

**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: 16 May 2013

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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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Complaints** ✓ 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

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### What people told us and what we found

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At the inspection we spoke with eight people living in the home (residents) and one relative. We spoke with two members of staff and the home manager. Residents said staff treated them properly and respectfully and that they had sufficient choices in their daily routines such as times of going to bed and getting up. They made the following comments: "They (the staff) are good'uns", "They're really good, very gentle", and "I can get up and go to bed when I want". A relative said, "The staff have treated him (a resident) very well". In general we saw staff caring for people in a patient and kind way.

Residents and relatives were involved in the development of their care and services through 'care reviews', discussions with staff, and through completing survey questionnaires. Some residents said they were not sure who to speak to if they were not happy with any aspect of the service. However we saw there were copies of the complaints procedure in people's bedrooms and in the home's reception area.

Residents also said they were well cared for and had the care and support they needed. A resident said, "I'm on top of the world here; I've never been so well after looked in all my life". Another said, "I'm quite happy and contented". A relative said, "I liked The Grove because it seemed homely".

Staff told us they undertook appropriate training to enable them to do their work effectively. They also said they felt well supported by senior staff and through the staff team.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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Residents we spoke with on this inspection visit told us they felt staff treated them properly and with respect. One resident said they felt this aspect of care had improved since our last inspection in October 2012, when some matters indicating lack of respect were brought to our attention and on which the manager took action. People we spoke with also said they had sufficient choices in some of their routines such as when to get up and go to bed. They made the following comments: "They (the staff) are good'uns", "They're really good, very gentle", and "I can get up and go to bed when I want". A relative said, "The staff have treated him (a resident) very well".

In general we saw staff caring for people in a patient and kind way. However the provider may find it useful to note we observed some staff assisting people at lunch time, and offering refreshments in between meals, in ways that may not uphold their dignity. We discussed this fully with the manager who told us that since the last inspection the importance of residents' rights to respect and dignity had been reinforced with staff through additional training and supervision. She assured us she would investigate again and take any appropriate action. We were subsequently informed of the action she had taken, and would take, to ensure an improvement in these matters would be maintained.

The records we saw, and discussion with the manager, demonstrated that residents and relatives were given the opportunity to give their views about the home and influence the development of the services. Opportunities for involvement included, reviews of care, informal discussions with staff, attending residents meetings and completing service quality monitoring questionnaires. The home had completed two surveys since the last inspection. One was a general survey covering a range of matters concerning care in the home, the other was specifically related to 'privacy and dignity'. Both surveys showed a high level of satisfaction with all aspects of care in the home.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care and support that met their needs and was delivered according to their care plan.

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**Reasons for our judgement**

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Residents we spoke with told us they were well cared for and had care and support that met their needs. A resident said, "I'm on top of the world here; I've never been so well looked after in all my life". Another said, "I'm quite happy and contented". A relative said, "I liked The Grove because it seemed homely".

Discussions with the manager and the records we looked at indicated there was a suitable admissions process when people's needs were assessed and from which a care plan was developed. Relatives were also generally involved in the admission process, particularly if the resident concerned needed support in communicating their needs.

The three care plans we saw had sufficient information to assist staff to provide the right care to people. We also saw there was some information about people's preferences and likes and dislikes (person centred) and which should help staff provide the care and support people wanted. In the care plans we looked at we saw people's care needs were regularly reviewed and updated. There was evidence that the residents themselves and their relatives had been involved in the reviews. In the records we also saw the risks associated with some aspects of care had been assessed, and guidance provided to staff to assist them to look after people safely. These risks included those associated with pressure sores, nutrition, falls and moving and handling. We found these assessments, and the instructions to staff on how to minimise the risks, had improved since the previous inspection. Following concerns from the local authority about the system of assessing the risks, and therefore about the provision of safe care, the home had worked with the local authority to ensure improvement. The manager and the local authority told us that all the recommended actions and improvements had been made. This has helped to ensure people were cared for safely.

There were some activities for people to enjoy, though a few people we spoke with said there 'wasn't much going on'. Others chose not to take part in activities. One person said, "I'm not interested in activities".

We also saw people received the health care they needed and had contact with health care professionals as required, such as with their General Practitioner, the district nurses, and through hospital visits. There were procedures to follow for hospital admissions that

should ensure people were accompanied, and the correct information given to hospital staff.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening.

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## **Reasons for our judgement**

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We looked at this standard again because at the last inspection in October 2012 we had concerns about the number of safeguarding incidents, some of which had been investigated by the local authority social services department and some were still under investigation. Two 'alerts' (safeguarding referrals) for which investigations were completed by the time of the last inspection had been substantiated. In addition we were concerned the manager was not following up concerns in a timely manner or dealing with them thoroughly enough. We issued a compliance action and asked the provider to tell us how the home would become compliant with this regulation and standard. A written action plan was submitted, and through this and meetings with social services, we were satisfied the home had taken the necessary action to become compliant.

At our recent inspection in May 2013 we found the home was now compliant with the regulation underpinning this standard. There had been no further safeguarding alerts (since the last inspection), and the home had taken all the necessary action the Care Quality Commission (CQC) and Social Services had requested. The manager had developed a better system for recording and 'tracking' (following) safeguarding incidents and investigations. Staff had undertaken further training on safeguarding, and also on the matters of concern that were the subject of some of the safeguarding alerts, including lack of respect for residents.

We also saw The Grove had suitable policies, procedures and guidance to assist staff in understanding the meaning of the term 'abuse' and what to do if there were an allegation or suspicion of abuse. This included a 'whistleblowing' procedure to guide staff on reporting any aspect of poor practice.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support to an appropriate standard.

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## **Reasons for our judgement**

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At our recent inspection visit we looked at records of staff training, the induction of new staff and of staff supervisions and support. We also talked to the manager and a new member of staff. We found new members of staff were well supported in terms of training opportunities and supervision with the manager and other senior staff. We also found new members of staff were not expected to undertake any tasks alone for which they had not been trained or for which they did not feel competent or confident.

Staff told us the manager and other senior staff were supportive and approachable. They also said they had formal one to one supervision sessions with a senior member of staff and informal day to day support and supervision. We were also told there were frequent staff meetings when staff could air their views and contribute to the development of the service. The records we looked at confirmed one to one supervisions, annual appraisals and staff meetings. The induction records of new members of staff, and discussion with the manager indicated new staff undertook a timely, comprehensive induction. This prepared and equipped them for working with the residents, and was also in accordance with government guidance.

Discussions with the manager, and the records we saw, demonstrated that all staff undertook appropriate ongoing training to help them carry out their work. This included a recognised qualification for people working in care, and training in matters such as the Mental Capacity Act and dementia awareness.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was a suitable complaints procedure and system for investigating people's concerns and complaints.

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### Reasons for our judgement

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Residents we spoke with said they had no complaints. Two people said, "I've no complaints". One resident said they would discuss matters of concern with the manager. However the provider may find it useful to note some other residents we spoke with said they were not sure what to do, or who to speak to, if they were not happy with something. This could mean people did not report their concerns or have them addressed. We found there was a suitable complaints procedure which was given out to people and their relatives on admission, and that was kept in people's bedrooms. The manager agreed to try and ensure people had a better understanding of the complaints procedure and of what to do if they were not happy about something.

We saw there was a system in place for the recording of a complaint and the investigations undertaken. Two complaints had been recorded and dealt with over the last 12 months. This showed the manager took people's concerns seriously, when they were reported to her, and took the action needed to resolve matters in a timely way.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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