

Grove Lodge Care Home Limited

Grove Lodge Care Home

Inspection report

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Stockport,
Greater Manchester,
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Tel: 0161 483 8654

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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



Overall summary

This inspection took place on the 11th and 13th March 2015. The visit on the first day was unannounced. We inspected this home in April 2013 when some non-compliance was identified in connection with some records. We revisited the home in November 2013 and found that all the issues had been addressed satisfactorily.

Grove Lodge Care Home is registered to provide accommodation for 18 adults who require help with personal care and support with their daily lives. Some bedrooms had shared occupancy. Some bedrooms could

only be accessed by people without significant mobility difficulties as they were up a flight of stairs with no lift. At the time of this visit there were 18 people living in the home with ages ranging from 44 to over 90.

It is a condition of registration that Grove Lodge has a registered manager. At the time of this visit there was no registered manager in post. The previous manager was off work from August 2014 and resigned in January 2015.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider is currently in breach of the condition attached to their registration requiring them to have a registered manager for this home.

People told us they felt safe living at the home. Staff had received training in connection with safeguarding adults. They were aware of their responsibility to be vigilant with regard to identifying and reporting any concerns about poor practice.

The building was well maintained, with no obvious safety hazards.

The homes procedures in connection with the administration of medication were not being rigorously followed. This meant that the home could not account for all the medication prescribed to people who used the service.

Observation of staff and people who used the service indicated that interactions were calm, relaxed and respectful. Staff were experienced by people who used the service, and their colleagues, as competent. Staff were neither asked nor expected to undertake tasks they could not do competently.

Specific one to one supervision sessions for staff were infrequent. However, staff told us there was easy access to support and advice from their colleagues and senior staff if they needed it.

It was not evident that all applications for a Deprivation of Liberty Safeguards authority (under the Mental Capacity Act 2005) which may have been required had been made.

People who used the service had good access to support from health care professionals in the community.

The provision of food was good. Although a planned alternative menu was not provided, an alternative meal was prepared if someone did not want the one offered. Staff understood people's likes and dislikes.

Staff were experienced by people who used the service as caring, friendly and approachable. Similarly visitors told us that they were welcomed by friendly staff who made Grove Lodge feel homely.

People who used the service and their visitors were confident that they could complain about the service if necessary and that they would be listened to.

Written care plans were sometimes inconsistent in the guidance they provided to staff about how to meet the needs of individuals. Other process in the home and effective communication within the staff team helped to mitigate potential problems caused by these anomalies. Not all decisions in connection with people's health and wellbeing had an effective record of why the decision had been made.

The home had not benefited from a full time dedicated manager for the six months preceding this inspection. The acting manager had remained the registered manager for a different care home during this period. Several administrative and quality monitoring duties had not been implemented as rigorously as necessary. These tasks are necessary as without them it is not possible for the service to provide evidence of the consistent and sustained provision of care and support to maximise the wellbeing of people who use the service.

Summary of findings

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 safe.

People told us they got on well with the staff and that they felt safe. Staff were appropriately recruited, trained and supported regarding identifying and dealing with safeguarding issues. There were enough staff on duty to meet the assessed needs of people who used the service.

The building was well maintained and we saw no obvious safety hazards.

Medication procedures were not followed robustly enough to enable the staff to account for all the medication prescribed to people who used the service.

Requires Improvement



Is the service effective?

The service was not effective.

Staff had access to appropriate training. People who used the service found the staff to be competent. Structured and planned support and supervision sessions for staff were infrequent. However, staff were well supported on an ad hoc basis.

Insufficient training had been provided in connection with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). It was likely that some people who should have been protected by a DoLS authorisation were not.

People were happy with the food provided.

People had good access to health care professionals in the community.

Requires Improvement



Is the service caring?

The service was caring.

Everyone we spoke with was positive about the attitude and approach of the staff team.

Observation of interactions between staff and people who used the service indicated positive, respectful and good natured relationships were maintained.

Confidentiality of personal information was respected. Indiscretions by external professionals were challenged.

Good



Is the service responsive?

The service was not responsive.

People were confident that they could complain and that they would be listened to.

Requires Improvement



Summary of findings

Staff were confident they were kept up to date with people's needs. However some written care plans contained conflicting advice which would not help staff provide consistent and well informed support to individual.

A range of activities was provided for people to participate in if they wished.

Is the service well-led?

The service was not well led.

There had not been a full time dedicated manager in post for approximately six months. The acting manager was experienced as helpful and supportive by the staff. Visitors and people who used the service expressed the view that the service was well led.

There was a failure to maintain several records and quality auditing processes which would help to ensure that best practice and quality support were consistently provided.

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.'

The inspection took place on 11 and 13 March 2015. The first day was unannounced.

The inspection was undertaken by one inspector.

Before the inspection visit we had requested the service to complete a provider information return (PIR). This is a form

that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The PIR had not been returned to us.

Before the inspection we sought the views of the local authority quality team, the safeguarding team, local GP's and local District Nurses.

During the inspection we spoke with five people who used the service, six visiting relatives, three members of the care staff, the cook, the acting manager, the service's administrator and a visiting health care professional.

We looked at a sample of records. This included medication records, policies and procedures, quality audit records and fire detection and protection records. We also looked at three care records and four staff personnel files.

Is the service safe?

Our findings

Medication was seen to be stored safely. The home used a Monitored Dosage System (MDS) where medicines that can safely be in blister packs are, for each person and each time the medication is required. The MDS was prepared and delivered by a local pharmacy. The MDS helps minimise medication error. We looked at a sample of the Medication Administration Records (MAR). These were mainly in order, but we saw several missing entries with no record of an explanation as to what had happened. The relevant tablets were not still in the MDS. The home's process for returning unused or spoilt medication to the pharmacy included each returned medication being recorded. We saw the record for February 2015, but the March record of medication to be returned could not be located. This meant that the home could not accurately account for the medication.

These shortfalls constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people who used the service, relatives, visiting professionals and staff who we spoke with were confident that people living at Grove Lodge were safe.

One relative, when asked if they had any concerns about bullying, replied "oh gosh no!" Another visitor said their relative was "definitely" safe and added "she would tell me [if she had any concerns]". One person who used the service cited "the safety and security of the place" as amongst the best thing about the home.

One member of staff told us they believed people who used the service were "100% safe" and another told us they were "definitely" safe.

We looked at a sample of staff personnel files relating to their recruitment. Each file looked at had evidence that a Disclosure and Barring Service (DBS) or a Criminal Record Bureau (CRB) disclosure had been obtained. Each file also contained an application form including the applicant's employment history and written references to help establish an applicant's good character. We saw one example where there was a gap in someone's employment history. We were told that this had been satisfactorily explained by the applicant, but not recorded. We saw

evidence of other required checks having been undertaken and references obtained to help establish the applicant's good character. These checks are required to enable the service provider to make a reasonable decision about the risk posed by an applicant to the people who use the service.

All the staff who we asked said they believed their recruitment and vetting had been undertaken thoroughly.

A health care professional whose opinion of the home we asked said "I have no particular concerns at Grove Lodge".

We saw copies of Stockport Safeguarding Adults information leaflet on display. This gave contact details so that anyone could contact the safeguarding authority directly if they had any concerns. We also saw a copy of the 'Safeguarding Adults in Stockport' document. This provided guidance on how to deal with any concerns or allegations.

Before the inspection we asked Stockport Council's Adult Social Care Quality Team if they had any concerns about the home. They told us of one safeguarding investigation in progress. We were already aware of this and understood the management team and staff at Grove Lodge were cooperating fully with the investigation. The Quality team had no other concerns about the service.

Staff who we asked all said they had received some training in how to deal with any concerns about practices or events in the home. One person who was relatively new to the home said they had received training in their previous job. The information from staff was confirmed by the training matrix (chart), a copy of which we were given. Staff who we spoke with understood their responsibility to be vigilant about the possibility of poor practice. Each said they understood the responsibility to whistleblow if necessary. One person told us "there is a very strict no secrets policy. I would report [concerns], 110% even if it was [about] a friend".

We looked at three files relating to individuals living at Grove Lodge. There was evidence of risk assessments, including those relating to any moving and handling issues, having been undertaken.

Is the service safe?

People who used the service told us they were confident that they got appropriate assistance with their medication. Staff who we asked who were involved in helping people with their medication told us they had been appropriately trained and this was confirmed on the training matrix.

A health care professional told us they had been alerted by staff at the home to a medication error involving medication being administered to the wrong person. The error did not result in any harm to the person. The swift identification of the error and subsequent seeking of appropriate advice and support was evidence of the professional approach of the staff.

We undertook a tour of the home, including communal areas and a selection of bedrooms. The building looked well maintained, clean and tidy and was odour free. All the people who we asked told us that this was the normal state of the premises. One visitor commented that “there is always someone with a bucket and a mop”. Another commented that the home was clean and their relative had a “lovely room” and the bed was always nicely made.

We saw that the cook maintained a cleaning schedule for the kitchen. The home had received 5 stars for food hygiene (the highest award) from the Food Standards Agency at their last inspection in April 2014.

The home had been audited from an infection control viewpoint by the health protection service of Stockport MBC in March 2014. They returned in December 2014 to review progress and noted that while the current acting manager had made good progress, there were still some issues which had not been addressed fully. They were planning to return to review further progress in April 2015.

The acting manager told us that staffing was provided at a level which helped to ensure the safety and wellbeing of people who used the service. We were shown the staff rota for March 2015 which reflected the reported staffing levels. All staff who we asked told us that there were enough people on duty to maintain good care.

People who used the service and relatives who we asked told us there were enough staff around. Comments included: “[I am] not kept waiting”, “there is always someone around and [they are] attentive” and “definitely enough staff”.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty in their own best interests. The acting manager told us they had received some training in the MCA and DoLS. We were told that one application for a DoLS authority had been made and approved by the local authority. We saw that this was being implemented appropriately and discretely. However, it was not clear that applications had been made for a DoLS authorisation in connection with all the people who used the service who may have required one. For example we saw in peoples care files a sheet of information (called a “hospital transfer form”) designed to provide basic information to a hospital should an emergency admission be necessary. On one person’s hospital transfer form included the phrase “not allowed out alone”.

The training matrix for 2015 had a column for MCA training and DoLS training which indicated that none had been provided. Similarly we were told that no training in those topics was provided in 2014. We saw written guidance to staff about DoLS which did not appear to be up to date or reflect the more recent interpretation of a care home’s responsibilities towards people who may lack capacity.

The lack of staff training in connection with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards constitutes a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the interactions we observed between people who used the service and staff were calm, relaxed and respectful.

All the people who used the service, and their relatives who we asked, spoke positively about the competency of the staff. Comments included “staff are on their toes and know how to deal with individuals” and “girls [staff] are very good and seem competent”

Staff who we asked said they thought their colleagues were competent. One member of staff told us the service was “keen on training”. Another said, while talking about

training, “it is important that we are doing things properly”. Staff who we asked told us they were not expected or requested to undertake any tasks they did not feel competent about.

Information seen on the sample of staff files we looked at provided evidence that a variety of appropriate training opportunities had been provided. Little training had been recorded by the time of this inspection in 2015. The training matrix (chart) for 2014 showed that most staff had received at least basic training and three staff had achieved a level 3 National Vocational Qualification (NVQ). A further five staff were undertaking NVQ 2. The acting manager told us that new staff initially undertook a shadowing role with more experienced staff. This was confirmed by staff who we asked.

Staff told us they felt well supported by their colleagues and acting manager. One member of staff said there was a “helpful team” at the home and another said there were “great staff” working there. There were records of team meetings taking place monthly. This was confirmed by staff who we asked. Staff also told us that they were confident they could raise any matters at the team meetings. One member of staff cited “support for staff and everything that happens in here” as amongst the best things about the home.

Records of individual staff meeting with a senior colleague for structured supervision and support sessions seemed to indicate these did not happen frequently. It annual appraisals took place with staff. The acting manager told us she was addressing the infrequency of one to one supervision sessions and that more detailed records were held at the other ‘sister’ care home where she had the substantive post of registered manager. Regular structured supervision sessions are important to ensure staff are being supported and helped to develop. When done well they provide an important complement to the informal support available for staff at Grove Lodge.

People who we asked were confident that appropriate health care support was sought when necessary and in a timely manner, including requests for an emergency response. The people who used the service benefited from a planned weekly visit from a local GP who was there as a resource for the whole home. The GP told us that they believed their visits reduced the incidents of people attending A&E. They also said their experience of the service was positive.

Is the service effective?

We sampled lunch on the first day of our inspection. It was pleasantly presented and tasty. We observed people being appropriately supported at the meal time. Staff checked if individuals had had enough or wanted more food or drink or fresh fruit.

People who used the service told us they were happy with the food provided. There was no alternative menu choice routinely offered. However, everyone who we asked said that an alternative would be provided if someone did not like what was planned for that meal. One person who used the service said “food is good ... you don’t go hungry ... they know my likes and dislikes”. Another person confirmed that drinks were “freely available”. One visiting relative said they had not seen the meals but their relative was not malnourished. Another visitor talked about their relative sometimes refusing lunch because they believed it was breakfast time. The visitor appreciated that at those times, the staff made her relative porridge which they did eat. Another visiting relative told us “the meals are quite tasty and edible, like at home”.

We saw that seven people who used the service had been assessed as requiring specific attention regarding their food and fluid intake. We saw that the corresponding detailed records were well maintained.

We spoke with the cook who said they based the menu on what they knew people liked. They told us that communication with the care staff was good and they were confident they were informed of any special dietary needs. The cook also told us that there was no unreasonable restriction on what food they purchased. They said “whatever I need I get. I don’t have to work to a budget”.

There were several separate communal lounges and areas where people could have some privacy without going to their rooms. There was a pleasant garden area which was easily accessible.

Is the service caring?

Our findings

Everybody who we spoke with during the inspection was positive about the attitude and approach of the staff. Comments from people who used the service included: “very nice staff”; “staff are alright, they treat me well”; “overall [I’d give it] 100% - I wouldn’t get better than this” and “I’m very happy here, my family are happy I’m here, I’m well looked after”. One person who used the service cited the “friendly staff” as amongst the best things about the home.

Visiting relatives who we spoke with were also positive. One said they were always “welcomed by staff” who were “very friendly” and created a care home which was “exactly what Mum needed”. Another visitor said they were “very happy with the girls [staff] who are lovely” and “it’s more like a house [than an institution]”. Another visitor described the staff as “friendly as can be ... you can have a laugh and a joke [with them]”. Comments from visitors, when asked what the best thing about the home was included: “staff – the level of care is good” and “they made her [relative] feel welcome, [staff] couldn’t do enough for you.”

One health care professional told us that they were aware of several new staff being appointed towards the end of 2014. They said the new staff seemed to have “bedded in well” and added “The new staff seem very caring and are coping well with several residents with complex and challenging needs”.

Observation of staff interactions with people who used the service indicated a calm, respectful and patient approach. Staff who we asked told us it was an expectation of the service that they treated people with respect and maintained their dignity. They also told us they believed their colleagues fulfilled this expectation.

We saw that confidential information about people who used the service was kept securely. A visiting relative told us of an incident when their relative’s GP had been indiscrete in a communal area about a confidential diagnosis. They said the acting manager had complained on their behalf and the GP had apologised. This incident was told to us as an example of the acting manager’s recognition of the importance of confidentiality and their supportive and caring approach to people who used the service and their families.

Is the service responsive?

Our findings

All the people who used the service and visiting relatives who we asked were confident they could make a complaint. People also told us they were confident that staff would listen to them. One person said “[they are] very nice staff. You can go to them and talk to them”. Another told us that they knew of the complaints procedure and “would talk to their key worker”. One visitor said they could “definitely” complain and cited an example of when they had complained and the acting manager had “sorted” the matter to their satisfaction.

Staff who we asked were also confident that people could complain if necessary. They told us that if they could not resolve the matter themselves they would pass it to the manager. They also told us they were confident the manager would deal with it appropriately.

The acting manager told us that they were unaware of any formal complaints, which they would have recorded in a complaints log. She told us that informal complaints were responded to but not specifically recorded as a complaint.

We saw two, slightly different versions of the home’s complaints procedure. One was out of date in so far as it referred people to the Care Quality Commission (CQC) to help resolve any complaints if the complainant was dissatisfied with the service’s response. We (the CQC) are not able to investigate individual complaints. The other procedure had correct information about the process if dissatisfied, namely to contact either the local authority or the Local Government Ombudsman. However the written policy said “insert local address and telephone number”, but this had not been done. However both procedures did clarify that a complainant was entitled to take their complaint further if they were dissatisfied.

We looked at three files relating to the care planning process. Each had a written plan of care, with evidence that the plan was periodically reviewed. The recording in some plans we looked at fell short of best practice. Examples included some daily records were not recorded sequentially and slightly contradictory information was seen, for example [relating to the same person] “he fully cooperates with staff” and “can occasionally be uncooperative”. Another example was seen where the written record instructed staff to prompt a person to wear their spectacles, but discussion with staff indicated they no

longer prompted the person as they immediately took their glasses off. Written care plans should provide definitive information regarding the best way to support the individual and meet their identified needs. They should also be up to date, to reflect changes to a person’s situation. The records seen indicated a shortfall in the reviewing process and the auditing process.

A range of risk assessments was undertaken in respect of each person using the service. These included nutrition and hydration assessments. People were weighed regularly to help ensure a healthy weight was maintained. We saw one example where someone’s weight was recorded as having dropped substantially but no action appeared to have been taken. The acting manager told us that she had assessed the issue at the time and had concluded that it was an error in the weighing process and not a cause for concern. That assessment had not been recorded.

Visitors who we asked told us they had been involved in discussions about their relatives care. One person said they were “pleased about that [involvement]”. Another visitor who described their relative as either “independent or stubborn” said they appreciated the fact that staff did not try to force their relative to undertake anything they did not wish to.

Staff told us they did refer to the written care plans but they were complementary to the information provided about each person who used the service at each change of shift. Similarly they had a good personal knowledge of each individual. Staff told us they were confident that when they started each shift they had reliable information on the current circumstances of each individual.

Staff who we asked said that their views were valued by senior staff and they could influence people’s care plans. They also told us that people who used the service could influence the way in which care was provided. One member of staff said “[we] can’t take independence away”.

We saw different activities taking place on both a group and an individual basis involving positive interactions between people who used the service and staff. This included someone having their nails done, a large jigsaw set out in the rear conservatory, a quiz and carpet bowls. One relative told us of an entertainer who had been at the home the previous day. One member of staff cited “the activities and outings” as amongst the best things about the home.

Is the service well-led?

Our findings

We were notified in August 2014 that the registered manager was going to be absent for a period exceeding 28 days and that managerial cover was to be provided by the registered manager of another care home owned by the same provider. In January 2015 we were told the registered manager of Grove Lodge had tendered their resignation and an application for a new manager to be registered with the Care Quality Commission would be made. At the time of our inspection visit no application for a Registered Manager had been received. The provider is in breach of the condition on their registration to have a registered manager in post.

As part of the inspection process, we asked the provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In August 2014 we were asked by the provider if we would extend the deadline for the PIR's return due to the absence of the registered manager. We agreed a 4 week extension. At the time of this inspection visit we had not received the PIR.

All the visitors and people who used the service who we asked spoke positively about the acting manager's attitude and approachability. Similarly people who we asked told us they felt the home was well run.

Staff were equally positive about the acting manager. One member of staff said "[the acting manager is] always very approachable and deals with things in a professional and timely manner". Another member of staff told us "[acting manager] sets the tone" and they cited "the way the home is run now" as amongst the best things about Grove Lodge.

However, there were several areas where aspects of sustained good leadership were lacking.

We looked at the policies and procedures manual. This was a manual which was a generic one which had not been fully adapted to be relevant to Grove Lodge. So for example the section on the business contingency plan included the statement "Identify here what you have in place to deal with situations such as failure in gas, electric or water supplies", but with no such information. Similarly the

section on safeguarding said "insert here the document title for the local area e.g. Bournemouth Dorset and Pool ..." (as mentioned earlier the correct document was available in the home, but the policy document did not reflect that).

We looked at records relating to aspects of fire detection and security. Checks of the emergency lighting, visual checks of the fire extinguishers and the means of escape were recorded as having been regularly undertaken up to August 2014. The acting manager said they were still being done, but acknowledged they had not been recorded.

We were told of a range of quality auditing processes which were undertaken. These included surveys of people who used the service, their families and staff. The responses to the last survey could not be located, although some relatives remembered that they had received them. We were told mattress checks were undertaken. It is an important aspect of infection control to ensure mattresses are clean, even if they have an 'impermeable' cover. Records of these checks could not be located. The acting manager told us there was no designated Infection Control lead at the home and that infection control audits were only undertaken by the local authority infection control nurse.

There were records of medication audits having been done up to December 2014, although the acting manager was confident they had also been done in January and February 2015. The medication audits we saw were largely restricted to stock checks and as such would be unlikely to identify omissions in the medication administration records.

An analysis was kept on a monthly basis of anyone who had a fall in the home. However, these were not all recorded or audited by location within the home or time of day. This information can be useful to identify over time if there are times of day or places in the home where falls are more likely to happen. This in turn enables management to take action, for example by adjusting staff deployment.

Overall these omissions in the quality auditing processes constituted a breach of regulation 10 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with unsafe management of medicines. This was because the home was not able to consistently account for the administration of medication.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service 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.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The service provider had not ensured that staff training in connection with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards was provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.