

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

The Grove Care Home

40 Owen Street, Rosegrove, Burnley, BB12 6HW

Tel: 01282437788

Date of Inspection: 17 October 2012

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November 2012

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 17 October 2012 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with six people living in the home, three visitors, two members of staff, and discussed all matters with the manager.

The people we spoke with told us they had enough choices in their routines. They said they could go to bed and get up whenever they liked and could spend time in their rooms. One person said, "I can get up and go to bed when I want". Another person talked about the choice of food and told us, "We can have anything we want for breakfast; it's the best meal of the day".

Four people said staff treated them respectfully and kindly. One person said, "The staff are great; they're lovely". Another person said, "I get on well with all the staff and we have a laugh". We observed staff caring for people and supporting them in a patient, respectful and friendly way. However two people said some staff were better than others. One person said, "One or two are a bit sharp, not particularly nasty just that way out sometimes". We asked the manager to investigate as part of some ongoing concerns about the attitude of certain staff.

People living in the home were generally satisfied with the care they received. They said they were well looked after. One person said, "I like this place; I can't say anything bad about it". Another said, "The staff are very good; I have no complaints". However one person was not sure whether or not they were getting the right support to assist them with their mobility. The manager agreed to investigate.

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

What we have told the provider to do

We have asked the provider to send us a report by 11 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We looked at this standard at this inspection because Social Services had told us of concerns reported to them about the way some members of staff spoke to a resident. Some of these concerns had been investigated as part of the safeguarding of vulnerable adults procedures, and allegations about a member of staff shouting at a resident had been upheld. Another similar allegation about another member of staff was still being investigated by the manager at the time of our visit.

At this visit most people we talked with said staff treated them respectfully and kindly. One person said, "The staff are great; they're lovely". Another person said, "I get on well with all the staff and we have a laugh". We observed staff caring for people, and supporting them, in a patient, respectful and friendly way. We also observed people were treated with more dignity and respect at meal times than at the previous inspection. The tables were set more attractively and food and drinks were served using the right crockery and condiments. However the provider may find it useful to note two people said some staff were better than others. One person said, "One or two are a bit sharp, not particularly nasty just that way out sometimes". Another said, "Some (staff) can be off sometimes". We discussed this with the manager and asked her to investigate these comments as part of the ongoing concerns about the attitude of certain staff.

People living in the home were encouraged to make choices and remain as independent as possible. The people we spoke with told us they had enough choices in their routines. They said they could go to bed and get up whenever they liked and could spend time in their rooms. People also had appropriate choices according to their age and abilities, such as of activities both inside and outside of the home. One person said, "I can get up and go to bed when I want". Another person talked about the choice of food and told us, "We can have anything we want for breakfast; it's the best meal of the day".

People were able to express their views about the home through residents' meetings, questionnaire surveys and through discussions with individual members of staff. We were told that over the years residents' views had helped to change the way the home was run in such things as the meals served, the activities organised and where people sat in the

communal areas.

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received care or support they were asked for their consent, and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager told us people were involved in the process of assessing their needs prior to moving into the home, and in the developing of their care plans. She also told us people were asked to consent to various aspects of the care and support they received in The Grove, such as staff administering their medicines, and the use of bed rails. Relatives were also involved in these decisions if need be. Some people we spoke with were aware they had a care plan and recalled being involved in some aspects of the decisions about their care and support.

The manager and another senior member of staff told us how people and their relatives were involved in the reviews of their care. We also saw there were various parts of the records that people could sign to indicate their agreement and/ or consent, such as the assessments and the "care plan agreement". Some records had been signed by people in the right places. However the provider may find it useful to note not all the relevant records we viewed had been signed by the people concerned, or their relatives. Also for one person who could not give verbal or written consent, there was no written information to indicate how decisions about care and treatment were made, how this was communicated to the person concerned, or whether they had agreed. This meant there was not always documentary evidence to support the process of involving people and obtaining their agreement for the care and support received.

The manager told us there was no one living in the home who did not have the mental capacity to make choices, or consent to their care. She understood the principles behind the Mental Capacity Act 2005 (MCA) and what to do if people did not seem capable of making the decisions needed for their care and wellbeing. She and other members of staff had undertaken training in this matter, and there was written guidance and information to assist staff in these matters. This should help to ensure staff understood what needed to be done to uphold the rights of people without the capacity to make their own decisions.

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

Our judgement

The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in accordance with their individual care plan.

Reasons for our judgement

People living in the home were generally satisfied with the care they received. Some people we spoke with said they were well looked after. One person said, "I like this place; I can't say anything bad about it". Another said, "The staff are very good; I have no complaints". Another person, and their visitors we spoke with, said the health and pressure area care of the person concerned had improved since they had been staying in the home as all the right care was being given.

The manager told us, and the records we viewed indicated, there was a suitable admissions process when people's needs were assessed, and in which relatives were also involved if need be. We were also told people could visit the home before deciding to live there.

We looked at the records of four people living in the home and saw they had care plans developed from an assessment of need. We saw generally these care plans were detailed and gave staff useful guidance on how to look after people. We also saw the care plans were regularly reviewed and updated, and that people were involved in this process. Some care plans were written in a person centred way that reflected people's likes and dislikes and how they would like care to be provided. We also saw the information about pressure areas, and what care staff needed to do to prevent them, was up to date and included an underpinning assessment of risk with an associated care plan. There was also a good link between the nutrition assessments and the corresponding care plans, with instructions to staff about food requirements and observing people's weight.

We also found the management of falls had improved since Social Services had recently investigated concerns about a particular person's frequency of falls under their safeguarding procedures. We saw for a person recently admitted to the home, the manager had ensured that an accurate assessment of risk had been undertaken and an early referral made to the 'falls team'. This should help ensure this person's risk of falls will be managed properly.

People told us there were some activities they enjoyed, including trips out in the home's mini bus and going out with staff. We saw the home tried to ensure different activities to suit the preferences of people of different age ranges. However the provider may find it useful to note, for some people whose records were viewed there was insufficient information about their interests and hobbies, both past and present. This could mean

people were not offered the activities that could help keep them occupied and fulfilled.

We also saw in general people received the health care they needed and had contact with health care professionals as required, such as their General Practitioner, the district nurses and through hospital visits. However the provider may find it useful to note we were told there had been poor communication between the home and the physiotherapy team regarding a particular person, and it was not clear what support staff should be giving to assist them with mobility. This could mean this person was not having the right ongoing support to maintain maximum mobility.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was not meeting this standard.

People living in the home were not always protected from the risk of abuse because the provider did not always respond appropriately, in a timely way, to incidents or concerns of abuse.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at this standard again because at the last inspection in September 2011 we made an improvement action about staff undertaking training in the management of 'challenging behaviour' in order to help ensure the safety of residents and staff. At our recent inspection in October we found most staff had completed this training. We also saw most staff had completed training in safeguarding of vulnerable adults. We had previously checked the policies and procedures, including the staff whistle blowing procedure, and found these to be in accordance with local and national safeguarding guidance.

However one member of staff we spoke with had not undertaken relevant safeguarding training. Though this person knew bad practice should be reported to senior staff, they were not aware of what should happen next, or the agencies that should be involved in the multi - disciplinary procedures. If staff do not have sufficient training in safeguarding they may not be aware of the correct action needed to protect people.

Since the previous inspection a number of concerns had been reported to us and investigated under 'safeguarding procedures'. At the time of writing this report two allegations had been upheld. One of these was a medication error where the wrong dose of a medicine had been given to a resident over a period of time. The other was regarding a member of staff who was witnessed shouting at a resident. A third investigation regarding a person who experienced frequent falls concluded the home's management of these falls could have been better, and that expert advice should have been sought sooner. In addition there were further allegations about another member of staff speaking inappropriately to a resident, which Social Services had asked the manager to investigate and take appropriate action.

However at the time of our visit we found the home had not yet taken sufficient action to ensure all staff spoke properly to residents. The investigations referred to above, and the remedial actions expected after the previous substantiated allegations, were not completed. The manager gave reasons why these actions had not been properly completed, but there were still concerns residents could be subject to inappropriate and unpleasant verbal interactions with some staff. Although on our visit we observed staff

supporting people patiently and respectfully, two people we spoke with made negative comments about some staff. One person said, "One or two (staff) are a bit sharp, not particularly nasty just that way out sometimes". This person also told us of an inappropriate comment made by a member of staff which they had reported to the manager. Another person said, "They (the staff) can be off sometimes". We also observed an agency member of staff giving out medication in such a way that could have resulted in medicines being given to the wrong people. This agency member of staff was not aware of the home's procedures about this aspect of medicine administration.

We were also concerned the management had not taken all the correct action regarding another incident reported as 'safeguarding', and involving the finances of a person living in the home. Although there was no evidence staff were involved in the mishandling of this person's spending money, and measures had been put in place to try to protect this money, the management of The Grove had not ensured appropriate liaison with, and guidance from, Social Services. Not ensuring the involvement of the 'lead' agency (Social Services) in safeguarding could mean the correct action is not taken to protect people.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At the inspection visit we saw there were sufficient qualified and experienced staff on duty to meet people's needs. We found the home was usually fully staffed by permanent staff, with the occasional use of agency staff when there was short notice sickness, as had happened on the day of our visit.

We found there was a suitable programme of staff training, and more courses had been introduced since last year, such as on the MCA and on 'challenging behaviour'. Most staff had completed a recognised relevant qualification for people working in care, and there were qualified nurses on duty as needed. We were told the company had appointed a new member of staff to organise and deliver training throughout the company's (three) different services. This should further improve the quality of the training and help increase training opportunities for staff.

We spoke with two members of staff who were positive about working in the home. They confirmed the training opportunities they had, and that the mandatory (essential) training was regularly undertaken and therefore updated. They felt sufficiently skilled to carry out their work and felt the senior staff supported them.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service people receive.

Reasons for our judgement

We looked at this standard again because at the previous inspection in 2011 there was a concern the home's quality monitoring systems were not as effective as they could be, with matters for improvement not being identified and/or addressed. An improvement action was made.

At our recent inspection visit we found audits (checks) were undertaken on how the home was meeting the Essential Standards of Quality and Safety and Regulations. In addition audits were also undertaken on some other of the home's systems and processes, such as on health and safety and property maintenance. We also saw audits had been undertaken on medication management as recommended by the pharmacy inspector from the CQC following their visit last year. However the provider may find it useful to note the manager was undertaking all the audits. This could mean insufficient time was spent on the audit process and that the home was not benefiting from an 'outside' perspective.

People living in the home were asked for their views, and involved in decisions about the home, in a number of ways. There was a questionnaire survey earlier in the year, the results of which showed a high level of satisfaction from those who responded. The manager ensured regular residents' meetings were held. These and informal discussions with staff enabled residents to express their views personally. We also saw the records of recent complaints. These records demonstrated people's concerns were taken seriously, investigated and used to improve the service for the individuals concerned.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
Diagnostic and screening procedures	How the regulation was not being met: The registered provider was not ensuring all residents were safeguarded against the risk of abuse by not responding appropriately to allegations or incidents of abuse. (Regulation 11(1)(b))
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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