Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Grosvenor House Care Home

19 Back Street, East Stockwith, Gainsborough, DN21 3DL

Tel: 01427616950

Date of Inspection: 01 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Grosvenor Care Home Limited
Registered Manager	Mrs. Barbara Bussey
Overview of the service	Grosvenor House care home is situated in the village of East Stockwith in Lincolnshire. The home provides accommodation for up to 37 people. The care provided is predominately for people who have a physical disability and those who experience memory loss and have needs associated with dementia.
Type of services	Care home service with nursing Care home service without nursing Domiciliary care service Diagnostic and/or screening service
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information we asked the provider to send to us and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

Due to the complex needs of some of the people who lived at the service we used a number of different methods to help us understand their experiences. We looked at records. These included care records and information about how the service operated.

During our visit we spoke with four people who lived at the home, a relative who visited the home, five members of staff, including the cook, the manager and the home owner.

We also observed the interaction between people and staff through the use of the Short Observational Framework Tool (SOFI).

People we spoke with told us they liked living at the home. Comments we received ranged from, "The staff are very caring" and "The entertainers who come in are good" to "They (staff) never make a fuss if you ask for help. They get to you quickly."

People also told us there was a range of balanced, nutritious meals and drinks available throughout the day that people had chosen and enjoyed. During breakfast one person said, "There is always a choice and we can have our meals together or in our room. In my opinion the food is really good." Another person said, "The meals suit me fine. I like everything they cook and there is a good supply of drinks."

We found the provider and manager monitored the service regularly and gained views on the service from relatives and from people who used the service. When people had concerns there was a clear policy and process in place to acknowledge respond to and address complaints.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their care plan. A care plan is a document which details people's assessed social and health care needs and informs staff how to meet those needs.

People told us that they knew they had an individual care plan and that they felt they were involved in how they received care and support. One person said, "The staff are so busy but they always make sure they have time to get the job done in a friendly way." Another person said, "The care they give is good because the staff know us and they don't have too many staff leaving which gives consistency."

We spoke with the relative of one person who told us their family member had just moved to the home. The relative said, "It feels spacious and the staff seem friendly. They (staff) and the manager are adjusting things to meet the need and that is important."

Assessments we looked at that were completed before people moved into the home showed information was gathered together with the person wherever possible and that they were consulted about their needs in advance of moving into the home.

Care plans had been signed by people to show they had been consulted with, and had agreed with the information they contained. The records showed people's healthcare needs were identified and how they should be met. We saw referrals were made to external healthcare professionals when it was needed. This ensured people received any additional assessments and treatment in order to maintain their health and wellbeing.

The plans also contained information about any advanced decisions people had made. This showed the manager and staff had considered and respected people's wishes and needs regarding the support needed at the end of people's lives and how this should be given.

The records contained information which showed when people needed help with decision

making and information about what had been agreed in order to provide support.

The manager told us that where people needed additional support in order to make decisions, she would take action in accordance with legal requirements. The manager said in these situations an assessment of a person's capacity would be undertaken as required by the Mental Capacity Act (2005). The Mental Capacity Act (2005) is legislation used to protect people who might not be able to make informed decisions on their own about the care they received.

Staff we spoke with knew about people's individual needs and how these should be met, which was reflected in the information we read in the care plans. Staff completed daily record sheets to show if there had been any updates or changes for the person that other staff need to be aware of. Staff said the record sheets were used as part of each handover meeting between shifts which helped determine any changes in the person's condition. Any specific changes would then be added to the care plan.

In the care plans we viewed, there was a record which showed reviews were undertaken by staff and any changes to care were assessed and documented.

The provider may wish to note that the review records and any changes made within them were not always signed by the person who used the service or their representative. This would indicate that they were always not fully involved in the review of decisions related to the care provided.

People were supported to furnish and set out their private rooms in the way they wished. Rooms we looked at were personalised, well set out and had space for staff to provide care as needed. We saw that three rooms were open plan with en suite facilities. The toilet areas did not have screening in place to ensure peoples privacy and dignity would be respected when people entered the room. We spoke to the manager and home owner about this who took immediate action to order and fit privacy curtains in these rooms.

People were provided with a file in their rooms which showed their individual needs and how these should be met by staff. This information was set out in an easy to read format with symbols to show the key areas that people needed help with. We spoke with one person who told us, "It is good to have the care plan information in my room. Its there for me but also for staff to check if they need to."

People's care and treatment was planned in a way that protected them from unlawful discrimination. The records showed people's personal preferences such as religion were recorded and it was noted whether they practised that religion and if they wished to attend worship. This meant that people's beliefs and rights were respected.

People were supported in promoting their independence and community involvement. We saw activities and entertainment was planned in advance and was provided throughout the day with support from the staff team and manager. One person said, "The home is very much part of the village, there are elections here tomorrow and we can vote." Another person told us, "There is always something going on. The activities are arranged every day and are set out on the notice board. We can choose to have a go at what we like or not to take part if we wish."

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. We spoke with four people during breakfast who told us they had regular access to food and drink and they had a choice regarding meals and drinks provided.

Comments we received ranged from, "They (staff) generally base the menus on the things we like to eat" and "Breakfast is an array of all sorts of things that we like from cold to hot food" to "I have to say I have never had a complaint about the food. It is very good here."

The menu for the day was clearly available on one of the notice boards and people we spoke with told us they knew what they were having for lunch.

People's likes and dislikes regarding particular foods and how they preferred them to be served were recorded in care plans and through our discussions with the cook it was clear she had an understanding of each person's dietary preferences.

A basic record sheet was available for the cook to reference in the kitchen which showed peoples special diet needs and how these should be met. We spoke with the manager about keeping a more detailed record of peoples dietary needs for when the cook was not available.

After we completed our visit the manager provided information which confirmed a kitchen diet and nutritional record file had been produced which was being filled in and maintained by the cook for each person.

Drinks were readily available for people throughout the day. The cook confirmed at the time of our visit there was no one living at the home that had a need for alternative food due to their religious or cultural background. The cook told us she was confident that any identified needs would be met.

We were present during lunch and observed the interaction between staff and people whilst the meals were served and eaten. We saw fresh produce was used and that people enjoyed their meals. We observed staff members spoke sensitively with people and offered support when they knew this was needed. Staff also used special equipment such as plate guards, adapted cutlery and beakers for people to help maintain their independence when eating.

We knew that the local authority environmental officer had visited the home on 24 February 2012 and had awarded it its highest rating for the kitchen area.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

One person told us, "I haven't been here that long. We don't have any set meetings to discuss issues. The manager is always about, it is a really friendly home and we feel able to raise any points direct." Another person said, "The home owner comes around and we have quizzes each week which I like. The time is used to talk about how things are here, which I enjoy."

People also told us and the manager confirmed that they held formal meetings together with the manager or home owner when needed. Information provided by the manager showed the last formal meeting was held in January 2013.

The home owner also confirmed quizzes were held each week and at the end of the quiz people would meet informally with the home owner, the manager or a member of staff. The home owner and manager told us these meetings were used wherever possible to obtain peoples thoughts and feedback about how services could be developed.

The provider may find it useful to note the meetings had not been made formal and no records had been completed regarding the meetings to show what was discussed, decisions made and any action taken to respond to suggestions made.

Staff told us and information provided by the manager confirmed formal team meetings were held when this was needed with records maintained. Staff said they felt comfortable to raise any concerns with the manager. One staff member said, "We also have handover meetings to talk about any updates for residents and we use this time every day to discuss any issues, share ideas and talk to the manager if needed."

The manager had a system in place and maintained accident and incident records to show how they had been responded to. The manager said this helped her regularly monitor incidents, and to identify if there were any particular trends or risks that needed to be addressed. For example the manager confirmed, following an analysis in January 2013 of the previous 12 months, numbers of accident near misses had reduced mainly through a reduction in falls.

The records also showed when they had needed to inform other agencies after an incident, for example safeguarding. Where this was needed we saw the appropriate agencies had been contacted.

Systems were in place to review and respond to any untoward events and incidents regarding business continuity. For example, there was an up to date business contingency plan in place. This meant the home owner, manager and staff were prepared and could continue to provide support for people in the event of an emergency, for example, in case of a fire or adverse weather conditions.

The manager carried out regular quality assurance audits. These audits included reviews of areas such as staff training, equipment to help people move safely, the home environment, fire safety, financial records, infection control and medication administration.

Since we completed our last inspection we knew the manager had successfully applied to update the homes registration in order to enable them to provide personal care to people who had chosen to remain in the community. At the time of our visit the manager confirmed no community services were being provided but that she had systems in place to enable the service to commence should this be requested.

The manager also provided information regarding audits completed by other agencies and their outcomes. For example, we saw a report from Lincolnshire NHS (National Health Service) quality monitoring team completed in October 2012. The report showed the home provided safe support for people in regard to care plans, safeguarding and clinical effectiveness. Where audits had been completed by other agencies the manager showed she had taken action to fully respond to recommendations made.

We saw the home owner undertook and evaluated annual survey questionnaires with people, their families and their representatives to ask if they were happy with the services provided.

The manager and home owner told us the questionnaires returned in April 2013 were in the process of being evaluated. After we completed our visit the home owner provided information which showed overall feedback from people who used the service and their families was positive.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

One person told us, "I have no fear of raising any issue of concern, either with staff, the manager or the home owner. They are all easy to speak to." Another person told us, "If I had any issues I would speak up. The staff make sure we are able to speak our minds."

People were made aware of the complaints system. This was provided in a format that met their needs. The statement of purpose and service user guide provided by the home was available in the home for people to access.

The documents contained information about what was offered, how to make contact with the service to make any suggestions for improvement and how to raise any concerns or formal complaints.

The manager showed us that they kept a record of any complaints received and told us that there had been one complaint raised with the home during the last year. The manager showed us information, which highlighted the concern and the actions being taken to address them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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