

Venetian Healthcare Limited

The Grove

Inspection report

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Date of inspection visit:
06 April 2022

Date of publication:
20 April 2022

Ratings

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

Summary of findings

Overall summary

About the service

The Grove is a residential care home providing personal and nursing care for up to 38 people. At the time of the inspection the service was supporting 31 people. The service occupies a detached building with a lift to access upper floors.

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

We last inspected the service in December 2021. At that time, we noted improvements were being made by the provider. However, several recommendations were made where further improvements were required, and the rating remained requires improvement in Safe and Well led. At this inspection the service had taken action to meet the recommendations.

Visiting healthcare professionals told us they had seen recent improvements in the service provided. They told us, "They take advice and carry out any care required. We have no concerns" and "Things are definitely much better. They always email us if they are concerned about anything in a timely manner."

There were enough permanent and agency staff on duty and rotas showed staffing levels were adequate. People and staff confirmed that staffing had been a challenge during a recent Covid-19 outbreak but the dependency on agency staff had reduced and recruitment was going well. Staff confirmed there were generally enough staff available to support people living at the service and to meet their individual needs.

There were walkie-talkie handsets in place to support staff to communicate when working throughout the service. There were still occasions when handsets were either not working or not being used by some staff. This was being closely monitored by the manager and office manager. The provider acknowledged this issue at the last inspection and told us they were looking at replacing the current system with a more reliable one. This had not yet taken place. We have made a recommendation about this in the well led section of this report.

The service had completed moving people's paper care plans to an electronic care planning system. This had improved how people's needs, risks and reviews were recorded. Whilst not all staff had completed specific formal training on line to use the new electronic system, we were assured that all staff were using it to some extent at the time of this inspection.

Handover records had improved and contained information on people's health conditions and needs. This included where people needed their nutrition and fluids monitored.

People received their medicines as prescribed. Paper medicine administration records were being used. There were regular checks and audits of aspects of medicines management and this monitoring was identifying further improvements which were being implemented.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and responded to calls for support from people in a timely manner.

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

Accidents and incidents were recorded and monitored. Regular audits of these records showed the service had taken action to support people where patterns and trends were evident.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff were informed about people's changing needs through shift handovers and records of the care provided for people.

People told us they felt safe and happy living at The Grove. Comments included, "Everything is really fine now," "I tell the (staff) if there is anything wrong, and they sort it all out" and "We looked at a lot of places before I came here and we knew immediately that this was the one, and I am very happy here. The food is good and I am fussy, but I always have something to eat that I like offered to me."

Staff morale had improved and they were happy working at the service. Staff told us, "I left when things were bad last year but as soon as I heard things had improved so much I came back. Several of us did this," "It is so much better now. I love it here" and "The manager and the office manager are amazing they have really made a difference here."

The service had found it challenging to recruit to a vacant chef post. People told us they had been aware of changes in the kitchen staff and some said changes in the quality of meals had been noticed. However, the manager assured us that a new chef was about to commence work in the coming weeks.

The service had just come to the end of their first outbreak of Covid-19 since the pandemic began. We were assured that risks in relation to the Covid-19 pandemic had been managed appropriately. Staff had access to appropriate PPE and hand washing facilities, which they used effectively and safely. The service was following current guidance regarding testing and visiting arrangements.

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

Rating at last inspection and update

The last rating for this service was required improvement (Published 13 November 2021) At this inspection the service rating has improved to good.

Why we inspected

This focused inspection was to follow up on recommendations made at our last inspection and only covers our findings in relation to the key questions Safe, Effective and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grove on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our safe findings below

Good ●

Is the service effective?

The service was effective
Details of our effective finding are below

Good ●

Is the service well-led?

The service was well led
Details of our well led findings are below

Good ●

The Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service did not have a manager registered. However, there was a manager, in post, who was in the process of registering with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of care staff, the manager and office manager. We reviewed people's medicine records and looked at three people's care plans.

We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and staff support were reviewed.

After the inspection visit

We spoke with two visiting healthcare professionals and sought clarification on information regarding staff training and supervision from the manager and office manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question is now improved and is rated good. This meant people were safe and protected from avoidable harm.

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

- At our last inspection we made a recommendation that the service continued to ensure the new electronic care planning system was embedded and staff had the knowledge and skills to use the new system. At this inspection we found that whilst only a few staff had actually completed the specific formal on line training, all staff had been supported to use the system to some extent.
- The service was now fully transferred from paper to using electronic recording for people's care plans.
- People's individual risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence as much as possible.
- Individual risk assessments guided staff in providing safe care.
- The environment was safe. Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- At our last inspection we made a recommendation that the service continued to develop a consistent staff team. At this inspection we found some staff who had left at the end of last year had now returned to work again at The Grove. This was due to improvements in the management of the service. We saw there was a more cohesive staff team working towards becoming an effective team with two experienced and particularly motivated seniors supporting this work.
- Staff and people told us there were enough staff on duty to meet people's needs. Call bells were answered in a timely way. There was now less reliance on agency staff and successful recruitment had recently filled some vacant posts.
- During our inspection we saw staff were responsive to requests for assistance and call bells were answered. Staff recognised when people needed support and had enough time to engage with people in a meaningful way.
- Staff morale had improved greatly since the last inspection. Everyone we spoke with confirmed that the management of the service had improved along with many aspects of the running of the service, as a result of the efforts of several key staff.
- The provider's recruitment practices were robust, and staff underwent induction and support prior to working alone.

Using medicines safely

- Medicines that required stricter controls had been taken out of the bespoke locked storage box and moved to a much larger locked cupboard which also held stock medicines and medicines for destruction.

We recommend the provider should review the storage arrangements for medicines that require stricter controls to ensure that they are kept in line with current legislation.

- At our last inspection we made a recommendation that the service should ensure that person-centred information was available to staff when administering medication and staff should make sure that MARs are fully completed. At this inspection we found that further improvements had been made to the management and recording of medicines and this recommendation was now met.
- Paper based medicine administration records (MARs) were completed following administration. There were no gaps in the records reviewed. Medicines that were prescribed 'as required' had specific person centred protocols clearly guiding staff on how and when to administer them.
- There were regular medicine audits which identified where improvements were needed. We saw action had been taken to address these findings. Senior staff were planning to extend this audit to incorporate spot checks of creams which were in use in people's rooms. This would check expiry dates and ensure they had always been applied as prescribed.
- People told us they were happy about how they took their medicines.

Systems and processes to safeguard people from the risk of abuse

- Most staff had completed training in safeguarding adults. Some training had been delayed due to the pandemic.
- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff understood the principles for keeping people safe.
- Safeguarding policies and procedures were available for staff to access. Staff knew how to report and escalate any safeguarding concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The last time this key question was rated was at our 31 October 2019 inspection, when it was rated as good. At this inspection this key question continues to be rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training had been delayed due to the pandemic and further by a recent outbreak of Covid-19 at the service. There were systems in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. However, this information had not always been held together in one place for effective oversight. We were assured this was a piece of work being undertaken by the provider and this was completed the day after the inspection visit. Once this information was viewable in one document it was clear a small number of staff did need to complete necessary training. We were assured this would be provided immediately.
- People received effective care from competent and knowledgeable staff. Staff told us; "I am up to date on my training" and "We get reminders when we need to do refreshers." Some staff had been offered the opportunity to take further qualifications which had been welcomed.
- Staff were provided with opportunities to discuss their individual work and development needs. Few staff had received formally recorded one to one meetings due to the pandemic and recent outbreak of Covid-19 at the service. However, the manager and office manager had worked hard to create a culture that facilitated staff to feel able to raise any issues or obtain support when required. Staff confirmed this and told us they were well supported and felt they were listened to.
- New staff were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident. However, due to the recent Covid-19 outbreak probationary review meetings for new staff had not taken place. We were assured these would now be arranged.

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

- Management and staff worked with external healthcare professionals to deliver care in line with best practice. During the recent outbreak of Covid-19 the local healthcare team had been very supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. New admissions had to receive a negative Covid-19 lateral flow test before admission.
- Assessments of people's individual care and support needs were regularly reviewed on the electronic system.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.

- Staff supported people to see external healthcare professionals regularly, such as GPs. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

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

- The service had recently experienced vacant posts in the kitchen staff team. Agency staff had been used. These posts had been successfully recruited to recently. People told us they had noticed a change in the meals provided by different staff.
- People were provided with meals which they mostly enjoyed. People commented, "The food is good and I am fussy, but I always have something to eat that I like offered to me" and "The food has been a bit up and down but they are getting a new chef I believe."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a pureed diet. Handover records contained details of when people were having their food and drink intake monitored. This helped ensure new or agency staff would be aware of the need to record this.
- Care plans included information about people's dietary needs and their likes and dislikes.
- Drinks were available throughout the day to prevent dehydration. People who stayed in their rooms, through personal choice or health need, had drinks provided throughout the day.

Adapting service, design, decoration to meet people's

- The service appeared clean and in good condition.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of the liberty within the law. No authorisations were in place at the time of this inspection.
- People who had appointed Lasting Powers of Attorney to others had this clearly recorded in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we recommended the service continued to improve auditing systems to ensure there was evidence of issues identified and action to be taken. At this inspection we found there was a programme of regular audits in place, including medicines management, infection control and recruitment files. We saw where issues had been identified action had been taken to address this.
- The service had had a history of inconsistent management and leadership which had impacted negatively on the service at previous inspections. At this inspection we were told the provider oversight had improved and was more consistent. However, it was not possible to evidence this as there were no records of provider visits, what had been reviewed, discussed or agreed and any actions that were to be taken forward. We were assured this would be discussed with the provider.
- The management of the service was now stable and consistent. People and staff confirmed management of the service had improved. Staff commented, "I can always get support here it is really good. Management are amazing, very, very supportive. They are open to suggestion and ideas to improve things" and "We have a brilliant team, they really pull together. We are very good at reporting things, such as skin concerns and when people seem just not as well as usual," "I work with the team on the floor, I don't stay in an office, I feel that helps all round with team building and consistency."
- The manager was supported by the office manager and their combined commitment to improving the service had been effective in bringing about a more stable staff team and consistent systems and processes were now being embedded.

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

- There was a history of the service not retaining registered managers. The Provider is required to ensure there is a manager registered with the Care Quality Commission (CQC) who is in day to day control of the service. The manager in post was in the process of registering as the registered manager.
- The current management team and some senior care staff had worked with the provider to bring about necessary improvements following recent inspections. They had learnt from the past events and were embedding new systems and processes to further improve the service.

Continuous learning and improving care

- The positive changes, seen at the last inspection, that had been made to the management structure in the service had been embedded. Key senior staff had taken on additional responsibility to work in specific areas

to continue the improvement of the service. The office manager supported the manager who reported to the clinical lead and provider. At this inspection we found the overall governance of the service had continued to improve. Unfortunately, a recent Covid-19 outbreak had slowed the implementation of further improvements such as staff supervision and training, but these were planned to continue throughout the coming months.

- People, staff and visiting healthcare professionals we spoke with were positive about the improvements. Staff told us, "I left when things were bad last year but as soon as I heard things had improved so much I came back. Several of us did this," "It is so much better now. I love it here" and "The manager and the office manager are amazing they have really made a difference here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff used handheld 'walkie talkies' to support communication. The manager told us they were still closely monitoring the use of these by all staff on shifts, to ensure they were able to effectively communicate with them when they were around the building. At the previous inspection staff told us there was a lack of 'walkie talkies' available at times and battery life only covered one shift. At this inspection we found these issues had not been resolved. We were told the system had not been replaced as had been considered at the last inspection. The batteries did not last for more than one shift and they were often dropped or found not to be functioning, so there were not always sufficient numbers of them for all staff to carry.

We recommend the provider review and consider upgrading the equipment used by staff to communicate throughout the building when on shift, and ensure it is fit for purpose and effective.

- At our last inspection we recommended the service continued to ensure all staff had access to online training in the electronic care planning system and to ensure there were sufficient handsets to record information. At this inspection we found that staff were competent at using the new system and all staff were regularly recording care and support provided.
- At the previous inspection we found improvement in how information was communicated to people and staff. Improvements in communication continued further at this inspection. People had been asked for their views in a survey recently. The feedback was mostly positive. Staff had not had staff meetings recently due to the Covid-19 outbreak, however, they told us they felt they could voice any issues or ideas.
- People told us, "Everything is really fine now," "I tell the (staff) if there is anything wrong, and they sort it all out" and "We looked at a lot of places before I came here and we knew immediately that this was the one, and I am very happy here. I can speak with any staff at any time if I need to."

Working in partnership with others

- People's needs, and preferences were assessed prior to a person moving into the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.