

Fidelity Healthcare Grove Hill Ltd

Grove Hill Care Home

Inspection report

Grove Hill
Highworth
Swindon
Wiltshire
SN6 7JN

Tel: 01793765317

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20 May 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grove Hill Care Home is a residential care home providing personal care to 22 older people, in one adapted building at the time of the inspection. Most people in the home were living with dementia. The service can support up to 27 people.

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

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Assessments of people's needs were not always accurate or complete. Care plans were not always accurate and daily care records were not always completed with enough detail to demonstrate people received the care they needed.

The registered manager monitored the quality of the service. However, this monitoring was not always effective and the audit process did not include a system to ensure staff were undertaking checks on people. Records were not always legible and complete to demonstrate what care and treatment had been provided to people.

People were supported in line with their support plans and risks to people were managed. Most people were living with dementia could give us limited feedback on their views about the service. They did, however, confirm they were happy with the support they received and liked the staff who cared them. Relatives gave us their experiences of the service and were complimentary about the service.

Medicines were managed safely, and there were safe infection and prevention and control practices (IPC) being followed.

There were sufficient staff deployed to meet people's needs and staff were recruited safely.

Staff felt supported by the registered manager. The registered manager had arranged training to enhance staff skills and knowledge. People's individual dietary preferences and needs were clearly recorded, and people were encouraged to eat healthily. People were supported to access health and social care professionals when needed.

People were cared for by a caring and committed staff group who throughout the inspection referred to people as 'family'

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

The last rating for the service under the previous provider was Good, published on 19/09/2019.

Why we inspected

The inspection was prompted in part by a notification of a specific incident. Following which a person using the service sustained a serious injury. This inspection did not examine the circumstances of the incident.

We have found evidence that the provider needs to make improvements. Please see the Effective and Well-Led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Grove Hill 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.

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 carried out by three 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

Grove Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Inspection activity started on 19 May 2021 and ended on 21 May 2021. We visited the location on 19 & 20 May 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements

they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection We spoke with two people, 14 relatives, five members of staff, the registered manager, and the nominated individual. We also spoke with two healthcare professionals. We looked at medicine records and procedures and medicine monitoring systems. We also looked at three staff files, nine care plans, policies and procedures and records relating to governance of systems in the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We saw people's individual risks had been assessed. However, actions did not always take place to reduce these risks. For example, there were not always records in place to assure the provider that staff were carrying out checks on people as stated in their care plans. Following the inspection, we saw evidence the registered manager was addressing this concern.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.
- Staff anticipated people's risks, were familiar with them and followed risk management plans.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel safe, if I didn't I'd tell my relative."
- Staff knew how to report concerns and were able to described what action they would take if they suspected people were at risk. One staff member said, "I'd report to my manager and CQC [Care Quality Commission]."
- The provider had a safeguarding policy in place and the registered manager demonstrated they raised safeguarding' appropriately.
- Staff completed safeguarding training, and this was talked about during meetings with the registered manager.

Staffing and recruitment

- The registered manager followed safe recruitment practices and the staff recruitment files that we viewed contained the necessary checks and references.
- There was sufficient staff to meet people's needs. No agency staff had been deployed in the home.

Using medicines safely

- People's medicines were safely managed and they received their medicine as prescribed.
- Records relating to medicines were accurately maintained .
- Staff had received training in the safe management of medicines, and their competency had been assessed. One staff member said, "I am regularly assessed by my manager."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager monitored accidents, incidents or near misses.
- Where incidents were recorded and investigated, reflective practice took place with staff to talk through feelings, review how staff responded and where possible, consider if improvements could be made.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed when they first started using the service. However, information from the assessment was not always transferred into the care plan. For example, we saw a referral that stated a person was prone to urine infections. This information was not stated in the care plan so staff would not know how to monitor this.
- The assessment included people's physical, emotional, communication and health needs. It was clear the level of support the person required and what they could do for themselves. However, details of how that support should be provided by staff was not always consistent.
- We saw relevant referrals had been made where further assessment was required to support people's needs. For example, one person was referred to the district nurse in relation to a specific condition.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager was knowledgeable about the process of assessing people's mental capacity for specific decisions. Where people had fluctuating capacity, we saw a capacity assessment was in place.
- People's right to make their own decisions was respected, staff were aware of and worked within the MCA. However, we observed people seated in the communal area had tables placed in front of them. This could restrict their freedom and movement. When we spoke to the registered manager, they were unaware this situation was a form of restriction. They took immediate action and moved the tables.
- A healthcare professional told us, the service was 'being very diligent about monitoring restrictions whilst waiting for DoLS

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

- Best practice guidance about dementia friendly environments did not seem to have been referred to.

Some bedrooms were not personalised in any way. Having personal items in a bedroom such as photographs or other items important to them can provide reassurance.

- The communal space had no natural daylight and was quite dark. Good lighting is particularly important for people with dementia. An extension had been built which overlooked a new patio. We were later told additional lighting for the communal area had been ordered.

Staff support: induction, training, skills and experience

- New staff received an induction and completed training before working independently.
- Staff and the registered manager had completed ongoing training. For example, food safety, fire awareness, safeguarding and moving and handling. One staff member told us, "I've had training in catheter care and sepsis as well, very useful."
- People were supported by staff who received supervision so they could talk through any issues and look at professional development.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's dietary needs were assessed and outlined in care records. This included special diets, allergies and people's preferences.
- We observed the midday meal. Food was served hot from the kitchen and look wholesome and appetising. We saw people clearly enjoyed the food. We asked one person if they liked the food and they nodded, 'yes'.
- We spoke with the chef who told us, "I am cooking for my family, so I want it right. I know what they like so I cater to their wants and needs."
- People were supported to maintain their health and well-being. Where required, people were referred to healthcare professionals and their needs were reviewed.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- A relative was happy with the support their family member received. They spoke highly staff and said, "Staff are very patient, she (person) is very deaf and over time unable to communicate easily, they put a hand on her shoulder, kiss her on the head, they really do care for them, I see staff holding their hands, it is a nice environment."
- People were treated with kindness and were positive about the staff's caring attitude. One person commented, "Staff are very kind and I don't have a bad word to say about them. They come and do what you ask and then leave you which I like."
- We observed caring interactions throughout the inspection. People were referred to by their names and we heard light-hearted conversations between staff and people in the service.
- Care plans had recorded information about people, including personal history and important relationships. Staff used this information to interact with people.

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

- Relatives were involved in people's care and the support people received. One relative said, "We had a care plan review over the phone, I was able to discover meds she (person) was no longer on, and to phone the doctor and question him. I am very happy with her care and the care plan."
- Staff knew what mattered and what was important to people. One staff member said, "I know what they like and need. If I talk to (person) about his military career he instantly perks up."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they respected people. This included, providing personal whilst maintaining people's dignity. Staff told us they would close doors and draw curtains to maintain privacy. Where people shared rooms, privacy curtains were in place.
- One relative told us how staff were respectful. They said, "They (staff) do respect her (person), I have seen it when she has needed the toilet in the past, they pick her up gently, take her and she comes back smiling."
- People were offered choices and their preferences were respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been Good. 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

- Daily care records were completed with enough detail to demonstrate people received the care they needed.
- It was clear staff knew people very well, had a good understanding of their individual needs and made sure those needs were met.
- The provider had started to record personal information on a 'My Life' document, such as what was important to the person, their history including career and family. This meant staff could talk to the person to prompt happy memories where their short-term memory was affected.

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.

- Care plans detailed people's communication needs and how those needs should be met
- The registered manager had an accessible communication policy and confirmed should a person require information in another format or language then this could be provided to 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

- Staff provided activities to people, which included music, singing and games. People's likes and dislikes were noted in the care plan.
- Staff told us people's well-being had improved since face to face family visits had been reintroduced within Government guide lines.

Improving care quality in response to complaints or concerns

- A relative confirmed they had no concerns and that "I have no complaints."
- The registered manager confirmed they had not received any complaints but stated there were systems in place to manage them.

End of life care and support

- No people were receiving end of life support at the time of our inspection.
- People's advanced wishes had been recorded. These included details of people's religious preferences and wishes relating to burial and cremation.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager had oversight of the service and carried out quality checks. These included audits of medicine management records, care plans and risk assessments. However, these checks were not always effective. For example, the audit process did not include a consistent system to ensure staff were undertaking checks on people. One person's care plan stated, 'Night staff' to carry out regular checks at night'. No frequency was noted in the care plan, but staff told us this was every two hours. Staff were also instructed to offer drinks to the person. There was no record of these checks other than a note in the daily notes. Staff were also instructed to conduct a 'pre-night' check to ensure the person's sensor mat was in position and working. No records of these checks were recorded. One staff member said, "We don't record that."
- Records were not always legible and complete to demonstrate what care and treatment had been provided to people. We could not read an entry in someone's daily records and both the registered manager and provider were unable to decipher the notes. Having a clear overview is necessary to monitor any risks and records were minimal to evidence care.
- Records were not always accurate and up to date. We saw two safeguarding records for 2021 But we could find no corresponding incident reports for the safeguarding concerns. The registered manager told us the incidents that prompted the safeguarding referrals had not been recorded.

These concerns were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Relatives were complimentary about the service. They were happy with how their family members were supported and felt they could talk with the registered manager if they had any issues. One relative said, "He (person) has been there for six years, Mum was there, it is excellent, cannot fault them, so caring, always got time for me and the care is there."
- Feedback received from a relative demonstrated their experience of the service during the pandemic. They told us, "Am very happy with the service, family so thankful to them for keeping them safe, no entry, no hairdressers in Covid and they have done an amazing job."
- The registered manager worked in the interests of the people using the service and supported the staff they employed. One staff member said, "Yes, they support us, especially when there is an emergency. Even

when they are not here, we can call them. They ring us and check everything is ok."

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 was aware of their responsibilities in relation to duty of candour and communicated regularly with people and relatives.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to report notifiable events through submitting a notification form appropriately to CQC.

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

- A relative confirmed there was good communication between the registered manager and themselves and that they were kept up to date if the person's needs changed or if there was an emergency.
- People and their relatives were able to feedback their views during regular reviews. Satisfaction surveys were also given to relatives so the registered manager could act on any areas noted for improvement.
- Staff felt involved with the running of the service. One staff member told us, "We have team meetings every month, communication is so important." Another staff member said, "They [management] listen and support."

Working in partnership with others

- The registered manager worked well in partnership with local health and social care professionals. One social care professional "If I have any concerns it would be some of the paperwork and being reassured any guidance is being carried out, though communication is quite good. The care staff, or the ones I talk to are great. I can trust them."
- The registered manager attended regular meetings with Swindon and Wiltshire councils which enabled them to keep up to date with good practice. They were also a member of the West of England Care Home Group.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met.</p> <p>Care plans and records were not always accurate, legible and up to date.</p> <p>Systems to monitor the quality of the service were not always in place, or effective and did not identify our concerns.</p>