

St Philips Care Limited

The Grove Care Centre

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

This inspection took place on 31 May 2018 and was unannounced. The Grove Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Grove Care Centre is registered for 31 people in one adapted building. On the day of our inspection, 28 people were living at the service and one person was in hospital.

There was a registered manager in post who was available throughout the inspection. 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 living at the service were protected from harm as the provider had robust processes in place to ensure their safety. Staff supporting people were aware of their responsibilities in relation to protecting people from abuse. They had received appropriate training to support their understanding of any safeguarding issues. The registered manager reported any issues of concern to both the CQC and the local safeguarding teams and worked in an open and transparent manner. There were clear processes in place to ensure lessons were learnt following any incidents or events.

The risks to people's safety were clearly identified with measures in place to reduce these risks. The environment and essential equipment were well maintained

People were supported by well-trained and competent staff in sufficient numbers to keep them safe. Their medicines were managed safely and people were protected from the risk of infection through good hygiene practices and staff knowledge of reducing the risks of cross infection.

People's needs were assessed using effective evidenced based assessment tools. these were then used to provide clear guidance for staff to assist them gain a good understanding of an individual's needs and offer the most effective support to people. Staff were supported with appropriate training for their roles.

People were supported to maintain a healthy diet, with staff showing good knowledge of people's nutritional and health needs. They received support to manage their health needs through well-developed links with local health professionals. The environment people lived in was a well maintained safe environment which met their needs.

Staff sought consent from people before caring for them and they understood and followed the principles of the Mental Capacity Act, 2005 (MCA). 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.

People at the service, and relatives were treated with kindness and care by staff who supported people with respect and dignity, and developed positive relationships with people in their care.

People were able to maintain relationships with people who were important to them and relatives felt their views and opinions about their loved one's care were listened to.

The care people received was person centred and met their individual needs, they were supported to take part in a range of social activities to prevent isolation. People's wishes in relation to their end of life care were discussed with them so their wishes were known. There was a complaints procedure in place and people knew who to complain to should they have any issues.

The service was well led, the registered manager was visible and supportive towards people, their relatives and the staff who worked at the service. The quality assurance systems in place were used effectively to monitor performance and quality of care. The registered manager responded positively to changes and used information to improve the service and care people received.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

The risks to people's safety were regularly assessed and measures were in place to reduce risks and promote people's independence.

People were supported by adequate numbers of staff and they received their medicines as prescribed. Medicines were managed safely across the service and staff administering medicines were provided with training to ensure they were safe to do so.

People lived in a clean and hygienic service.

Is the service effective?

Good ●

The service was Effective.

People's needs were assessed using nationally recognised assessment tools.

People were supported by staff who received appropriate training and supervision. People lived in a service which met their needs in relation to the premises and adaptations were made where needed.

People made decisions in relation to their care and support and where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was Caring.

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices.

People and their relatives were supported to be involved with the development of their care.

People had access to advocacy information should they require this.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and had access to a range of social activities.

People had access to information in a format which met their needs.

People were supported to raise issues and staff knew what to do if issues arose.

Where appropriate, people's end of life care wishes were discussed and plans of care were in place.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the service where people were listened to and staff were valued.

There was a robust governance system in place to monitor the quality of the service.

The Grove Care Centre

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 was planned to check 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.

We inspected the service on 31 May 2018 and the inspection was unannounced. The inspection team consisted of one inspector and an assistant inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service, and commissioners who fund the care for some people who use the service.

We used information the provider sent us in the Provider Information Return. This is 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.

During the visit, we spoke with eight people who used the service, six relatives, four care workers, the kitchen assistant, a laundry assistant, the deputy manager and the registered manager. We looked at all or parts of the care records of eight people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Is the service safe?

Our findings

People who lived at the service told us they felt safe. One person said, "I feel safe, very safe and well looked after." Another person when asked why they felt safe, told us it was because there were locks on the doors so people could not just walk in, and that the way the staff supported them made them feel safe. Relatives we spoke with also had confidence in the staff's ability to keep people safe. They were happy with the way staff supported their loved ones.

Staff were able to discuss the types of abuse people may be exposed to when living in a care home. They told us they had received safeguarding training and had regular updates. One member of staff told us they felt confident in raising any issues with the registered manager or deputy manager. They told us the registered manager would deal with any allegations of abuse promptly. All the staff we spoke with were able to tell us where else they could report concerns to should they need to, and we saw there were contact details of the local safeguarding team displayed prominently throughout the service. We saw the deputy manager had recently raised a safeguarding alert regarding a person at the service. The documentation showed clearly what the issues were and what the staff at the service had done to support the person and their family. The registered manager worked with the local safeguarding teams to investigate any concerns and fulfilled their statutory duties by informing ourselves at CQC of any issues of concern.

The risks to people's safety were regularly assessed and information in their care plans updated so staff had information on how to support people and reduce the risks to their safety. Some people required support when moving from one place to another. Their care plans gave full descriptions of what equipment was required and the number of staff needed to safely support them. Other people who were at risk of falls had information in their care plans to show what the level of risk was to that person and how staff needed to support them. Sometimes this was information about if people needed reminding to use their mobility aids. There was information on the level of observation the person required, or if they needed sensor mats in place to alert staff to their movements.

People who were at risk of skin damage had appropriate aids and regimes in place to reduce the risk of pressure ulcers developing. We saw where people's risk assessment had highlighted the need for particular equipment or they needed help to re-position themselves regularly, these measures were in place. Staff we spoke with showed a good knowledge of people's needs in relation to their individual risks, it was clear they knew people well. We also saw staff were able to access information quickly as people's risk assessments and care plans were inputted on to an electronic system. The system was accessed through lap top computers and handheld devices so staff could see if a person's needs had changed each time they accessed the system. This showed the processes in place at the service were being used by staff to reduce the risks to people's safety.

People we spoke with were happy with the staffing levels, they told us there were enough staff to meet their needs. One person said, "Always someone (staff) to help me, I don't have to wait." Relatives we spoke with echoed these views. One relative said, "Yes I do think there are enough staff, we get to know them."

Staff we spoke with told us they were happy with the staffing levels. They told us if there was short notice sickness, the management team always tried to cover it by either asking other staff to cover or working themselves. They told us agency staff were rarely used. We discussed the rota with the registered manager who told us they liked to cover shifts with staff who were known to people as they were aware this gave people confidence in the staff who were providing care. However, they said if they needed to, they could and did employ agency staff to cover sickness. They told us they had an induction in place to support any agency staff who worked at the service. This included fire safety information, introduction to the people who lived at the service, and they were supported by an experienced member of staff. This showed the registered manager worked to provide appropriately experienced staff to meet the needs of the people at the service.

The registered manager told us they used safe practices when recruiting staff. We examined staff records that showed people had needed to provide two references before being employed by the service. One of the references was from their last employer and any gaps in employment were explained. The disclosure and barring service (DBS) was used to check on any criminal records potential employees may have. This supported the registered manager to make safer recruitment decisions and prevent unsuitable people from working with people at the service.

People told us they received their medicines when they needed them and staff supported them in the way they preferred when administering their medicines. Staff received appropriate training for their role when they undertook administration of medicines. The deputy manager led on medicines management at the service and we found there was good organisation of storage and ordering of medicines. People received their medicines safely and staff and the deputy manager told us they worked with the local GP to ensure that people's medicines met their needs. They discussed one person who when they first arrived at the service had been prescribed with strong pain relief medicines. Staff had noticed the medicine had an adverse effect on the person and had asked the GP to review the person's medicines to ensure their pain was controlled without the adverse effects. This showed the staff at the service worked to ensure people's needs in relation to their medicines were met.

People we spoke with told us the cleanliness at the service was maintained. Two people we spoke with commented on how clean their rooms were kept and relatives we spoke with supported these comments. One relative told us they often looked in their relation's en-suite and it was always well maintained. Staff we spoke with showed a good understanding of their role in preventing the spread of infection at the service, including their actions during an outbreak of infection. During our inspection we saw staff using the personal protective equipment (PPE) available throughout the service and regularly washed their hands before and after providing care for people. There were also policies and protocols in place to support staff with their understanding of how to reduce the risks of cross infection for people in their care.

Is the service effective?

Our findings

People's support needs were assessed using nationally recognised assessment tools such as needs associated with nutrition, skin care and falls. The assessments were used to inform staff of people's different care needs. This included the malnutrition universal scoring tool (MUST) the tool gives staff guidance on the safest way to manage people's weights. We saw the principles of the tool had been used to support people in effectively managing their weights. The company's electronic care planning system was also used to support staff when assessment tools had highlighted any issues of concern. For example, when one person's MUST score showed they required increased monitoring of their weight, this would be highlighted for staff on the electronic system. This meant people could be assured their needs were effectively managed and monitored.

People were supported by a group of staff who had undergone appropriate training for their roles. People told us they had confidence in the staff who provided their care. One person said, "Yes (staff well trained) I think they are, I have never thought go away and leave me alone, they are good." Relatives we spoke with told us they saw good practices when they visited, such as people being lifted safely and staff telling people what they were doing when providing care.

Staff we spoke with told us they had undertaken a number of different courses that gave them guidance when dealing with different aspects of peoples care needs. For example, managing challenging behaviours. Our observations and conversations with staff showed they used the knowledge they had gained to offer positive support when people displayed these behaviours. Staff told us they were encouraged by the registered manager to develop if they wanted to. One member of staff told us they had been supported with the right training and encouraged by the registered manager to undertake the senior care worker role. A new member of staff discussed the support they received when they first came to the service. They told us they were undertaking the Care Certificate, this is a nationally recognised qualification which supports staff to gain the skills needed to work in a health and social care environment.

Staff were also supported with regular supervision from the registered manager and the deputy manager. They worked with staff members to ensure each individual was given the best support with their training needs and practical support in their roles. Staff we spoke with told us they found the supervision they received very helpful and they were able to discuss things openly with the management team. This shows people received care from a group of staff who had training and support appropriate to their role.

People's nutritional needs were met by the staff at the service. People we spoke with told us they enjoyed the food served to them. One person said, "Yes, good food, good choice. You can get a hot drink whenever you want one. You just have to say." Another person said, "(Food) good, and you get plenty of drinks." One relative we spoke with told us their loved one had gained weight since coming to the service. They felt this was a result of good home cooked food and staff encouraging their relation to eat. Staff we spoke with showed good knowledge of the different diets people required. They told us when people first came to the service their dietary needs were discussed with either the person or their family so people's preferences could be accommodated.

Where necessary we saw people who required support to eat and drink were given this support in a respectful and appropriate way by staff. If people required specialist diets they had been referred to the appropriate health professional and the guidance given had been followed by staff. This ensured people received the most suitable nutritional support for them.

People's health needs were well managed as staff had developed positive relationships with external health care professionals to achieve positive outcomes for people. People and their relatives felt when support and advice was needed to manage new, ongoing or urgent health needs staff were quick to act. One relative we spoke with told us when their relative was ill staff had kept them informed. The registered manager told us the home used the local GP practice, and the practice manager came to the service to discuss any particular needs. Both the registered manager and deputy went to the surgery to discuss any concerns they had in relation to people's health, and the GP visited when required. During our visit the registered manager went down to the surgery to sort out an issue for one person at the service. The community nurse visited the service twice a week and the deputy manager told us they had a good relationship with them. Staff we spoke with had a good knowledge of different people's health needs and how they should manage any underlying chronic illnesses. We saw information in people's care plans that could be printed off if it was required should people need to move between services. This meant people's medical history, communication needs and preferences would be effectively shared efficiently between health professionals providing care for the person.

The internal and external environment was suitable for the needs of the people who lived at the service. It was well maintained and contained different communal areas for people to spend time. There was an enclosed outside area for people and their relatives to enjoy and a large conservatory which we saw was well used during our visit.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

People were involved in decisions about their care and support, and their rights under the MCA were protected. People's care plans contained clear information about whether or not people had the capacity to make their own decisions. Assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having capacity, a best interest decision had been made and recorded. For example, when one person had been assessed as lacking capacity we saw how both the person and their relatives had been supported by the relevant health professionals with a particular decision on their care. We saw evidence that the registered manager, the person's relatives and the health professionals were continuing to work together ensure the best, least restrictive decision was made for the person.

Staff we spoke with showed a good understanding of the MCA and how they should support people who may lack capacity. They talked about how they always discussed care before providing it for people. They used their knowledge of people to ensure they could give good care and still respect their rights by using the best approach for each individual.

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 where conditions had been applied to a DoLS the registered manager had ensured the conditions were met.

Is the service caring?

Our findings

People told us they were happy living at the service. It was clear from their interactions with staff that they trusted and liked them. One person said, "I am happy here, I am well looked after." Another person told us they had not lived at the service long and the staff were getting to know them. They told us the staff knew what they liked such as making sure they had their puzzle book and pen with them.. Another person when asked if staff were caring said, "Yes very much so. They always stop for a couple of words (when they are passing) and I know if I ask for something they will sort it for me." Relatives we spoke with told us staff were caring and kind towards their loved ones, and one relative said, "Staff are magnificent, not putting on an act. There is genuine affection." They went on to say they felt like part of a family when they visited the service.

Staff we spoke with felt there was a caring attitude among their colleagues and they clearly knew the people they supported well. We witnessed a number of positive interactions between all members of staff, people and their relatives. When staff walked into a room they stopped to speak with people, when providing care such as support with eating and drinking, staff spoke encouragingly with people and sat giving people the time they needed.

Throughout the day we saw people were treated with kindness and respect, the atmosphere at the service was calm and relaxed and we saw people spent their time as they chose. This included people sitting in the conservatory area reading or in the main lounge.

People told us they or their relatives had been involved in their care plans. They felt their views on their care were listened to. The care plans we viewed showed people's preferences about who should provide care for them was clearly documented in their care records. For example one person had expressed a wish not to have a particular gender of staff support them with personal care. As the person's mental health had deteriorated the information in the care plan gave staff the information they needed to offer the most appropriate support for the person. Not only when at the service, but also when being supported by health professionals at appointments, staff were to ensure they made it known that the person only responded a particular gender, as they became upset and anxious. Staff we spoke with were aware of the person's needs and during our inspection we saw they supported the person appropriately.

The service provided information for people on the availability of advocacy services should they have required this support.. We saw where people had needed the support of an Independent Mental Capacity Advocate (IMCA) this had been provided for them. Independent Mental Capacity Advocacy was introduced as part of the Mental Capacity Act 2005. This gives people who have an impairment, injury or a disability which results in them being unable to make a specific decision for themselves, the right to receive independent support and representation.

People were treated with respect and their privacy, dignity and independence was considered. During the inspection, the atmosphere was calm and relaxed and we saw people spent their time as they chose. This included a person sitting in the conservatory area. People told us when providing personal care staff were careful to ensure doors were closed and they were covered as much as possible. People told us staff would

help them but let them do as much for themselves as possible. Staff we spoke with were aware of their responsibilities in relation to supporting people with their independence and ensuring their privacy and dignity was maintained. For example, The registered manager told us of how some people at the service wished to maintain their independence by going shopping, attending the GP surgery for appointments or the dentist. The registered manager told us they did everything they could to support these people maintain their independence.

Is the service responsive?

Our findings

People at the service received individualised care from staff who were knowledgeable about their needs. The care people required was documented in their care plans and gave staff the information to provide the support each person required. People we spoke with confirmed they received the care they required the way they wanted it. One person said, "Yes they do things the way I want." Relatives told us how they had discussed particular needs with the care staff to ensure it was embedded in their loved one's care plan. We spoke with one relative whose loved one was prone to weight loss and poor appetite. We viewed the person's care plan which showed the person's weight was monitored regularly and the person's G.P had offered advice on how to maintain the person's weight. The staff had recorded the person's food intake and the relative had been kept informed of the person's weight and had been reassured by the way the staff had responded to their concerns..

Staff we spoke with told us they were able to read the care plans as they could access them on both the computer and on the hand held devices used to record the daily care. Staff told us the senior staff let them know if there were changes they needed to be aware of in people's care plans. Staff told us the handovers and regular meetings helped with communication about the care people needed. People's records showed that information had been sought from them and their relatives on their cultural needs. This contained information for staff that the person or their relatives felt was important for this aspect of their care. Throughout people's care plans we saw information which would help staff provide care for people in line with their preferences and gave them as much choice and control as possible.

People were supported to participate in social activities at the service. They told us there were activities arranged such as bingo, dominos, cake making, gardening or crafts and trips out. People told us they enjoyed the different activities and staff supported them to ensure they enjoyed the activities they took part in. We saw that advertised on the notice board there were sessions that included movement to music and singing. Relatives told us the staff at the service encouraged people to take part in the activities they enjoyed.

The registered manager told us one person at the service enjoyed going to their local church and a number of friends from the church regularly visited them as their family did not live locally. The registered manager told us they regularly supported the person telephone their family. Another person enjoyed going shopping and staff supported them to undertake this on a regular basis. This showed the service worked to support people with the social activities they enjoyed.

The provider had shown some consideration of people's needs in relation to the way they received information had been considered by the service, such as signage at the service and pictorial menus. We discussed how this could be improved with the registered manager. Following our inspection the registered manager sent us information to show how they had started to address this issue. They had reviewed the complaints procedure posters to make it easier for people to read and had started to introduce memory boxes which would sit outside each person's room. This would assist people living with dementia to find their rooms easily.

People we spoke with told us they knew who to complain to if they had any issues with their care. One person said, "I haven't had any concerns but could talk to any of the carers and they would sort it out." Relatives we spoke with told us the registered manager and deputy manager always worked with them to sort any issues out so things never escalated into a complaint.

The registered manager also told us as both she and the deputy manager took it in turns to be on call when neither of them were at the service. They told staff to ring them if relatives raised concerns to them. They told us they felt it was important that relatives felt they could raise concerns that would be dealt with straight away, and be taken seriously. Staff we spoke with were aware of their responsibilities in managing any concerns or complaints when they were raised to them. One member of staff told us they would sort out any small issues straight away but would pass anything they could not deal with on to the management team. They were confident that the registered manager would deal with any concerns quickly.

The company's complaints policy was displayed in the entrance of the service.

There was information in people's care plans regarding their wishes on how they wanted their end of life care to be managed. For example, one person's care record noted the person had requested their religious beliefs were respected and that the religious leader from their local place of worship was contacted to support them when the time came. It was also clear from the information in the person's plan that they wished to stay at the service and have their family and friends around them. The recording of this information showed the service had supported people to express their wishes about their care at this important time.

Is the service well-led?

Our findings

It is a legal requirement for the service to have a registered manager in post and on the day of our inspection the registered manager was available. The service is also required by law to send us notifications about significant events at the service. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. The registered manager had fulfilled their responsibilities in relation to this obligation.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating on their website and at the service.

The registered manager and deputy manager were well known to both the relatives and people who lived at the service. We were told by people that they were both a visible, approachable and proactive presence in the home. One person said, "Oh yes see them both regularly." Another person said of the registered manager, "She is often around the home, she knows what is going on and keeps everyone in order." Relatives told us the registered manager and deputy manager were open and honest and provided strong leadership at the service.

Staff told us they were well supported by the management team and felt they could talk to both the registered manager and deputy manager about any issues they may have. One member of staff said, "[Registered manager] is a good manager, fair. Puts the residents first." Another member of staff told us they could go to the registered manager with anything.

People, relatives and staff told us the deputy manager worked on the floor each day and if there was sickness or staff needed support the registered manager also worked alongside care staff providing direct care for people. The registered manager told us they would prefer where possible to undertake shifts to support people rather than using agency staff. We also saw the registered manager had used this time to observe practices and feedback their observations to staff at meetings. Discussing with staff how they as a team could work more effectively together to provide good care for the people they supported.

The registered manager told us they had an open door policy and it was clear from the interactions we saw on the day of our inspection that they worked to encourage strong team working among the staff group. The registered manager told us both she and the deputy manager took it in turns to be on call when neither of them were on duty. This was so senior care staff would always have management support should they have any issues or concerns when left in charge of the home. They told us the staff always had a mobile phone number to give to relatives if they had any issues they wanted to discuss with a member of the management team. The registered manager told us both they and the deputy manager would rather relatives rang them with any issues of concern before they left the service. The registered manager told us as they lived locally, very often they could come in to talk to relatives straightaway to sort out any issues. This showed the registered manager and deputy manager were committed to providing strong leadership at the service.

Staff we spoke with told us the company had a whistle blowing help line should they have any concerns they wished to raise confidentially. They told us the management team had actively promoted the help line with staff. During our inspection we saw posters with information on how to use the help line. Staff told us they would feel confident in using the service should they need to and felt they would be taken seriously by the company.

The registered manager undertook a range of quality audits to monitor the service provided to people. These audits included environmental audits in relation to health and safety, infection control and maintenance of the service. They also undertook audits of medicines, care plans, management of people's weights, any accidents, incidents or falls. The information they collected was inputted into the company's auditing tool, analysed and action plans produced to ensure measures were put in place to address any issues that arose. For example the information provided on falls at the service would highlight any trends. Such as if one person had an increase in falls and needed extra measures in place to reduce reoccurrence.

Both people and staff were encouraged to feedback their views on the service. There were meetings for staff, relatives and people who lived at the service, and people and their relatives were able to feedback through quality questionnaires which the company sent out. The results from these were analysed so actions could be taken to act on the information provided. The provider also used a system called group monitoring tool to look at events at the different services, analyse and learn from incidents. This showed that the provider was working to continually improve the service provided for people in their care.