

***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: 21 November 2013

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Safety, availability and suitability of equipment



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>

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Safety, availability and suitability of equipment	6
About CQC Inspections	8
How we define our judgements	9
Glossary of terms we use in this report	11
Contact us	13

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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, carried out a visit on 21 November 2013, talked with people who use the service and talked with staff. We talked with other authorities.

What people told us and what we found

After receiving serious concerns about the way people living in the home (residents) were being moved and transferred, we visited with two social workers in the evening to check whether or not people were being looked after safely. We spoke to ten residents and four members of staff including the nurse in charge of the night shift.

During our visit we found no evidence of unsafe moving and handling practices. People we spoke with who were able to tell us about the use of their hoist said there was always two carers for the process of lifting with the hoist and that they were not left lying or sat in their slings waiting to be lifted. They also said 'slide sheets' were used as necessary for moving people in bed. In addition people said they were well cared for in the Grove and had no concerns about the way staff assisted them or looked after them.

We found the written information in five care plans about moving and handling needs was detailed and up to date and gave staff the correct guidance about how to move and transfer people with the hoist. The risks associated with this process had been assessed and recorded and kept up to date to assist staff to move people safely.

Staff we spoke with told us there were always two carers throughout the 'hoisting' process and people were not sat or lying in slings waiting to be lifted in the hoist. The staff also said they had been trained in the use of the hoist. They were knowledgeable about the different types of slings.

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

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

Safety, availability and suitability of equipment

✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe equipment.

Reasons for our judgement

Because we received serious concerns about the way people living in the home (residents) were being moved and transferred, we visited the Grove with two social workers in the evening to check whether or not people were being looked after safely, or were in any danger. We were also aware of a safeguarding investigation still in progress regarding a person who had an accident and an injury a few months ago whilst being transferred in the hoist. This investigation was not yet fully concluded at the time of our visit.

During our visit we found no evidence of unsafe moving and handling practices and found no evidence of people being in danger from poor practices at that particular time. Residents we spoke with who were able to tell us said there was always two carers for the process of lifting with the hoist and that they were not left sat or lying in their slings waiting to be attached to the hoist. They also said 'slide sheets' were used as necessary for moving people in bed. However one person told us that up to a few months ago sometimes only one carer operated the hoist and that sometimes they were left sitting on the sling. This was poor practice as it can lead to pressure sores.

Staff told us there were always two carers throughout the 'hoisting' process and that people were not sat or lying in slings waiting to be lifted in the hoist. They said that this was assured now there was an additional member of staff on duty in the afternoon/evening when staff were assisting residents to bed. All the carers we spoke with said they had been trained in the use of the hoists and that new staff were not allowed to use them until they had been trained. They were knowledgeable about the different types of slings and assured us people's individual slings were kept in their bedrooms so they were always used for the right people. They also told us they always checked that the sling was fitted properly. The nurse in charge told us she was a moving and handling trainer and would not allow poor practice by staff on her shift. The three care staff we spoke with said they had never witnessed any poor practice. However of staff we spoke with, one had only worked in the home a few months and another only a few weeks, so they could only speak about recent experiences.

We looked at five care plans and found the written information about moving and handling needs was detailed and up to date and gave staff the correct guidance about how to move and transfer people with the hoist. The risks associated with this process had been assessed and recorded and kept up to date. This should help staff to move people safely.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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