH

Website: www.lancashire.gov.uk

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26 January 2018

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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

This inspection took place on the 22 and 26 January 2018. The first day of the inspection was unannounced which meant the home were not expecting us on the date of the inspection.

Our last inspection of the home was carried out in December 2016. At that inspection we rated the service as 'Requires Improvement' overall and also for each domain. At the last inspection we found the home to be in breach of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to regulation 11, Need for consent, two breaches of regulation 12, Safe care and treatment and regulation 17, Good governance. At this inspection we found the home had met all the previous breaches of regulations and had improved the overall rating from 'Requires Improvement' to 'Good', as well as for each of the five domains.

Grove House Home for Older People (Grove House) is registered to provide accommodation and personal care for up to 47 older people. The home is located close to higher Adlington and is set in its own grounds. Accommodation is provided in 46 single bedrooms, five of which have en-suite facilities. The home has four distinct areas known as Cedar Court, Elm Court, Oak Court and Willow Court. With the exception of Willow Court all other areas provide support and care for people living with dementia. At the time of the inspection there were 41 people living in the home.

Grove House Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

There was a manager in place at the time of our inspection, who was in the process of applying to the Care Quality Commission (CQC) to be the registered manager of Grove House Home for Older People. During the compilation of this report the manager was successful in becoming registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had systems in place to record safeguarding concerns, accidents and incidents and took necessary action, as was required. Staff had received safeguarding training and they understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their personal and social care needs.

Medication procedures we observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

Staffing levels were seen to be sufficient to meet the assessed needs of the people at the home. Staffing had been an issue prior to the new home manager coming into post but we saw evidence to show that these issues had been resolved and that agency use was now limited.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live.

The design of the building and facilities provided were dated, but these were in the process of being modernised. We saw some redecoration had already begun to take place and people were involved in choosing colour schemes and décor.

Staff we spoke with had a good understanding of protecting and respecting people's human rights.

The service had information with regards to support from an external advocate should this be required by them.

Various methods of communication were used with people according to their needs and preferences.

We saw a large range of activities were undertaken both within the home setting and externally in the warmer summer months. Activities were appropriately risk assessed.

A number of audits were undertaken to ensure the on-going quality of the service was monitored appropriately and lessons were learned from issues that occurred.

Our last report and rating was on display within the home and on the home's website. This helped people to make an informed choice about accepting a placement at Grove House Home for Older People.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The staff team understood their responsibilities in keeping vulnerable people free from harm and abuse.

Medicines were suitably managed.

Recruitment was done carefully so that only suitable members of staff were taken into the permanent workforce.

Is the service effective?

Good

The services was effective.

Staff had received suitable levels of supervision and support.

Care staff had attended training so that they could deliver effective care.

People were happy with the food provided. Staff ensured people had good levels of nutrition and hydration.

Is the service caring?

Good

The service was caring.

We observed dignified and respectful care being given to people who lived in the home.

Individuals told us they had privacy and were confident that their details were kept confidentially.

People were able to access advocacy support if they did not have the support of family or friends.

Is the service responsive?

Good

The service was responsive.

Assessment and care planning was up to date and appropriate.

People enjoyed activities and were given the opportunity to go out.

Complaints were being suitably managed.

Is the service well-led?

Good

The home was well-led.

A range of quality audits were carried out by the home manager, which fed back into improving the care delivered.

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Notifications were sent in to the Care Quality Commission as required.

Grove House Home for Older People

Detailed findings

Background to this 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.

This inspection took place on 22 and 26 January 2018 and the first day was unannounced, so the home did not know we were coming to undertake an inspection.

The inspection was completed by two adult social care inspectors 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 service. The expert-by-experience on this inspection had experience of caring for someone with dementia.

Prior to the inspection the lead inspector gathered available information from the Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints and whistle-blowing information.

We spoke with eight people who lived at the home and six visiting relatives. We also spoke with two visiting GP's and contacted the local authority safeguarding team and commissioners of the service following our visit.

We reviewed six care records and associated records in detail. We reviewed four staff files, training records and records relating to the management of the home, including quality audits and monitoring information.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Grove House Home for Older People (Grove House). Visiting relatives told us they felt comfortable leaving their loved ones in the care of staff at the home. One person we spoke with when we asked them if they felt safe told us, "I have been here a few years and I feel quite happy and relaxed about it. This place is certainly good enough for me. The food is OK and the staff are all very friendly and caring." Another person said, "I feel safe here and when staff help me to get up and dressed. It's all quite relaxed." One relative we spoke with told us, "I am visiting [Name], they have dementia. They like it here most of the time, but [Name] forgets things and people and is safer and better off in here. [Name] is cared for very well and loves it most of the time. Occasionally [Name] feels a bit trapped, more so recently, as they do take her out a lot more when the weather is better, but it is cold at the moment."

The home had an up to date and relevant safeguarding policy and procedure in place. We spoke with staff about the home's safeguarding procedures to ensure they understood them. They all displayed good knowledge of local safeguarding protocols and were aware of the procedures to follow around reporting any potential allegations of abuse or concerns raised. They were also able to tell us who they would report issues to outside of the service, if they felt that appropriate action was not being taken. The home had a safeguarding file in place, which recorded any referrals made with actions taken as a result. This showed the home learned lessons when things went wrong. We saw that appropriate safeguarding referrals had been made to the Local Authority and notifications made submitted to the Care Quality Commission when needed.

At the time of our inspection we saw evidence that staffing levels were in place to meet the needs of the people who lived at Grove House. The home had experienced some issues with regards to staffing levels previously. When the current manager had come into post in August 2017 there had been eight care staff vacancies at Grove House which meant agency staff were used to cover some shifts. At the time of this inspection there were two care staff vacancies. Whilst some agency staff were used to cover occasional shifts the reliance on agency staff had been greatly reduced as a consequence of recruitment. Two new care staff were undertaking their induction on the first day of our inspection. When agency staff were used they were from the same provider, as the local authority had a contractual arrangement with a specific care agency.

Grove House employed 55 staff across the home, all of whom worked part time hours of up to 24 hours per week. As well as recruiting more permanent staff the new manager had managed to recruit a number of casual staff to prevent agency usage. As well as being financially beneficial to the home this meant that people would have their care and support delivered by familiar staff. We reviewed staff rotas and found that staffing levels were in place as needed to provide the assessed care required. There were staff employed in other areas of the home, such as domestic staff, cooks, activities coordinators and administrative support. Being part of the local authority the home also had access to maintenance teams, technical support and a senior management structure.

Appropriate procedures were in place and followed, with regard to the recruitment of staff. We reviewed four staff files and found necessary background checks had been carried out and the home's recruitment policy

and process had been followed. Disciplinary procedures were in place and we saw evidence of them being followed.

We looked around the home and found it was clean, tidy and well maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Staff told us they had appropriate personal protective clothing, such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available to staff. This meant staff were protecting people who lived in the home and themselves from potential infection, when delivering personal care and undertaking cleaning duties. Suitable arrangements were in place for the disposal of clinical waste and for handling COSHH (Control of Substances Hazardous to Health) equipment. We saw that audits were undertaken with regards to infection control processes and procedures.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Grove House. Staff had relevant training and competency testing to assist them in the safe administration of medicines. We did find some minor issues, one being that the guidance for 'as needed', or PRN medication, was not as detailed as it could have been. This meant there was a possibility people who were unable to ask for PRN medication may have gone without the necessary pain relief, as staff did not have clear guidance about non-verbal communication, when people were in pain. Medication Administration Records (MAR's) were completed by staff and we found no unexplained gaps within them.

We looked at how accidents and incidents were being managed at the home. All accidents and incidents were recorded and themes and trends were beginning to be explored to help prevent similar issues going forward.

Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. Risk assessments within care plans were reflective of people's care, support and daily living.

Good

Is the service effective?

Our findings

All seven people we spoke with told us that in their opinion, staff had the skills and experience to meet their needs. They liked the staff who cared for them and were asked for consent when care and support was being provided. One person told us, "Everything is very good here and I feel very settled. I get on well with all the staff and feel that they have the right attitude to do the job." Another person told us, "Yes, they (staff) are very pleasant and look after me." Relatives we spoke with had no issues with the staffing team in place at the time of our inspection.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that capacity assessments and best interest decisions were decision specific and contained a good level of information. Staff we spoke with were knowledgeable and had received recent training in this area. Some care plans we looked at did have some contradictions within them with regards to people's ability to retain information. We discussed this with the manager and the relevant changes were made to ensure information within the care plans was consistent in this area.

Staff were supported well by regular supervisions, annual appraisals and training to deliver their roles effectively. Some of the staff we spoke with mentioned the previous staffing issues and how this had affected morale, but they told us that the new manager had made a difference and the additional staff had helped to improve working conditions. We saw evidence of training and supervisions within staff files and via the homes training matrix. Staff told us they were supported well both formally and informally and by managers and peers. One member of care staff we spoke with told us, "I feel supported, the home is in a positive place and morale is better now we don't have to rely on agency staff."

The home did not use any form of restraint other than bedrails for people who had been assessed as needing them and who had consented, where possible to their use. Appropriate risk assessments and checks were in place for people who used bedrails.

The home was designed and built in the 1960's and would not be seen as an ideal design for the needs of people today. On the first day of our inspection the local authority estates team were on site when we arrived, as there was a large budget available to make improvements to the design and décor of the home.

Plans were still at the design stage however we discussed the draft plans with the home manager, who had good ideas in how to support people in the home, many of whom were living with dementia. The home had the use of a room that was predominately used as an activities room and this space had been used well to replicate a shop, laundry area and lounge area of by gone times. We discussed this space with one of the homes activities coordinators who showed us examples via their records of how the area was used. On the second day of the inspection the room had been made up to replicate a stage as an external entertainer was at the home. Storage was an issue, as when Grove House was built, people would not have had the same level of needs as the current population in the home. This was discussed with the home manager as to how the new plans could incorporate better storage facilities.

People were supported to have their nutritional and hydration needs met. Care plans reflected people's needs in this area and we saw that referrals had been made to appropriate professionals, such as dieticians and the speech and language therapy team. We spoke with the cook on the first day of our inspection, who was knowledgeable about people's nutritional needs. We saw that people with specific dietary needs, such as someone with diabetes or a person needing asoft diet, were catered for and that people were able to make choices about their nutritional needs. We observed lunch on the first day of our inspection and found it to be a pleasant experience with staff attentive to people's needs. If people needed support it was given in a calm and caring manner and if people were unable, or did not want to eat in the dining area they were supported to eat in their bedrooms. The home had a food hygiene rating of five, which is the maximum rating possible.

We spoke with the local authority catering manager who gave us an overview of the auditing and quality monitoring they undertook at the home and other services managed by the local authority, which totalled 23 care homes. They told us that as a minimum a three monthly audit took place and that following every audit any shortfalls were reported and any learning issues were addressed. For example, additional training could be offered to staff at the home. They spoke with us about suppliers, presentation of food, table settings and how feedback was gathered and acted upon.

Prior to admission to the home the service had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence they or a family member had been involved with, and were at the centre of developing their care plans and they were reviewed at regular intervals.
The home used some technology such as call buzzers for people to gain the attention of staff when they needed them. Also staff were able to access training via an e-learning system that complimented face to face or classroom based training.

Good

Is the service caring?

Our findings

When asked about the approach of staff we received positive responses, such as; "I feel lucky to have found somewhere with staff so kind and caring. I am really well looked after", "The staff are very nice and are like friends, so I have no problems at all with them, they are excellent" and "Staff are great and I feel fit and well. I am very happy here."

Relatives we spoke with were also happy with how staff approached their loved ones with the exception of one relative. They had issues, which they had raised with the home and were being dealt with formally through the complaints process. Of all the people, relatives and professionals we spoke with they were the only negative comments we received. We did however discuss these concerns with the manager and were satisfied that they were being dealt with appropriately and could see a formal process was being followed to address this person's issues.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity, as well as how to maintain confidentiality. We saw relevant policies and procedures in place with reference to human rights, privacy, dignity and confidentiality and staff knew how to access them.

We saw people and their relatives had an input into how their care and support was designed. This included being part of the review process, if they wished to be involved. Some care plans we reviewed did need the involvement of relatives or advocates recording in a more formal manner. However, we were satisfied that people had been given the opportunity to be involved. The new home manager had begun the process of reviewing care plan documentation and we could already see the positive impact this process had in terms of their content.

We saw evidence of various methods of communication used to engage with people, relatives and staff. These included care reviews, face to face meetings, telephone conversations, feedback forms and questionnaires for people and relatives to use, if they did not wish to discuss their responses verbally. Copies of the home's service user guide and statement of purpose were available in the reception area of the home, alongside a range of other information for people and visitors to read.

If people did not have support from family, then they had access to formal advocacy support. The service had information details for people and their families if this was needed with regards to the different types of formal support they could be entitled to, if needed. This ensured people's interests would be represented and they could access appropriate external services to act on their behalf if required. We saw information available within the home about local advocacy services. No-one at the home was receiving support from a formally appointed advocate at the time of our inspection.

Good

Is the service responsive?

Our findings

Seven of the people we spoke with said that staff responded well when help was required. One person said they did not need any help. All felt able to raise concerns if necessary and seven people said they had never needed to raise any concerns. One person told us they thought complaints were responded to and managed very well, although they were unsure if they had raised a complaint formally. When asked about raising issues or knowing how to make a complaint we received comments such as; "The staff help me and I help them as they are all easy to get on with and very friendly, so there would not be an issue talking to them with any problem I may have", "It wouldn't be an issue (raising a concern)" and "I would just tell them (staff) and they would sort it out for me".

The service had a complaints procedure which was made available to people within the service users guide, and was on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Local Government Ombudsman had been provided, should people wish to refer their concerns to these organisations. The home had received seven formal complaints within the 12 months period prior to our inspection; all had been acknowledged and investigated appropriately following the homes complaints policy.

There was separate guidance for managers and staff to follow in the event they were presented with a complaint. Everyone we spoke with told us they would know how to make complaints or raise issues with the service and were able to speak with the home manager or other staff easily. People could raise issues, or indeed make compliments through several other methods. For example, the picture, name and contact details of the home's area manager was on display within the reception area.

We reviewed six peoples care plans in detail at the home during the two days of our inspection. In all the care plans we reviewed we found lots of good, person centred information about individuals, their histories, preferences and how to provide their support. We were confident that care plans reflected people's most up to date needs and provided staff with the information they needed to carry out their caring roles effectively.

Care plans were in the process of being updated by the new home manager and we could see that the majority of the information was current. Any minor issues we had in terms of information being out of date or contradictory the home manager immediately made the required changes. For example, one person's care plan had a one page profile, which stated they were mobile and able to walk unaided. This person was unable to weight bear. The one page profile was updated on the day we raised the issue. Staff we spoke with told us they found care plans useful in assisting them to support people effectively and they found information within them helpful.

We saw people were given choices and this was recorded within their care plans. Information was pertinent to individuals, for example, people had one page profiles detailing their preferences as well as dislikes. There were other examples seen, such as people's dietary preferences, what activities and hobbies they liked to get involved with and details of any social or cultural needs people had.

We saw a large range of activities were undertaken within the home setting, as well as some external activities and trips which took place mainly in the warmer summer months. The home had an enclosed secure garden area with raise planters, so people with a like for gardening could take part in horticultural activities. There was evidence to show that comprehensive risk assessments were carried out prior to any activities taking place and staff were aware of them., Some examples of activities we saw included baking, film afternoons, external entertainers and themed nights and events. During our inspection Burns night was celebrated with a visit from a bagpiper and a singer entertained during the second day of our inspection.

The home employed two activities coordinators who worked six days per week between them, including weekends. We spoke with one of them at length who showed us their activities file. This also included evidence of 1-1 sessions with people who were unable or did not want to participate in group activities.

There was nobody receiving formal end of life care at the time of our inspection. We saw that one person had anticipatory medication in place in the event of them needing it. We saw that people's preferences for end of life were discussed at the assessment stage and when care plans were being formulated as part of people's health and wellbeing, care and support section within plans. However, we found that after these initial discussions many end of life care plans stated that this was for 'further discussion'. Whilst end of life care is not an easy subject to broach we discussed the importance of giving people the opportunity to discuss end of life further and for this to formulate part of care planning reviews.

Good

Is the service well-led?

Our findings

A manager was in place who was in the process of applying to the Care Quality Commission (CQC) to be the registered manager of Grove House Home for Older People. The manager was successful in her application during this report being complied. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relative's comments were very positive when asked about the manager, leadership and staffing at the home. All the people we spoke with said there was a good atmosphere in the home and told us it was calm and organised. They found the staff and the manager easy to talk with and considered the home to be well managed. All the relatives we spoke with mirrored these views. Comments included; "It's friendly and seems well run", "It appears to be managed well. I have always found the atmosphere pleasant" and "She (the new manager) seems nice. All the staff are pleasant and this must have something to so with the management of the home."

The home had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans, infection control and environment. Senior managers from the wider organisation carried out external audits and we saw recent evidence of these during our inspection.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals, such as General Practitioners. We spoke with two visiting GP's during our inspection and both were positive about the current leadership and care within Grove House although one GP did refer to previous issues about the consistency and knowledge of some care staff. They told us that there were some very good care staff, but that up until shortly prior to our inspection the surgery had concerns in relation to the management of the home, as well as some care staff and their ability to carry out their instructions. The other GP we spoke with told us they had no issues with the communication within the home and that they had confidence with the current home manager and staff team.

The service had on display in the home their last CQC rating, where people who visited the home could see it. The latest rating was also on display via the homes website. This has been a legal requirement from 01 April 2015. Notifications were sent into the CQC as needed and all other registration requirements were evidenced to be met. There was also lots of other information on display for people and visitors to reference, including a board with photographs of the entire staff team, so people could locate staff easily.

We saw a range of quality audits in place during our inspection. These included medication, infection prevention, equipment such as nurse call bells, door sensors and pressure mats, care plans and environmental audits.

Staff we spoke with told us the current leadership, increased staffing levels and improved communication had made an impact on staff morale within the home.
The home had a business continuity plan in place that catered for a number of emergency situations, such as the loss of accommodation, energy supply and in the event of a major incident such as fire. The plan contained a list of contacts both internally to the local authority and externally for specific incidents, for example local tradespeople.