

Groveswood House

Groveswood House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Grovewood House is a residential care home that provides personal care for up to 28 older people. At the time of the inspection 20 people were being supported, some of whom lived with dementia.

People's experience of using this service: There were major shortfalls in the leadership and management of the service. The provider and registered manager failed to adhere to regulatory requirements. Robust governance arrangements were not in place. Audits and checks had not always been effective in driving necessary improvements.

When we inspected the registered provider confirmed they were no longer carrying on the regulated activity and a third party was overseeing the management of the service. The registered provider and registered manager were not available throughout the inspection and did not respond to feedback given after the inspection had been concluded. People and their relatives told us that the provider and registered manager had not communicated well with them about changes taking place at the service.

We found gaps in risk monitoring which needed to be addressed. Actions regarding fire safety were still to be completed. Staff knew how to protect people from abuse, but some lacked vital training.

Policies and procedures were not properly implemented.

Staff recruitment was not always safe. Staff were not properly inducted or suitably trained and supervised to ensure they had the skills and competence to carry out their role.

Records were not always accurate or complete. We were unable to tell from records whether people received their medicines as prescribed.

The service was clean and tidy, but further work was needed to fully refurbish and finalise the décor of the building.

People and their relatives said that staff were kind and caring. Various events and entertainment took place but a gap in day to day activities was evident.

A good selection of home cooked foods was available to meet people's dietary requirements.

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, although recording needed to be improved.

We have identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

Rating at last inspection: Inadequate (Report published on 30 November 2018).

Why we inspected: This was a planned inspection based on the previous rating, and to follow up on two warning notices issued.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: The overall rating for this service is 'requires improvement' but with a continuing rating of inadequate in well led and therefore the service remains in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not, enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Groveswood House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The team consisted of two inspectors and one 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; this expert by experience had knowledge of older people.

Service and service type:

Groveswood House 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.

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. The registered manager and the provider were not available throughout the inspection process.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we used information about the service to plan. We reviewed notifications sent us about certain incidents that had occurred that the provider must tell us about. We reviewed the information the provider sent us in their last Provider Information Return. This is information we require providers to send us, for example what works well, and improvements planned. We contacted the local authority commissioning and safeguarding teams, the infection control lead for care homes in the area, the local fire authority and the local Healthwatch. Any comments received supported the planning and judgements of

this inspection.

During the inspection we spoke with nine people who used the service and two relatives. We spoke with the assistant deputy manager, the administrator, one cook, two senior care staff, five care staff, one agency member of care staff, one domestic and a visiting community nurse. We also contacted the medicine optimisation team and two care managers.

We looked at seven people's care records, and medicines records for 17 people. We also looked at records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider had not followed safe recruitment procedures. Adequate checks had not been carried out to make sure that staff had the right character and skills to work with vulnerable people.
- References and Disclosure and Barring Service (DBS) checks were not always in place. DBS checks that potential staff are suitable to work with vulnerable adults. Two staff were working without full checks in place.
- Check on right to work in the UK had not been carried out fully by the provider.

This is a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At the last inspection the provider had not ensured that all fire safety measures and risks to people had been addressed and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The majority of actions had been taken, although the local fire authority had extended the deadline for some work to be completed as the provider had failed to meet the first date given.

- The provider had failed to fully ensure that the premises was a safe place for people to live. Actions from a fire risk assessment and a fire authority visit had not been fully completed. The fire authority told the provider failure to address the issues would result in enforcement action.
- The provider was unable to demonstrate to us that the five year electrical check has been undertaken. The assistant deputy manager arranged for this to take place after our visit.
- Staff were not always provided with up to date and accurate information about the risks people faced and how to mitigate these. The assistant deputy manager addressed these records immediately when we highlighted them.
- Improvements had been made to people's personal emergency evacuation plans. These were more accessible to staff in the event of a fire.

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Using medicines safely

At the last inspection the provider had not managed medicines safely and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made, but we found ongoing issues with completion of paperwork which is dealt with in the well led section of this report.

- People told us they had received their medicines as prescribed. We confirmed this during observations of medicines being administered to people.

- Medicine records were not always kept up to date. This included 'as required' medicines information and topical (creams/ointments) medicines applied. The assistant deputy manager was working to address this.

Preventing and controlling infection

At the last inspection the provider had not maintained suitable infection control procedures, and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made and staff wore protective equipment as necessary.

- Staff used gloves and aprons to maintain good hygiene standards and prevent cross infection.
- The building was kept clean and tidy.
- Not all staff had received infection control training and some refresher training was also required. This is dealt with in the effective section of the report.
- The provider had no infection control audit in place to monitor procedures. This is dealt with in the well led section of this report.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report abuse, although not all staff had received training or had their skills refreshed in this area.
- Incidents of a safeguarding nature had been appropriately reported and dealt with.
- Safeguarding policies and procedures were in place to support staff in their role.

Learning lessons when things go wrong

At the last inspection the provider had not recorded or reported all accidents and incidents as they should have, and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and we found this had been addressed.

- Accidents and incidents were recorded and reported appropriately.
- An analysis of accidents and incidents was in place and this was being further developed.
- Where incidents had occurred, there was evidence that care plans had been reviewed and actions taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- Staff had not always received suitable training, including in fire safety, safeguarding people, moving and handling and infection control.
- Induction procedures were not robust. New staff and agency staff had not received a suitable induction into the service.
- Staff supervision and yearly appraisals were not carried out in line with the providers policy and procedures. Some staff had not receiving individual support for over eight months. The documentation used lacked detail and was not in line with good practice.
- There was not enough suitably trained staff on duty at all times. Staff who were new to delivering care were allocated to work with people without proper training.

This is a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care needs had been assessed but had not been fully reviewed in all cases. The management team were working through these.
- Staff gave people choices in their daily lives and had recorded what their preferences were.

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

- People had enough food and fluids to meet their individual needs. This included any person on a special diet or with specific preferences.
- A choice of meals and snacks were offered. Fresh fruit and other snacks were available outside of the main meal times.
- Some foods had not been labelled. The assistant deputy manager addressed this straight away.

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

- Signage was in place to support people with dementia related health conditions.
- The provider had undertaken some improvements to maintain the building and furnishings, including some improvement to decoration. However, further work was required internally and externally. Discussions had taken place with the management team and plans were in place to complete work over the coming months.
- The medicines room was still being used as an office for staff and also as an exit to the rear of the property.

The assistant deputy manager told us discussions had taken place to relocate the medicines room elsewhere, but this was yet to happen.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with a range of healthcare professionals in a timely manner to ensure people remained as healthy as possible. One person said, "Doctor's come here, but I don't need to see them very often. If we ask for a dentist, they come."
- People told us staff worked well as a team.

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.

- People had not been deprived of their liberty unlawfully. However, DoLS paperwork was not well kept. Staff were not always able to tell us who had a DoLS authorisation in place.
- People and their relatives told us they were involved in decisions about their care, although records did not always show this. Formal consent forms were not always signed.
- Verbal consent was requested before staff supported people, for example, with meals.
- People had chosen to exercise their rights to vote in general elections or not.
- Copies of Lasting Power of Attorney (LPA) were in place to confirm who could make specific decisions for people. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

- Positive interactions took place between staff and people. One person said, "Well, my god! You couldn't do any better. They are kind, caring people."
- People told us they were relaxed with staff and staff treated them with kindness.
- Staff were able to calm people who became anxious. For example, offering a range of food options during lunch to one person who had become distressed with a meal they had previously chosen.
- People were treated as individuals and their personal needs were met. For example, one person was a pescatarian (prefers fish not red meat) and they were well catered for.

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

- People were involved wherever possible in their care. They were invited to review meetings. Care plans included people's preferences and choices.
- People had opportunities to tailor their bedrooms to their own preferences, with ornaments, pictures and other items special to them.
- People were asked how they wanted care to be delivered and we overheard many examples of this during the inspection.

Respecting and promoting people's privacy, dignity and independence

- People's independence was maintained wherever possible. One person said, "I am very independent. I have been all my life and I choose when to get up and go to bed at night."
- People were respected, and their privacy was maintained. Staff knocked on bedroom doors and waited for a response before entering.
- Dignity was promoted. Observations confirmed people were discreetly asked if they needed personal care or other help.

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- Care had not always been well planned to meet people's individual needs. Care records had not been kept up to date when people's needs changed. Care records were varied. Records included people's likes, dislikes and interests but some were more detailed than others.

- There was not enough to do for people on a day to day basis, particularly those who lived with dementia. Senior care staff responsible for activities were currently being asked to do other tasks. However, various external entertainers attended the home to provide some stimulation, including an exercise class, art class and a volunteer who brought their dogs to be petted.

- People were supported with their accessibility needs, including communication. Staff spoke slowly to people who had some difficulty understanding and were seen using hand gestures and facial expressions to help them to understand.

- People's told us their needs were being met by staff, Staff knew people well. People's call bells were answered quickly.

Improving care quality in response to complaints or concerns

- Complaints had been responded to appropriately but paperwork was not in order to easily confirm this. The assistant deputy manager said they would review this.

- The complaints procedures were on display within the service for people and their visitors to view. People and relatives were confident they knew how to complain and would if they needed to.

End of life care and support

- There was no one currently receiving end of life care.

- People at the end of their lives were well supported with health care professionals fully involved.

- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents were in place and easy to access. DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly and is signed off by a suitably qualified healthcare professional.

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.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Regulations were not met.

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

At the last inspection the provider had not ensured that their governance procedures were robust and this was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This continued to be the case and further areas for concern were found.

- The provider had failed to make sufficient improvements to the service since our last inspection. Breaches in three regulations were found. The action plan sent to us was not completed to a satisfactory standard. The service remains in special measures following this inspection as there is still a rating of inadequate in this well led key question.
- The provider and registered manager were not working in line with regulatory requirements. They were not present to oversee the service and had no control of the daily management.
- The provider failed to respond when we tried to share the findings of this report.
- When we inspected the registered provider was no longer carrying on the regulated activity. An external consultant had oversight of the service and an assistant deputy manager was in day to day charge of the service.
- The assistant deputy manager was well spoken of by staff. Staff told us they had seen many positive changes since they had been in post. During the inspection they showed willingness to address the issues we found. However, their care knowledge was limited and they were only supported remotely and via weekly visits by the external consultant to the service.
- Quality monitoring systems were not effective to ensure people received safe high-quality care. Medicines management was not always recorded fully, and staff recruitment was unsafe. Staff had not always received training and support, there was not enough suitable staff were on duty at times and care planning documentation was not always in place, reviewed or easily accessible.
- There was no infection control audit in place and other audits and checks had not always found and addressed the issues we had identified.
- Policies and procedures were not always available to staff. The provider had purchased a 'ready-made' package of multiple polices and procedures, but had not tailored them to their own service. The assistant deputy manager was working through these to make them service specific.
- Staff morale had improved in recent weeks but continued to be low. The on-site management team was trying to address this.

This is a continuing breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt changes in the service were not well communicated and they did not know who was in charge. One person said, "The manager who used to be here has gone, but I don't know who does it now. I'm not sure who's in charge now." One relative said, "There was no communication with relatives until I asked and then I got a letter." The assistant deputy manager confirmed a meeting was planned.
- Staff had not always been given the opportunity to share their views. Staff meetings had not occurred regularly.
- Senior staff told us they were now involved with aspects of work that they had never been allowed to be involved with before. One staff member said, "I feel more included and valued". Another said, "I wasn't trusted, wasn't left just get on with the job I was employed to do."
- Questionnaires had been sent out to 25 families and six people with 15 responses. Actions had been taken to address any issues raised, which had included encouraging one person to join in with more activities.

Continuous learning and improving care; Working in partnership with others

- Improvements and learning had not been swift enough to ensure people received appropriate care. The service had benefited from support from the local authority commissioning and safeguarding teams but it had not been acted upon quick enough.
- During the inspection, the on-site management team were open to suggestions and acted on the issues we had raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had no oversight of the service. Quality assurance checks were not robust and multiple failings had occurred which included poor training and support for staff, unsafe recruitment practices, risk had not always been addressed and record keeping which needed improved.</p> <p>Regulation 17 (1) (2) (a)(b)(c)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment checks had not always been carried out appropriately, including staff working with vulnerable people without a full DBS check in place.</p> <p>Regulation 19 (1) (2) (3)</p> |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not always enough suitably trained and qualified staff available to support people. Staff had not always received training or refresher training in line with the organisations own policies and procedures or to keep people safe from harm. Staff had not always had</p> |

supervisions or yearly appraisals.

Regulation 18 (1) (2) (a)(b)