

# Grove Care Limited

# Rose Garden

## Inspection report

Chessel Drive  
Patchway  
Bristol  
Avon  
BS34 5BH

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Rose Garden is a nursing home providing personal and nursing care for up to 40 people aged 65 and over. At the time of the inspection 38 people were living at the home.

The home was purpose built and provided accommodation over two floors.

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

People and their relatives were happy with the care they received. We did receive some mixed feedback from relatives, about staffing levels in the home. However, staff felt staffing levels worked well and our observations during our inspection were that people's needs were met. Comments on care included, "They treat her with dignity and respect, never heard any unkind words", and "They've been marvellous, her care's been excellent, nothing but praise for them".

People were safe. Risk assessments provided guidance on how to support individuals and manage risks associated with their care. Staff received training in safeguarding and knew how to report any concerns. There were suitable recruitment procedures in place to reduce the risk of unsuitable staff being employed and enough staff on duty to meet people's needs.

Staff were trained and supported to be able to carry out their roles effectively. People's health needs were met, with processes in place to manage wounds and refer to health professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was responsive to people's needs. Staff understood people as individuals with their own unique needs and preferences. The service was working towards an accreditation in relation to end of life care. People were given opportunities to socialise and take part in activities. There was a process in place to manage and respond to complaints.

The home was well led. There were systems in place to monitor the quality and safety of the service. Staff morale was positive, and staff felt supported and able to discuss issues with the management team. The registered manager had supportive links with other health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 30 August 2019 and this is their first inspection.

### Why we inspected

This was a planned inspection to give the home a rating.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

# Rose Garden

## 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.

#### Inspection team

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

We gave a short period notice of the inspection in order to ensure there was a senior member of staff available to support the inspection.

#### What we did before the inspection

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 reviewed all information available to us, including notifications. Notifications are information about specific events the service is required to tell us about by law.

#### During the inspection

We spoke with five people in the home, the registered manager, deputy manager and five staff, including a nurse and care staff. We reviewed records for four people and looked at other records relating to the home such as complaints, safeguarding and three recruitment records.

After the inspection

We arranged a follow up video call with the registered manager to talk about any areas that required further discussion. We also continued to analyse evidence such as audits.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well supported. One person commented, "I do feel safe here. The staff keep an eye on me." A relative commented on how quickly staff responded when a call bell sounded.
- There were no ongoing safeguarding investigations at the time of our inspection. However, the registered manager told us they had positive relationships with the local safeguarding team and would discuss openly, any issues or concerns.
- Staff received training in how to manage safeguarding issues and told us they felt confident in reporting any issues. They were aware of other agencies they could report to if necessary, in order to protect people, they supported. One member of staff told us, "If I saw something I wasn't happy with, I'd raise it. I'd go straight to the deputy manager." Another member of staff said, "I would report any concerns to the manager. If they didn't respond I would go higher or report it to CQC."

Assessing risk, safety monitoring and management

- People had a personal evacuation plan in place, to describe what support they required in the event of needing to evacuate the building in an emergency.
- People had individual risk assessments in place to ensure staff had clear information about how to support them. For example, we saw that people had a risk assessment in place for falls, which included the measures required to support them. Information such as the equipment required was identified.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff did not appear rushed and were available when people needed them. One person said, "Yes, I think there is enough staff." Some relatives questioned staffing levels, giving examples such as not being able to find a member of staff to let them out of the building. However, we didn't hear of any specific occasions when a person had been at risk from there not being enough staff on duty.
- Staff told us they felt there were enough staff on duty to meet people's needs.
- There were processes in place to ensure recruitment was as safe as possible. This included checking people's ID documents, seeking references and carrying out a Disclosure and Barring Service (DBS) check. A DBS check highlights whether a person has any criminal convictions and whether they have been barred from working with vulnerable adults.

Using medicines safely

- People and relatives told us they were happy with the support in relation to medicines. One relative for example, confirmed that medicines were given at the specific times prescribed for their relatives' medical condition.

- People's medicines were managed safely. Staff completed medicines training and had their competencies regularly checked.
- Medicines were stored safely and when no longer required, were disposed of safely. Regular stock checks and audits were carried out.
- Medicines administration records showed that people received their medicines as prescribed.
- Protocols for additional medicines people might require (PRN) were personalised and described steps staff should take before resorting to the use of medicines. When additional medicines were administered, staff documented the reasons why and the outcome.

### 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

- There were processes in place to learn from accidents and incidents. These were all recorded and analysed for any themes.
- There was a 'falls champion' in the home; this was a member of staff with particular responsibility for analysing falls and looking at ways to prevent them. Staff liaised with the falls team when necessary if they had particular concerns about a person falling.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were regularly reviewed in order to ensure their care fully reflected their current level of need. Care plans were monitored on a monthly basis to check for any changes in the person's needs, with a full review taking place every three months.
- When people had wounds to the skin, we saw that clear care plans were in place to manage and evaluate them. This included taking regular photos and assessing their appearance.

Staff support: induction, training, skills and experience

- Staff spoke positively about their induction and ongoing training. One staff member said, "I've been really surprised in a good way. I've been made to feel so welcome since I started here. The welcome and the support I received made my induction go smoothly."
- All staff said they knew if they wanted any additional training, they only needed to ask, and this would be facilitated.
- Staff said they had regular supervision sessions and that outside of supervision meetings they could speak to a team leader or nurse at any time.
- There were systems in place to monitor training and when it needed to be refreshed. An online provider of training was used and this automatically generated alerts to staff when they needed to refresh their training. There was also a member of staff within the organisation reviewing this to ensure training updates were not missed.
- The registered manager told us how they involved staff in the training programme by seeking their views on how effective it was and whether any improvements were required.

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

- People were happy with the food and drinks they were offered. One relative said, "The food is excellent, he likes soup for breakfast and they provide him with that. There's water in his room and they encourage him to drink regularly and provide him with cups of coffee." Another relative told us, "Whenever he wants a cup of tea, he can either ring or he can walk down to a tea point and they'll make him one."
- People were asked to make choices about their meals, the day before. Staff told us people could change their mind and request different things but evidently this wasn't always well communicated as not everyone was aware of this. We discussed this with the registered manager.
- People were supported to have enough to eat and drink. We observed staff regularly offering people drinks and snacks throughout the day. We saw a member of staff offering a person a drink and a biscuit of their choice.
- When people were having their food and drink intake monitored, records were completed in full. Daily

targets were documented, and records showed that these targets were consistently met."

- We observed lunch. The tables were laid, and people were sat at communal tables together. There was a pleasant atmosphere and people and staff were talking and laughing together.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received the support they needed. This included regular contact with the GP and referrals to specialist teams if this was necessary. There were weekly calls with the GP taking place to discuss people's health needs.

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

- The home was purpose built and well-decorated, with signage and fixtures designed to meet people's needs. For example, wide corridors and doorways to help people move around the home safely.
- People had their own large bedrooms with ensuite facilities. People were able to bring furniture and other items in to personalise their rooms if they wanted to.
- There were secure outside areas for people to use. People had been supported to grow flowers and vegetables. One person said, they had been involved in growing some tomatoes.

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.

- The service understood and implemented the principles of the MCA. Where a person lacked capacity to make a particular decision, a capacity assessment was carried out and a best interest decision made. For example, where it had been decided that a person would benefit from a sensor in their room to keep them safe, this was discussed, and a best interest decision documented.
- We observed people being asked for their consent before any care interventions. For example, a staff member asked one person, "Where would you like to sit?"
- One member of staff said, "I always ask people if they're ready to get up in the morning. It's their choice. We have one person who doesn't like to get up before 10am and that's fine." Another staff member said, "I always ask before personal care if they're happy for me to help them. If they refuse, I'll go away and come back later."
- We also saw that where CCTV was being used in communal areas, consent was sought from people in the home and best interest decisions made where a person lacked capacity.
- Some people were having their medicines administered covertly. This is when medication is disguised within food or drink. Although capacity assessments had been completed, it was not clear how staff had assessed people's capacity to understand the decision they were being asked to make. Additionally, it was

not always clear how the best interest decision had been reached. We discussed this with the registered manager and deputy during the inspection. They said they would review the documentation with immediate effect.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were satisfied with the care they received. People commented, "It's nice here." Another person said, "The staff are good." Relatives were also satisfied, commenting, "They've been marvellous, her care's been excellent. Nothing but praise for them."
- We observed kind and caring interactions, where people were supported with dignity and respect. People appeared relaxed around staff. People were smiling and engaging with staff. There was a pleasant, friendly atmosphere. Staff told us they had time to sit and talk with people and we saw this happening.
- When one person asked for her babies, a member of staff brought a buggy and two dolls to them. The staff member said, "They're gorgeous. You can push them round and have a peek at them." The person clearly enjoyed the compliment being paid to her 'children' and then walked round with the buggy.
- Staff spoke highly of the care they provided. One member of staff said, "I think the care is fantastic here. Staff treat people like they are family. It's a loving and caring environment here." Another member of staff said, "I'm very confident the care is good here. I feel proud when I walk around here."

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

- Resident meetings took place as a means of encouraging people to express their views and opinions. The registered manager told us that recently they'd consulted people on questions they wished to ask potential staff at interview. These had then been incorporated into the interview process.
- Care planning took place with the full involvement of people where possible, and with relatives where appropriate.
- A survey was also due to be issued, in order to gather relatives' views and opinions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. A relative commented, "He's got some strong relationships with some of them, he's never frightened to ask for help, they show him a lot of respect. He even has a nickname which he loves and he's happy and safe."
- People were encouraged to be independent as far as possible. One person told us how their relative was supported to be independent with their medicines. Another person told us their relative was encouraged to walk to the dining room for breakfast each day, saying that it was on 30 steps but good exercise for them.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written in a person centred way, which gave staff a clear understanding of the person's needs and the ways in which they liked to be supported. For example, there was a description of people's night-time routines, including their favourite drink and preferred time to go to bed.
- Staff understood the principles of person-centred care. One staff member said, "Everyone who lives here is an individual. No two people are the same."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There wasn't anyone using the service at the time of the inspection, who required information in a particular format. The registered manager told us that within the organisation there were people who spoke various languages who were able to translate information if necessary. They would also access a translation service if required, or produce information in large print for anyone who required it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunity to socialise and follow interests. One person said, "I get involved in the gardening. I don't get involved every day, but it's on the notice board what's going on, so I can decide what I want to do." Another person said, "I've been doing some painting today."
- There was a programme of events and activities taking place and staff worked hard to tailor these to the individual needs of people living in the home. For example, one relative told us, staff had found out their father in law had been a keen gardener and so had provided some tomato plants and gardening equipment for their balcony. For another person, the home had supported a family to live stream services from the local Jehovah's Witness place of worship. Being part of the service was important for their relatives spiritual wellbeing.
- It was clear from records kept about activities that people had the opportunity to take part in group activities such as singing, but also had individual time with staff too if they preferred this. One person spent time with staff painting their nails.

Improving care quality in response to complaints or concerns

- There was a clear process in place for managing and responding to complaints. We saw examples of

outcome letters to a family, where a full explanation was given and acknowledgment of any shortfalls.

#### End of life care and support

- There wasn't anybody at the time of our inspection receiving end of life care. However, the home had links with St Peter's hospice at any time when their support was required.
- The home was in the process of working towards the Gold Standards Framework accreditation. This is a framework that supports care homes to provide good care and support to people at the end of their life.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a strong person centred culture within the service. Staff understood people as individuals and worked hard to care for people in ways which met their needs.
- All staff we spoke with said how happy and valued they felt in their roles. One staff member said, "I love it here. Morale is really good and we all support each other. Noone ever makes you feel stupid." Another member of staff said, "I'm still quite new here, but from what I've seen, the staff seem to really know the residents and really do care." One relative commented, "There are some very dedicated people and we've recommended it to other people we know."

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

- The registered manager understood the requirement to be open and honest about events in the service. They told us they had good working relationships with the safeguarding team and would report and discuss incidents openly with them.
- One relative commented, "We have total confidence, they are always very happy to support us. The communication is always very good, when he falls over, they let us know there's nothing to worry about."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had systems in place to monitor the performance of the home. They were supported in this by a deputy.
- There was a programme of audits in place to check on the home and identify areas for improvement. For example, we viewed a health and safety audit, which reviewed fire safety procedures as part of the process. A care plan audit checked individual files to see whether they had been updated as necessary. Action was taken when shortfalls had been identified. This was an effective system for driving improvement.
- We discussed with the registered manager, their plans for the future of the service. They told us one of their main priorities following on from the pandemic, was to increase community engagement. For example, by making links with local schools.

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

- Staff were positive about the home and their experiences of working there. The registered manager and

deputy were praised for their supportive and approachable manner and their visible presence at the service. Comments included, "The deputy manager has been really good and is someone I feel very comfortable going to" and "The registered manager interviewed me and was so nice. It made me want to work here."

- People's views and opinions were sought as part of the quality monitoring process. For example, the registered manager told us in the past, people had been involved with food tasting sessions as a means of informing menu planning. As mentioned previously in the report people had been asked for their opinions on questions to be asked at recruitment for potential new staff.

Working in partnership with others

- The registered manager told us they had good working relationships with other professionals such as the local authority, safeguarding teams and visiting health professionals.