

## Grove Lodge Care Home Limited

# Grove Lodge 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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out over three days on the 5, 6 and 8 December 2016. Our visit on 5 December 2016 was unannounced.

At the last inspection on 11 March 2015 we rated the service as requires improvement. At that inspection we identified three regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to medication administration, staff training and good governance.

This inspection was to check improvements had been made and to review the ratings.

Grove Lodge Care Home is registered to provide accommodation for 19 adults who require help with personal care and support with their daily lives. At the time of our inspection there were 19 people living at the home.

The home is located on the outskirts of Stockport and is close to local amenities and services.

There are eleven single occupancy rooms, three with en-suite facilities and four bedrooms with shared occupancy. The three bedrooms on the first floor of the home cannot be accessed by people with limited mobility because a passenger lift was not available.

The home had a manager registered with the Care Quality Commission (CQC), who was present throughout the three days of inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

During this inspection, we found improvements had been made and we observed staff giving positive and caring support to people. However, we also identified some areas where improvements were still required. The registered manager and the deputy manager were responsive to our feedback and had started to take actions to make some of the required changes during our inspection.

During this inspection, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people living on the ground floor only had access to one domestic bath, which we were told was only used by one person and one shower on the ground floor for up to 16 people. In addition we were told that at peak times of water usage for example in the morning, the water in the shower and the sinks in people's bedrooms could run cold. However two new boilers were to be fitted the first week in January 2017 which would resolve the issues.

From looking at the training record and speaking with staff, we found improvements had been made to ensure staff received further training to carry out their role more effectively. However, we found there were still some gaps in staff training. For example, although the service user guide stated they provided care for people with past or present mental health problems such as schizophrenia, bi-polar, depression, anxiety and dementia we saw that staff had not received training in some of these mental health conditions.

We saw that medicines were managed safely and staff had received the appropriate medicines awareness training and competency assessment before they were allowed to administer medication.

Staff spoken with understood the need to obtain verbal consent from people using the service before a care task was undertaken and staff were seen to obtain consent prior to providing care or support.

The audit systems developed required implementation to fully assess and monitor the quality of the service provision and promote service improvement.

People were supported by a caring staff team and staff, with the exception of one staff member, and relatives of people living at Grove Lodge told us they thought there were sufficient staff to safely meet people's needs. However, we found there was not a systematic approach to determine the number of staff and range of skills required to meet the needs of the people who used the service. This meant the registered provider could not be sure that the staffing levels and skill mix of staff were sufficient to meet the assessed needs of people living at Grove Lodge Care Home. We made a recommendation that they implement the use of a staffing tool. A staffing tool recommends appropriate staffing levels based on people's health needs and dependency.

People received person-centred care and we saw privacy and dignity was respected. However from the care records we examined we saw that some parts of the plans of care were vague and did not include details of exactly what assistance the person required to meet their assessed care need. Due to this we recommended that the service considers reviewing people's plans of care to ensure where possible they are developed in partnership with the service user and are designed to meet the specific individual needs and personal preferences of the person living at Grove Lodge Care Home.

Whilst there were no formal checks of cleanliness or internal infection control audits in place, we saw that the home was clean and well maintained and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection.

We saw appropriate safety checks were undertaken. For example portable appliance testing, emergency lighting, fire safety checks had all been undertaken.

We saw people had a personal emergency evacuation plan (PEEP's) in place. These plans detailed the level of support the person would require in an emergency situation in order to safely evacuate the home.

Environmental risk assessments had not been undertaken and there was no clear system for documenting maintenance work required and evidenced that the work had been undertaken. A system to record maintenance requests and evidence once the work had been completed was implemented during the course of the inspection.

The service had good recruitment processes to ensure only suitable staff were employed to work with vulnerable people.

Since the last inspection staff supervision sessions had been implemented to enable them to carry out the duties they are employed to perform. The registered manager told us it was now their intention to implement an appraisal for all staff early in the New Year.

Staff understood how to recognise and report abuse which helped make sure people were protected.

People had access to healthcare services and we saw specialist advice was sought in a timely manner. For example from the speech and language therapist, district nurse, dentist, optician and chiropodist and people were supported to attend hospital appointments as required.

Attention was paid to people's nutrition and hydration needs; however we received mixed reviews from people who used the service in relation to the food provided.

The visitors we spoke with told us they were happy with the care their relatives received at Grove Lodge care Home.

From our observations of staff interactions and conversations with people, we saw staff had good relationships with the people they were caring for. The atmosphere felt relaxed and homely.

There was a complaints notice on the back of people's bedroom doors and in the service user guide, which people were given on admission to the home. There was a clear recording system for complaints and concerns raised and any action taken.

## 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.

There was a problem maintaining appropriate and consistent water temperature delivery and there were not sufficient bathing/showering facilities for the number of people accommodated. The service were taking steps to address this.

Environmental risk assessments had not been undertaken.

There were appropriate systems in place for the effective ordering, control, management and administration of medicines.

The home was clean and nicely decorated.

Appropriate checks had been undertaken to ensure suitable staff were employed to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not received mental health awareness training in topics such as schizophrenia and bi-polar.

Staff understood the need for and sought consent from people before providing care or support.

Other health and social care professionals were appropriately accessed for advice when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff were seen to be kind and caring in their interactions with people.

People looked content and well cared for and people we spoke with confirmed this.

Visitors spoken with told us they thought their relatives were well

**Good** ●

cared for.

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

The service was not always responsive.

Some care record instructions were vague and did not include details of exactly what assistance the person required to meet their assessed care needs.

We saw that people's needs were assessed prior to admission to ensure the home could meet their individual needs.

There was a system in place for receiving, handling and responding to concerns and complaints.

People were offered activities suited to their individual interests and preferences.

**Requires Improvement** ●

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

The service was not always well led.

The audit systems developed required implementation to fully assess and monitor the quality of the service provision and promote service improvement.

The registered manager provided leadership and support and had made improvements since their registration in July 2016.

The registered manager understood their legal obligation to inform CQC of any incidents that had occurred at the service.

**Requires Improvement** ●

# Grove Lodge Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out over three days on the 5, 6 and 8 December 2016. Our visit 5 December 2016 was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications of incidents that we had received from the service. We looked at the Provider Information Return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We also contacted the local authority commissioners, Stockport Metropolitan Borough Council (SMBC) Health Protection, a GP who regularly visited people living at Grove Lodge, the Control of Infection Unit and Healthwatch Stockport to seek their views on the home. Healthwatch Stockport is an independent organisation, working to help people have their say on local health & social care services. We did not receive any information of concern.

During our visits, we spoke with the registered manager, the deputy manager, a senior carer, one cook, a domestic worker, two care staff, a visiting hairdresser and their assistant, two visiting relatives and four people living at Grove Lodge Care Home.

We looked around the building including the bedrooms, all of the communal areas, toilets, bathrooms, the kitchen and the garden area.

We examined the care records for three people living at Grove Lodge, medicine administration records, the recruitment and supervision records for four staff, training records and records relating to the management of the home such as the quality assurances systems.

# Is the service safe?

## Our findings

We looked around the home, at all the communal areas, toilets, bathrooms, the kitchen, the garden area and all of the bedrooms. We saw that the three bedrooms on first floor of the building had en-suite shower facilities. On the ground floor of the home, which accommodated 16 people there was one domestic bath and one shower. The registered manager told us that only one person living on the ground floor of the home was physically able to use the bath. This meant that there was one shower for up to 16 people to use. This was discussed with the registered manager who acknowledged that one shower for 16 people to use was not adequate. Following the inspection we received confirmation that the provider was obtaining quotes for the installation of a bath hoist so that the bath would be accessible to more people and a new electric shower was to be installed in the main bathroom.

In addition two people living at the home, the staff spoken with and the hairdresser and their assistant told us that at peak water usage time, for example in the morning, the temperature of the water delivery in the shower and the sinks in people's bedrooms would drop. One person living at Grove Lodge said "The shower will just go cold and there is a problem when the hairdresser comes with the water just going hot and cold and the water in the bedroom can be temperamental." We also saw a comment from a relative in a returned quality audit form stating that, 'The hot water supply seems to be temperamental, not always hot water in the bedroom.'

The registered manager had taken on board the issues raised and following the inspection we were sent evidence that two new boilers were to be fitted the first week in January 2017 which would address the issues regarding the low water temperatures. We received further confirmation that the boilers had been fitted.

We found there was no evidence of any environmental risk assessments of the premises which would help mitigate potential risk to people using the service. This was discussed with the registered manager who told us they would be implemented.

The above examples demonstrate a breach of Regulation 15 (1) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

During this inspection, we saw that other safety checks had been carried out to help ensure people were cared for in a safe environment. For example, we saw evidence of gas and electric safety certificates, Legionella testing, pest control checks and portable appliance testing (PAT).

We saw weekly checks of the nurse call bells and fire alarm testing. The registered manager told us they undertook a visual check of the fire exit doors and during the course of this inspection paperwork had been implemented to formally record these checks. In addition during the inspection we saw that alarms had been fitted to the fire exit doors which would alert staff if anybody opened the fire exit door.

We saw evidence of monthly testing of the emergency lighting and the fire extinguishers had been checked

by an external company which evidenced they were in date and in good working order.

We saw that everybody had a Personal Emergency Evacuation Plan (PEEP). These plans detailed the level of support the person would require in an emergency situation. This meant in the event of an emergency evacuation the risk to people being evacuated effectively would be reduced. There was a floor plan and an evacuation procedure that was undertaken on 5 May 2016. We saw that all staff had undertaken fire safety training, with the exception of one newly recruited member of staff. The registered manager told us that training for this staff member would be undertaken in the New Year.

Risk assessments were in place which covered areas such as fire risk assessments, nutrition, moving and handling, skin care and the risk of falls. These provided information to staff on how to manage identified risks. For example, manual handling assessments detailed the method of transferring people who had limited mobility, any equipment to be used and the number of staff required.

We saw there was a clearly identified first aider working on each shift in case of a first aid emergency. This meant the first aider on shift would lead any emergency situation should one arise.

At our previous inspection in March 2015, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to medication. At this inspection we found improvements had been made, for example the provider had changed the dispensing pharmacy and implemented a simplified monitored dosage system. This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. The manager had reorganised the storage of the medication in the drugs trolley and had implemented better use of people's photographs for easier identification.

We looked at medication storage and found the storage cupboards were secure and they did not have excessive stocks of medication.

We saw the medication fridge and room temperatures were taken daily and recorded to ensure that medication was stored at the correct temperature.

We saw any known allergies or intolerances to medicines were recorded.

We saw there were appropriate policies and procedures in relation to medication administration which staff had access to. Medicines were administered by care staff who had received appropriate training in storing, checking and administering medicines. Care staff were not allowed to administer medication until they had received the appropriate training and had been assessed as competent. During the inspection we saw the person administering medication wore a tabard, which alerted other staff that they were undertaking medication administration and were not to be interrupted. This helped to minimise the risk of medicine errors whilst medication was being administered.

We saw that creams and ointments were prescribed and dispensed on an individual basis. We saw 'cream charts' had been implemented that included the administration instructions. For example it included how many times a day the cream or ointment should be applied and to which area of the body it was to be applied to charts had been appropriately completed. It was noted that there was not a corresponding plan of care specific to the use of the creams or ointments although there was no evidence that this had any impact on the person, as they were having their creams and ointments applied as prescribed by their doctor. The registered manager gave us assurances that specific plans of care for this support need would be developed and implemented as a matter of urgency.

At the time of our inspection, we were told that no person using the service was administering their own medications and one person was receiving controlled drugs, which were being appropriately stored and signed for. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

We saw that there were weekly and monthly audits of the medication administration to ensure that people safely received their medication as prescribed by their doctor.

All of the visiting relatives we spoke with told us they felt confident that their relative was safe and well cared for. One person said, "I have never seen or heard anything that has worried me." Another person said, "I don't worry when I leave [their relative]."

We looked at four staff files which showed procedures to ensure the staff recruited had the appropriate qualities to care for and protect the safety of people who used the service. The files contained job descriptions, proof of identity and an application form that documented a full employment history and accounted for any gaps in employment, a medical questionnaire, a job description, references and interview notes. Pre-employment checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. Staff had access to a safeguarding adults policy and a copy of the local authority's multi-agency safeguarding adult's policy. We saw from looking at the training record that six of the ten care staff employed had not undertaken safeguarding adults training and three staff were in the process of undertaking the training. The registered manager and the deputy manager had both undertaken the training and made assurances that the training shortfall would be addressed.

We reviewed the safeguarding records which included the completion of the harm log that is sent to the local authority on a monthly basis. We saw evidence that the registered manager reviewed the logs sent to the local authority and took appropriate action. For example we saw that one person was falling more frequently so the GP was contacted and their medication was then reviewed and amended. In addition following a safeguarding incident related to a medication error, the medicines system was reviewed and appropriate changes were made to help make sure the processes in place were safe. For example better use of people's photographs had been implemented and weekly and monthly medication audits had been implemented.

In addition we saw staff had access to a Whistle Blowing policy which was also on display on the notice board. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

During the inspection, we looked around the kitchen and the food storage area. We saw that the kitchen was clean and there were adequate supplies of food. We saw that appropriate safety checks had been undertaken. For example there was a record of cooked food temperatures prior to meals being served, fridge and freezer temperature were recorded and there was a detailed cleaning schedule for the kitchen and colour coded chopping boards and knives were in use to reduce the risk of cross contamination.

We found the home to be clean, tidy and nicely decorated and furnished. We saw that bedrooms were tastefully furnished and people were able to personalise their own rooms.

We were told that the home employed the services of one domestic staff, Monday to Friday. Care staff were expected to maintain the cleanliness of the building at weekends. People living at Grove Lodge and visiting relatives told us they found the environment was kept clean and tidy. One visiting relative told us "The home is spotlessly clean, they are always shampooing the carpets and there are no smells here."

We saw an infection control policy that was accessible to staff and we saw a copy of the code of practice on the prevention and control of infections and related produced by the Department of Health, which helped the staff to maintain good infection control practices in the home.

All bathrooms and toilet areas were clean and contained wall mounted liquid soap and paper towel dispensers. We saw that cleaning schedules were in place and were updated during the inspection to clearly evidence the cleaning undertaken and by whom.

During our inspection, we saw personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser, which would help reduce the risk of cross infection.

We saw the use of colour coded mops for cleaning and we saw good stocks of cleaning products which helped staff to maintain good standards of hygiene and cleanliness throughout the home. All cleaning products were stored locked in a cupboard for people's safety. We saw that Data Safety Sheets had been obtained, from the suppliers, for the cleaning materials used in the home and a copy was kept with the cleaning materials in line with the Substances Hazardous to Health (COSHH) Regulations. COSHH is the law that requires employers to control substances that are hazardous to health.

We saw that staff had undertaken infection control training in July 2016 and Stockport Metropolitan Borough Council Health Protection and Control of Infection Unit had undertaken an audit in November 2015. No major issues were identified. We saw that a mattress audit had been undertaken and six new pressure mattresses had been purchased. This meant that mattress were clean and in a good condition. The audit was last undertaken on 9 September 2016 and the registered manager told us it was their intention to complete an on-going audit on a three monthly basis.

The registered manager and the deputy manager told us they informally walked around the home every day to check the level of cleanliness on a daily basis. During the course of the inspection a 'daily risk assessments, safety checks and cleanliness check record was implemented to formally record the visual checks undertaken. They told us it was their intention to formalise this process and implement their own internal infection control audit in addition to the annual audit undertaken by Stockport Metropolitan Borough Council Health Protection and Control of Infection Unit. This would ensure the high standards of cleanliness were maintained.

During the inspection we saw evidence of refurbishment and maintenance work completed since the last inspection. For example, the front of the home had been repainted, there was new front door and there was a new doormat and door trim. Other areas of the home such as the back conservatory, the middle lounge, bedroom 8, the quite lounge and the outdoor summerhouse had been repainted.

However, it was noted that there was not a formal system for reporting any required maintenance work or evidence that the work had been undertaken. The registered manager acknowledged this and during the inspection implemented a process to record any improvements made to the building and maintenance work undertaken at the home.

We saw that the home had been tastefully decorated for the Christmas celebrations and the outside summerhouse had been turned into a Christmas grotto. Visiting relatives and the people living at Grove Lodge all commented on how much they liked the decorations and especially the grotto.

Since the last inspection there had been some changes to the staff employed at the home but there remained a core established staff team who supported people who lived at the home, which meant that people were cared for by staff that knew them well and had worked with them for some time...

Care staffing levels in the home consisted of three care staff between the hours of 08.00 to 20.00 and two care staff from 22.00 to 08.00. The registered manager and the deputy manager worked supernumerary hours to these numbers and the deputy manager worked alternate weekends. We saw staff had access to a contact number for the registered manager should they need advice or support when she was not on duty. This meant that care staff and people living at Grove Lodge were supported by the registered manager should they need them.

We looked at the staffing rotas for the week of the inspection and the three previous weeks which confirmed that levels of staffing were consistent on a day to day basis and staff spoken with, with the exception of one, felt there were enough staff to meet people's needs. One member of care staff said there were not enough staff on duty and people were put in night clothes in the early evening whether they wanted to or not and were put to bed early. This was discussed with the registered manager and the deputy manager who told us only people who had been up from early morning and were falling asleep in their chairs were helped to bed earlier in the evening. . We were told the people went to bed at whatever time they wanted. The people living at Grove Lodge who we spoke with confirmed this.

People living at the home and visiting relatives told us they thought there were enough staff on duty and assistance was given promptly. Our observations supported this. One relative said, "There seems to be enough staff and they are always observing people."

We were told there was no formal tool used to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. Staffing levels and skill mix must be continuously adapted to respond to the changing needs and circumstances of the people using the service.

We recommended that the provider implements the use of a staffing tool so that the registered provider could be assured that the number of staff and skill mix safely meets all the needs of the people living at Grove Lodge Care Home.

## Is the service effective?

### Our findings

At our previous inspection in March 2015, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staff training and in particular the lack of training relating to Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was because at that time no training in this area had been provided.

During this inspection we asked how many staff were employed at Grove Lodge Care Home and were told that in addition to the registered manager and the deputy manager they employed ten care staff, one of which was a senior carer, one member of domestic staff and two cooks. We saw a file containing training certificates and we were given an overall staff training record. We saw that since the last inspection improvements had been made in staff training. For example, we saw all care staff had completed National Vocational Qualifications (NVQ) Level 2 or 3 or were in the process of undertaking the training. We saw that all care staff with the exception of one had undertaken catheter care. The registered manager and the deputy manager had undertaken dementia care training and all of the care staff were in the process of completing this training. We saw that all staff had either undertaken health and safety training or were in the process of undertaking it, all care staff with the exception of two had undertaken medication administration training and all care staff with the exception of one had either undertaken Mental Capacity Act 2005 (MCA) training or were in the process of undertaking the training.

However we saw there were still some gaps in training. For example eight care staff out of the ten employed had not undertaken Deprivation of Liberty Safeguards (DoLS) training, six of the ten care staff employed had not undertaken safeguarding adults training and eight care staff had not undertaken moving and handling training. The registered manager and the deputy manager had undertaken equality and diversity training but none of the care staff had and no staff had undertaken falls prevention training. No staff had received training in schizophrenia, anxiety or meeting the needs of somebody living with bipolar even though the service user guide detailed this was a care need the service could meet. We saw that eleven out of the nineteen people living at Grove Lodge had a diagnosis of depression, bi-polar or anxiety. The gaps in training meant there was a risk that staff did not have the qualifications, competence and skills to meet people's individual assessed mental health needs. We received information following our inspection that the Registered Manager was taking steps to arrange the required training.

The above examples demonstrate a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the home had a basic induction checklist that was completed on day one of employment. The registered manager told us that newly employed staff worked on a supernumerary basis for approximately two weeks or until they felt confident to deliver care unsupervised. Working supernumerary involved the carer working alongside an experienced care worker who could teach, or help the carer to learn new aspects related to the job role before they were counted in the staffing numbers to deliver care. We were told that informal supervision would be undertaken on a continual basis and a formal supervision session would then be undertaken with the member of staff approximately three months after employment commenced.

From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learning the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health.

The registered manager said that recently recruited staff were all experienced health and social care workers and due to this they were not undertaking the care certificate although they were undertaking a NVQ qualification. While undertaking the care certificate is not mandatory it is considered good practice.

At our previous inspection in March 2015 we found that staff supervision was not happening on a frequent basis. At this inspection we saw that formal supervision was now being undertaken approximately every three to four months. In addition the registered manager and the deputy manager told us that they often worked alongside staff, delivering care which gave them an opportunity to directly observe care staff. The registered manager told us at the moment this was not formally recorded but it was their intention to implement a formal recording of direct observations with staff. Care staff told us the registered manager and the deputy manager were both visible and confirmed that they did regularly work alongside them. This meant carers practice was regularly observed by the registered and deputy manager to ensure a high standard of care was being delivered.

The registered manager acknowledged that since their registration in July 2016, they had prioritised implementing regular supervision sessions and it was their intention to undertake an annual appraisal of all staff early in the New Year.

In addition to regular supervisions staff meetings were held, minutes were taken and all staff members were given a copy of the minutes for their information. The minutes available for us to view were dated 27/4/16 and 2/9/16.

We saw that staff handover meetings were held at the start and finish of each shift. This helped to ensure that staff were given an update on a person's condition and behaviour and that any change in their condition had been properly communicated and understood between the shifts. Information was also recorded in a diary, which staff accessed to help ensure all information about people and the running of the service was being passed over to the oncoming shift.

It was apparent from speaking with staff they had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support and we observed staff obtaining verbal consent from people during our inspection. For example at lunch time we observed staff asking if people would like to come to the dining room for lunch and we saw staff ask people what they would like to eat and drink during lunch time. Staff also talked to us about the importance of getting to know people and how they liked things to be done such as how their care should be provided.

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.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Grove Lodge Care Home

was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us, and we saw information to show that five applications had been made to the local authority to deprive people of their liberty. Four had been authorised and one application had been resubmitted to the supervisory body (local authority). CQC had been formally notified where authorisations had been granted.

We saw a record was kept in the person's care file and on their personal medical information card of when the DoLS had been applied for and when the authorised DoLS was due to expire. This meant there was a central check list that acted as a reminder to seek DoLS renewals in advance of the expiry date which ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the home.

Care records we looked at showed that the service involved other healthcare professionals for example; speech and language therapist, chiropodists, dentists, opticians and district nurses to meet the health needs of people who used the service. People were also supported to attend hospital and doctor appointments. A GP who regularly visited the home told us they had no concerns about the service provided at Grove Lodge. They told us they thought the service had made some significant improvements during 2016 "Principally because the current team of carers have bedded in and communicate well with each other, with us and the residents much more productively." They told us there had been fewer falls and residents were generally more settled.

The GP also said that the "Other notable quality of the service is how promptly we are notified of any medical issues, and how quickly other health care professionals are called in - such as podiatrists, opticians, swallowing therapists and so on. The staff do a very good job of highlighting medical issues for each resident, including those who are only there for a short while, and my colleagues and I appreciate this."

We looked at four people's care records. All included a nutritional risk assessment and a nutrition and hydration plan of care. We saw that people were weighed on a regular basis and had been appropriately referred to the speech and language therapist or the GP for a dietician referral if needed. We saw that if there was a concern about nutrition or hydration then a record of the person's diet and fluids was kept.

We spoke with one of the two cooks who had a good understanding of people's personal preferences, including their likes and dislikes and any special diets such as diabetic or soft diets. We saw there was a list in the kitchen for the cooks to use which referenced any special diets that people required.

We saw from the laminated menus on the dining room tables that two choices of the main meal were available to people. The cook also explained to us that they asked everybody in the morning what they would like for lunch and if they did not want what was on the menu they could have an alternative meal. The main meal of the day was served at lunchtime

As part of our inspection; we carried out an observation over the lunch time period. Lunch looked and smelt appetising and was well presented. We saw that people were offered a choice with regard to the meal which was either shepherd's pie or toad in the hole. Lunchtime was a sociable, relaxed and happy occasion, with staff engaging well with people and offering various drinks to accompany the meal.

We received mixed reviews about the food. Some comments received were, "All the food is home cooked and very nice." Although there is not a lot of choice there is plenty to eat and drink" and "The food is nice but the portions are a bit small." Another comment was that the person did not like the food and it was

often cold. One other person said that the food was not as nice as it used to be and they did not like that frozen vegetables were used they would have preferred fresh vegetables. We shared the comments with the registered manager who said they would discuss them with the cooks.

## Is the service caring?

### Our findings

We observed staff interactions with people and we saw they were good at respecting people's privacy and dignity and the relatives we spoke with confirmed this.

The people we spoke with who were living at Grove Lodge Care Home told us they were very happy and felt well cared for. One person said, "I can't praise the staff enough, they look after us very well." Another person said, "The staff are not just capable they are very caring." Another comment was "The staff are lovely."

The visiting relatives we spoke with told us they were very happy with the care their relative received. One relative said "I think [their relative] is very well cared for and the staff are welcoming and friendly." They told us "This is a great little home and I wouldn't want [their relative] living anywhere else." Another relative said they also thought their relative was well looked after and they told us whenever they visited their relative looked clean and well groomed.

We saw that people were all well-groomed and appropriately dressed. Staff were observed to demonstrate a good knowledge of the people who used the service and their individual personal preferences. The atmosphere felt relaxed and people were seen to be freely moving around the home. People looked comfortable and content in their surroundings and in the company of staff.

People living at Grove Lodge told us they could pretty much do as they like. For example when they went to bed, when they got up and what they did in the home.

Staff and relatives we spoke with said there were no restrictions as to when people could have visitors and we saw visitors coming and going throughout the inspection. The staff appeared to know the visitors and have good relationships with them. We saw that visitors were offered a cup of tea on arrival.

We saw that staff were kind, patient and respectful in their interactions with people. The hairdresser and their assistant said, "You can see a mile off that the staff here are caring." They told us that all the staff were nice to people and always respected people's privacy and dignity. They said the atmosphere in the home was nice and friendly.

Information was present in people's care records about their individual likes and dislikes, hobbies and interests. For example, preferred retiring and getting up times and what their hobbies and interests were. This personalised information helped staff to provide care and support based on people's personal preferences. Information on people's lives such as their school life, adult life and work life was available to help staff better understand the individual.

Care plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might require. This meant that communication was promoted between the people living at the home, with their relatives and friends and with the staff.

We saw that the care file contained a 'death and dying care plan' which provided staff with information on how people wanted to be treated at the end of their life. At the time of this inspection, we were told nobody was receiving end of life care but it was a service the home did provide. We saw from the training record reviewed that the registered manager, the deputy manager and six of the ten care staff employed by the home had undertaken end of life training. The registered manager also told us that in such cases they would involve the person's GP, relatives and a district nurse for appropriate advice and support.

The manager told us that nobody currently was using the services of an advocate although details of local services were available on request. An advocacy service provides an independent advocate who is a person who can help access information on a person's behalf and / or represent a person's wishes..

We saw that people's belongs were treated with respect. When we looked in bedrooms, we saw that a high standard of cleanliness was maintained, and clothes were hung appropriately in wardrobes.

Information held about people who used the service was locked in a secure cupboard when not in use.

## Is the service responsive?

### Our findings

The registered manager and deputy manager told us that since the previous inspection in March 2015 all care plans had been reviewed and rewritten in a new format.

We examined four people's individual care records and care assessments. We saw that the care files included plans of care for areas such as health and hygiene, communication, nutrition and hydration, safety and wellbeing, independence and choice, continence, medication, moving and handling, night arrangements, pressure areas, religious beliefs, social and leisure and death and dying were in place however they had not been signed and dated by the person completing them. This was discussed with registered manager and the deputy manager who acknowledged the shortfall and made assurances it would be rectified as a matter of priority.

People's personal details and personal preferences were recorded in their plans of care. For example, preferred rising and retiring times, and how many pillows the person liked and that they liked a hot supper drink. However we saw some other parts of the plans of care did not include details of exactly what assistance the person required. For example the health and hygiene plan of care for one person stated, 'assist where required to receive appropriate levels of care' and in another care file it stated, 'minimal assistance with hygiene.' Another care file stated the person could be 'verbally aggressive' yet there were no directions for care staff to follow if the person was verbally aggressive or what measures could be put in place to help reduce the instances of verbal aggression.

We recommended that the service considers reviewing people's plans of care to ensure where possible they are developed in partnership with the service user and are designed to meet the specific, individual needs and personal preferences of the person living at Grove Lodge Care Home.

From our observations and discussions with people living at the home, with staff and visiting relatives it was evident that staff knew the individual personalities and personal preferences of people. This meant that people's personal choices were encouraged and respected.

During a conversation the registered manager confirmed that short-term plans of care were not implemented for individual short-term needs such as a chest or urinary tract infection. During the inspection we did not see anybody who required a short term care plan and we were given assurances that these would be implemented as and when required.

The registered manager told us that the priority had been to implement all new care plan documentation and although audits of the care files had not yet been undertaken we saw 'care plan audit' paperwork ready to be implemented.

We saw that people's needs were assessed prior to admission. This information helped to ensure the home could meet the individual assessed needs of the person. The registered manager said people were encouraged to come and have a look round the home and, if it was appropriate and the person was able,

they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision about moving in.

We saw that a service user guide was available for people, which included key names and contact numbers, the organisational structure of the home, the aims and objectives of the home, information regarding the facilities available including meals, the complaints procedure, plus other relevant information people who lived at the home and people who may be considering moving to the home needed to know. We were told the provider was in the process of having new information brochures printed.

The registered manager told us and we saw evidence that outside entertainers had been arranged to provide entertainment at the home over the Christmas period. For example a Christmas pantomime, a Christmas party, Christmas card making and a Christmas movie afternoon. We also saw a New Year's Eve all you can eat buffet had been planned.

We saw that activities such as board games, sing-alongs and baking groups were available for people and during the inspection we saw two people going out to attend a local social club.

A copy of the complaints procedure was provided in the service user guide, which was given to people on admission and indicated who to contact should they need to raise a complaint and the timescales for action in response to the complaint. We also saw a copy of the complaint notice on the back of all bedroom doors.

Complaints were recorded on a 'complaint log' including details of the action taken in response to the issues raised. No formal complaints had been made. All of the concerns documented were from people living at Grove Lodge and related to food issues for example they had run out of cream crackers or there was no marmalade available. We saw that appropriate action had been taken immediately in response to the issues raised.

People and visiting relatives told us they had never made a formal complaint but would do if they had any concerns. They told us they thought the registered manager would take appropriate action if they did make a complaint. One relative told us that they mentioned a couple of months ago that the T.V needed replacing and it was then replaced.

Visiting relatives of people using the service told us that they felt their relative's needs were being met. One person told us that their relative was settled at the home and was well looked after. Another relative told us the staff were very good and they had supported their relative through the death of their [spouse].

We heard staff and people living in the home communicating well with each other and we saw people freely expressing their needs and receiving assistance as required. We saw that staff responded appropriately in supporting people to meet their individual needs and spoke to people in a friendly manner and respected their wishes.

## Is the service well-led?

### Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection the registered manager had taken up post in March 2016 and had been registered with CQC since July 2016 and was present throughout the three days of inspection.

At our previous inspection in March 2015, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the provider did not have effective or consistently applied systems in place to help identify and rectify any shortfalls in the service, which may have a detrimental impact on people who used the service.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager.

Since the previous inspection, the registered manager had worked hard to meet the breaches in regulations that were found at that inspection. For example, all new care planning documentation had been implemented, although some parts required further detail. We saw that although there were still gaps in staff training the training provided had improved and staff supervision was now being undertaken on a regular basis. In addition we saw that improvements had been made to the furnishings and décor to some parts of the home to ensure a pleasant environment was provided for people.

However, systems to monitor the quality of the service to ensure people received safe and effective care still required some improvement. Prior to this inspection there had not been a formal system in place for reporting any required maintenance work or evidence that the work had been undertaken.

The registered manager told us they were aware of the need to now implement structured processes for regularly auditing care plans, staff training, complaints, safeguarding, infection control and general cleanliness of the home. We saw that these auditing systems and records had been developed and that the registered manager was in the process of implementing them.

The above examples demonstrate a continued breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff spoken with, with the exception of one staff member, made positive comments about the way the home was being managed. One staff member said, "The management is much better since [the registered manager] took up post." They told us that risk assessments and the care plans were much better and the

environment had definitely improved and it is much more homely. Another member of staff said "It is 100% better with [the registered manager] as the manager." We were told that the registered manager and the deputy manager were very supportive of staff and they told us they thought it was good that the manager worked alongside care staff.

The local authority commissioners and a GP who visited the home on a regular basis told us they thought improvements had been made since the new manager had taken up post and standards had improved.

Visiting relatives told us they thought the home was well managed and that people were well cared for. One relative told us "The manager is very caring and thoughtful, she is a real worker." Another relative said "The whole place is much better since [the registered manager] took up post."

The service was aware of the importance of seeking the feedback of people using the service and their families. We saw that service user and relative's satisfaction questionnaires had been sent out in June 2016 asking people to comment on the quality of the service provided. We saw that eight questionnaires had been returned. There was no evidence that the results from the returned questionnaires had been analysed although the registered manager said they had reviewed them all. We saw the scores were between 4 and five which was either good or excellent. Some of the comments included 'The hot water supply seems to be temperamental, not always hot water in the bedroom,' 'The staff seem very able and pleasant by have a lot of work to get through,' 'All the staff are excellent without exception, they really do seem to care about the people they look after' and 'All the staff are very approachable.' As already stated in this report evidence was seen that new boilers were being fitted in January 2017 which would hopefully rectify the problem with the water temperatures.

We asked the registered manager about the frequency of resident and relative meetings held for people living at Grove Lodge and their relatives. We were told that the intention had been to have meetings on a monthly basis; however no one had attended in September and October 2016. We saw minutes of a meeting in July, August and December 2016.

The service had appropriate and up to date policies and procedures, which were accessible to all staff and had been reviewed annually. This meant that staff had access to up to date good practice guidance.

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 15 HSCA RA Regulations 2014 Premises and equipment  Adequate bathing and washing facilities and amenities were not provided for the people accommodated at Grove Lodge Care Home.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the safety and quality of the service required improvements to ensure compliance with the regulations. Regulation 17 (1)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  People were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training to carry out their role. Regulation 18 (2) (a)