

Country Court Care Homes 2 Limited

The Grove Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Grove Care Home is a residential care home providing personal care to up to maximum of 52 older people, some of whom are living with dementia. At the time of our inspection there were 48 people using the service.

People's experience of using this service and what we found

Medicine practices were not always in line with best practice guidelines.

A system was in place to monitor the quality and safety of the service; however this was not always effective in identifying and addressing issues.

Analysis of incidents was completed. However lessons learnt were not always identified.

People were happy with the care they received, they felt safe and well looked after.

People had support from staff who had been safely recruited. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. People and staff spoke positively about the management of the service.

Staff followed care plans and risk assessments which were in place for known risk, up to date, and regularly reviewed. People were regularly asked their views on the service provided and action had been taken when suggestions were made.

People were supported to have access to healthcare services to monitor and maintain their health and wellbeing. People were encouraged to maintain a healthy diet, where people had specific dietary requirements, these were catered for.

The home was clean and tidy and additional cleaning ensured people were safe from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 24 January 2020).

Why we inspected

We received concerns in relation to risk management, infection control, staffing, management of medicines and management oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and recommendations

We have identified a breach in relation to medicine management at this inspection.

We have made a recommendation in relation to good governance and lessons learnt.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Grove Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors and an 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.

Service and service type

The Grove Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grove Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 2 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, care workers, administrator and the maintenance team.

We reviewed a range of records. This included 5 people's care records and 14 medication administration records. We inspected 4 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Using medicines safely

- Stock levels were not always accurate. This meant we could not be assured that medicines had been given as signed for by staff on the medicine's administration record.
- Where people were prescribed 'as required' medicines, observation records after administration were not recorded in line in the provider policy.
- The service did not always follow relevant national guidelines for administering medicines. We observed 1 person's medicines were dispensed and left unsecured and unattended on top of the medicine trolley in a communal area.
- Some medicine records were not updated or in place for additional safety considerations. For example, individual risk assessments for paraffin based products.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.

We recommend the providers systems and processes are reviewed to ensure information is captured, shared and evidenced to support lessons learnt.

- The premises were well maintained. Regular checks of the environment were completed to make sure it was safe. For example, checking the fire panel, fire exits, security, and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.
- Risk assessments were in place and reviewed regularly to minimise risks. These provided staff with a clear description of any risks and guidance on the support people needed.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- We received mixed feedback from people and staff in relation to appropriate staffing levels to meet people's needs. The provider was responsive to our feedback and immediately implemented additional staff whilst a review of needs was completed.
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said, " We are very well looked after here, we feel safe and respected by staff". A relative said, " We have peace of mind knowing someone is taking good care of [relative] and we are able to sleep at night".
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. Information was available in the office, which supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Arrangements for visiting the care home were in line with the government guidance at the time of inspection. There were no restrictions on visitors to the service.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Where improvements to the service had been identified through quality auditing, action was not always recorded. For example, action plans did not always include the action required, expected date for completion and who was responsible for completion.
- Audits and monitoring arrangements were in place for a range of areas including, care plans, medicines and infection control. However, these were not always effective in monitoring the quality and safety of the service. For example, medicine audits did not always identify the concerns we identified during inspection.

We recommend the provider reviews their system and process for capturing and recording actions identified through quality audit monitoring.

- There was a system in place to report and record incidents and accidents. However, information was not always collated to evidence any potential themes, trends or lessons learnt. The provider was responsive to our feedback during the inspection and began making improvements in this area.
- There was a clear staff structure and staff were aware of their roles and responsibilities and accountability. The registered manager was supported by a regional manager who had regular contact with the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager knew people well including their needs and preferences. We observed interactions between people and the registered manager that were positive. The registered manager was a visible presence at the home and people and staff all told us they were approachable. Staff told us, "If I needed to raise anything at all, [Registered Manager] will always make time to listen to you and she is fair".
- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from service improvements to raising concerns. This promoted inclusion within the service.
- People were positive about their support. There was a positive atmosphere and people were happy and relaxed being supported by staff. People's comments included, "The staff are angels, they are very kind"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.

- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

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

- Systems were in place to capture people's views and feedback. People told us "I like [registered manager], and believe she would sort anything out".
- Staff had team meetings and one to one supervision.
- People had regular review meetings with their staff, relatives and relevant professionals to review all areas of their care plans ensure any barriers to leading a full life were avoided.

Working in partnership with others

- The provider told us how they send out questionnaires to professionals to gather feedback on the service provided. Although, these were not often completed and returned. The provider is considering new and innovative ways to gather feedback from professionals.
- Visiting health and social care professionals told us how the provider works with them in partnership. They positively reported how the provider is proactive when sharing incidents and concerns. One professional said, "The service works with us effectively".
- The registered manager kept up to date with best practice developments. They encouraged staff to take on more responsibility through introducing lead roles to champion infection control.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the proper and safe management of medicines. 12(2) (f)(g)