

Spring View Care Limited

# Grosvenor House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Grosvenor House Care Home is a nursing home providing personal and nursing care to 25 people aged 65 and over. At the time of the inspection there were 26 people living there.

Grosvenor Home Care home is in an adapted building with bedrooms available over two floors. There were lounges and dining areas on two floors with access by lifts and stairs.

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

People valued the exceptional care and attention they were offered. People felt a part of a family in a welcoming and embracing environment.

People's had an exceptional experience of care because staff understood their individual needs and went to extraordinary efforts to achieve outcomes for them. Staff were innovative in the way they helped provide compassionate care and ensured where appropriate people's End Of Life care allowed people and their families to have a peaceful experience.

People were cared for by enough staff who they liked and kept them safe. Staff understood and knew the risks people lived with and had undergone checks of their background as part of the recruitment process. Processes were in place to ensure people received their medicines safely. Staff understood and practiced infection control techniques. The registered manager promoted learning from improving people's experience of care.

People's needs were assessed, and care was planned and delivered to meet legislation. People and their families were appropriate were involved in care planning. People felt the food they ate was exceptional and in response to their individual preferences. Close relationships with the local GP enabled people to have swift response to their healthcare needs. Staff were supported through regular training and supervision. 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.

The registered manager and provider worked closely to enable people's vision for their care to be realised. People and their families were encouraged to share feedback in order to help shape care delivered at the home. The registered manager was supported by a team that understood their obligations for investigating and reporting any incidents were appropriate. Staff were happy working at the home and were people felt was a welcoming environment. The home was a part of the local community and the registered manager worked with local stakeholders.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published on 17 November 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was exceptionally caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was exceptionally responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Grosvenor House 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Grosvenor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with 10 members of staff including the deputy manager, care worker staff, nurses, activities co-ordinator, registered provider and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered provider during the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and their families were assured people were safe at the home. One relative told us they had not had a holiday in five years. However, since their relative had recently moved to the home they felt they could take a break because they knew their family member was being cared for safely.
- People told us staff checked on them. One person told us "I feel safe because I can press my call bell and they come promptly. The bell is my reassurance."
- Staff had received training and understood how to recognise the signs of abuse. Staff felt confident the registered manager would act upon any information passed to them.

Assessing risk, safety monitoring and management

- Staff understood the risks to people's health. Nursing staff ensured important up to date information was shared with care staff so that people received the correct support. Care staff felt confident they could refer to care plans and check information with the nursing staff. Care plans had been reviewed and risk assessments updated to ensure that they were reflective of people's needs.

Staffing and recruitment

- People told us staff were always available when they needed. The registered manager used a dependency tool and was assured staffing was in excess of the required need.
- Staff confirmed to us they completed a background check before they commenced work. References were also sought to assure the registered provider of their suitability to work at the home.

Using medicines safely

- We reviewed medicines records and they were completed accurately and showed people had received their prescribed medicines.
- People told us they received support with their medicines. Systems were in place for ordering and storing medicines safely.

Preventing and controlling infection

- People and relatives told us the home was always clean and odour free. A relative told us, "Its always spotless whenever I come." Another relative told us, "The cleanliness is brilliant."
- Staff practiced techniques aimed at the reducing the spread of infection. Staff told us they used alcohol gels, aprons and plastic gloves.

### Learning lessons when things go wrong

- The registered manager worked closely with staff and ensured any learning was shared with staff in a sensitive manner to prevent the reoccurrence of any incidents. For example, the registered manager told us they had reviewed the ordering of medicines at the home and had worked with staff to embed a new system. They told us, they had identified a better way of ensuring people received the care they needed. They also told us they had monitored communication to ensure the team worked cohesively together.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their families shared their aspirations for care with the registered manager before coming to stay at the home.
- People's needs were assessed to ensure appropriate training was in place for staff to provide the right care. Health professionals were also involved where appropriate.

Staff support: induction, training, skills and experience

- People felt confident with staff who's training and guidance support them appropriately.
- Care and nursing staff had opportunities to request and attend any training they required. Nurses felt supported in retaining their professional qualification and registration.

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

- Every person we spoke with spoke highly of the food and drinks. People's nutritional needs were known to staff who worked with kitchen staff to ensure people had choices and opportunities to have a balanced diet. For example, where appropriate high calorie foods were offered where people were known to have issues with a low body weight.

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

- People were proud of their bedrooms and told us how much this meant to them. A relative we spoke with was delighted with their relative's bedroom as they were living in comfort and surrounded by things that were important to them.
- The registered provider had an ongoing refurbishment programme. This was ongoing in terms of ensuring each bedroom was decorated to reflect the person's preferences.

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

- People told us they benefited from a close relationship with the local GP. Their needs were attended to promptly because staff understood and escalated any concerns the local GP when appropriate.
- Care staff reported a very close working relationship with nurses at the home which they felt empowered them to share concerns and seek guidance when appropriate. For example, care staff told us nurses promoted an inclusive environment and encouraged them to ask questions if they were unsure about anything. Podiatrists and opticians also came into the home and saw people as appropriate.

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 when this is in their best interests and legally authorised under the MCA.

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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the importance of obtaining a person's consent before they supported them. Staff had received training on the MCA and could give examples of when it might be in the person's best interests to make a decision to support them to remain safe. A system was in place to apply for a DoLS where appropriate.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People were resolute in their belief that they were treated with equality and respect and were passionate about sharing their experience of living in the home with the inspection team so that they would know about the care people received. Some relatives waited during a difficult period and insisted they speak with the inspection team during the inspection because of their firm belief that care was exceptional at the home. They were keen to share their feedback. They told us even though their family member had just passed away they wanted to tell us how their family member had received the best possible care.
- Grosvenor House had a genuine feeling of homeliness and there was a very calm and relaxed environment despite a number of activities going on and numerous visitors throughout the day. People and families told us the welcoming and caring attitude of staff had a huge impact on them and solidified their belief that this was their home. One relative told us they felt part of the team and did not feel like a visitor at the home. They told us they knew the name of all the staff and had an excellent relationship with the registered manager and provider. One person told us, "Its wonderful here. I have friends here."
- People's receipt of compassionate care helped reassure them that Grosvenor was their home. A relative described being cautious because of a previous negative experience of care. They said "I walked in and I had a warm fuzzy feeling and I knew it was right." The relative told us their decision was made easy because of the quality of care the person received. A further person told us, they had not wanted to go into care and it had been a very tough decision for them to accept they needed help. They told us how the exceptionally caring attitude of the manager and staff had made the transition easier and they could not now consider living anywhere else because they regarded staff and other people as their "family." Their relative also told us, "It was hard for me to let go of [family member]...but it was definitely the right decision."
- People's care was sensitive and compassionate to their needs and families told us how this had had a calming effect on people. One relative told us as a result of this, the time they now spent with their relative was far more valuable time. They told us "Before [person] used to shout a lot, but is calmer now. It's the best place [person's] been in." They told us staff had had time to understand their family member and reduced their anxiety which meant they were now able to spend quality time together.
- One care staff member told us, "It's amazing here. This is the sort of place I would want my mum to be in."
- One relative told us they had difficulty in navigating the system for social care and that the registered provider had been compassionate in their time and efforts to support them. They told us without their support, they would have had to find alternative care for their relative. They told us the management team had gone beyond what they would have expected and supported them to access care for their relative at the home.
- People's mealtime favourites were provided to keep their familiar home meals which they knew and loved

and remind them of their cultural heritage. A person's love of a particular branded soup was provided without hesitation. The selection of food and drinks available improved choice and one person had found a new delight in a particular carbonated drink which they told us they thoroughly enjoyed.

- The registered manager told us staffing levels were higher than the assessed needs because they wanted people to have the care they needed without staffing feeling rushed. A person told us, "They're excellent...very caring. They do everything for you. The best thing here is the care."

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

- People were at the centre of their care and knew staff went to extraordinary lengths to ensure they were happy with the care they received. Staff ensured they understood people's needs by continually speaking with them and checking they were happy. All of the people and families we spoke with told us no request was too much. One relative told us they had no doubt that the care provided at the home could not be matched elsewhere. They told us they had been encouraged by commissioners to move their family member elsewhere, but they were adamant their family member should stay at the home.

- People told us they spoke with staff as friends who listened to them. They told us, "If you ask for something, it's done immediately. There's no chasing." A relative told us their experience with the home could be summarised as, "It's the difference between putting up with something and having an enjoyable experience. They told us about how since moving to the home, their family member had become calm and had settled. They told us that although their family member, due to their health condition had some difficult days and could not always verbalise, staff always ensured the person was involved in their care. They told us staff patiently tried different things and kept trying until they could tell from the person's body language and expressions they were happy. The registered manager told us, "When people move to the home, their life is not finished. We want them to continue to enjoy life."

Respecting and promoting people's privacy, dignity and independence

- Families went to exceptional lengths to share with us how staff had supported their relative to maintain their dignity.

- One relative whose background was in Adult Social Care told us they had a vast amount of experience to draw upon and did not feel the care at the home could be matched elsewhere. They told us their family member had been a very proud person throughout their life, and staff had maintained their dignity by the compassionate ways in which they were cared for. They told us staff took the time to know their family member. They told us their family member was treated as a person and individual and this helped them accept the care they were receiving. They told us the person had previously had a bad experience in another health care setting and this had affected their confidence. The family member told us, "We feel like we've all been treated well." The relative told us their requests were always immediately taken care of.

- Another relative told us about their family member's advancing dementia. They told us about how proud the person had been throughout their life. They told us at Grosvenor staff worked with the person to reassure them so that the person could reduce their anxiety. Staff worked with them at their pace and allowed the person time to get used to receiving care. The relative told us this was a comfort to them because they knew their family member would have wanted the care they were now receiving where their dignity was upheld.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff made every effort to make people's experience at Grosvenor special because staff had a strong commitment to wanting to deliver care that went the extra mile. For example, it became known to staff that a person had worked at a local confectionary company and as a special surprise for the person, the staff member went to extraordinary lengths to do something that reminded them of their working life. The staff member contacted a senior manager within the company and arranged a special presentation where the person was thanked for their hard work at the company. The person's relatives told us the person had been overwhelmed by efforts the staff had gone to make the person feel special.
- Staff used innovative ways in which to enhance their care for people and respond in ways that was compassionate to their needs. One person who had recently moved into the home had shown little interest in food and staff were concerned about their health. The chef tried to gauge from the person what they liked. The chef identified the person liked eating fish and chips made from fresh potatoes. They sourced fresh potatoes and fresh fish and made the person and other people a traditional fish and chips meal. We saw that day the person completed their meal, the first day they had since moving there a short while earlier.
- People's preferred lifetime routines were central to their care. One relative told us about their relative, "She's never without a cup of tea. She drank copious amounts all her life." The person was seen with a cup of tea at numerous points and staff all understood the person preferred tea.
- People understood as their care needs changed, staff were committed to continuing to meet their needs so. One relative described how when their family member came to live at the home, they had feared they did not have much time left. They described the person's relationship with staff as crucial because staff understood their family member's changing needs on a daily basis and adjusted their care accordingly. They told us on some days their family member required nurturing and reassurance and others routine. The relative told us this was outstanding care because with staff support the person had an improved quality of life. They told us it had been a relief to find the care home as the exceptional personalised care had helped slow the deterioration of their family member's health.
- People received care which demonstrated thought and going the extra mile. One family member told us about when their relative was nearing the end of their life and was beginning to decline food. They told us staff tried a number of different ways to encourage the person to eat and they didn't give up. They told us, "Even the sandwiches were always beautifully prepared with a nice salad and looked appetising. They always knew [relative] like a person."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Relatives told us with confidence that staff understood their relative's needs. Two relatives whose family member was not able to communicate, told us staff knew their family member so well, that they used prompts such as their body language or understood from their mood.

- Staff were confident in using visual prompts or speaking to a person in a way that made it easy for the person to understand them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One person told us they regularly spoke with their family and friends by telephone. A care staff member told us the registered provider upgraded Wi-Fi access across the whole building at considerable cost so that everyone could benefit. The person was now able to maintain regular contact using a hand held device, which they retained control of to speak with the family whenever they choose.

- People's lifetime family routines were celebrated at the home and maintained to ensure their care reflected their personal choices and needs. One relative told us the person came from a large family and had always had regular guests and contact with their family within their family home. They told us they were encouraged by staff to maintain this level of contact with the person as staff recognised the importance of this. They told us, "They [staff] never once said to us there were too many people [visiting]." They told us the registered manager ensured they had privacy when needed so there was no impact on others whilst giving them extra cherished time with the family member.

Improving care quality in response to complaints or concerns

- There had not been any formal complaints received at the home. The registered provider told us they had ongoing dialogue with people and their families and this had helped to minimise any complaints. They told us they tried to prevent a complaint by better understanding and meeting people's expectations.

End of life care and support

- People were supported throughout the end of their life by nurses who took the lead and ensured people received the very best care. The registered manager told us their ethos was about ensuring people had a pain free end of life and supporting the families to grieve. A nurse at the home had trained in "Bereavement and grief counselling and supported families come to term with their loss. The registered manager told us in relation to this area of care, "Being a nurse is not enough." People's holistic care and support needs were considered at the end of their lives as well as those of their family. The bereavement counselling helped support families begin the grieving process.

- Staff had initiated and succeeded in the home having been awarded a Gold Standards Framework Award and had received an additional recognition for the standard of their work, which very few homes are awarded with. The award was formal recognition of the staff delivering end of life care based on best practice. Staff told us they were passionate about the work they did and understood all staff needed to understand the ethos of excellent end of life care. Staff spoke with pride about supporting people to have a peaceful end to the life.

- People benefitted from a close working relationship with the GP, who worked together with staff to strive towards exceptional end of life care. The GP described the home as "One of the most organised and efficient homes I have worked alongside to date." Staff worked closely with the GP to ensure medicines were on hand to relieve people's pain at the end of their life. Relative spoke of the exceptional efficiency in which staff worked together with the GP in order to achieve a restful end to people's lives. They told us that they knew from their observations that staff were determined people should be at peace and distress was kept to a

minimum for both people and their families.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were assured that they could speak with the registered manager or registered provider about anything they needed to and it would be resolved. The registered manager promoted an open environment that assured people and their families had access to a member of the management team at all times. 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 provider knew and understood their responsibility to investigate and respond to any concerns or issues that may arise and offer an apology where appropriate.

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

- The management team work closely together. Regular checks were undertaken by the registered provider to assure themselves that people received a positive experience of care. Feedback was provided to the management team if any improvements were needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People felt very comfortable speaking with any of the management team to discuss their care or anything else they needed to speak to them about.
- The management team had an ethos whereby people and their families benefitted from a continuous dialogue. They felt this was the best way of managing people's expectations and delivering the care that people wanted to receive. The registered provider was on site and we saw them engage with people throughout their visit.

Working in partnership with others

- People told us the registered provider helped them liaise with commissioning bodies in order to help support them to access funding. A relative told us they had found the whole process stressful and could not have succeeded without the support of the registered provider's team.