

Marton Care Ltd

Grosvenor Park Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Grosvenor Park Care Home is a residential care home providing accommodation and personal care to up to 61 people. The service provides support to older people and people living with a dementia illness. Accommodation is provided over two floors in one specially adapted building. At the time of our inspection there were 56 people using the service.

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

The provider had struggled over the past few months to ensure there were always sufficient numbers of staff on duty. The provider had faced challenges with recruitment, retention and staff sickness. However, the provider was actively recruiting, and staffing levels had started to improve. We have made a recommendation about staffing levels.

Risks to people were appropriately assessed and managed. People received their medicines as prescribed. Infection prevention and control measures were in place to help keep people safe. People told us they felt safe and relatives spoke positively about the safety of people in the home. Systems were in place to ensure that lessons were learnt when things went wrong.

People received enough to eat and drink to maintain a balanced diet. People's needs, choices and preferences were assessed and recorded. Staff received appropriate training and support to effectively care for people. The building had been adapted to meet people's needs and created a homely environment. People were supported to access appropriate healthcare services 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 and in their best interests; the policies and systems in the service supported this practice.

People were consistently treated with kindness and respect. People and relatives spoke highly about the staff team. People were involved in making decisions about their care, and people's religious and cultural needs were explored to ensure person-centred care was provided. Care was delivered in a way which respected people's privacy and dignity.

People were supported to exercise choice wherever possible. Comprehensive and person-centred guidance was in place to help staff communicate effectively with people. People were supported to maintain important relationships. Complaints and concerns were dealt with well. End of life care and support was managed in a compassionate and caring manner.

The quality of the service was effectively monitored. Accidents and incidents were analysed to look for patterns and trends. There was a positive and open culture within the service. Feedback was encouraged and relatives were kept up to date. Staff told us they could approach management and raise concerns. Staff

morale had been low due to staffing issues, but this was improving. The provider and registered manager understood their legal and regulatory requirements. The registered manager and staff team worked well with external professionals to achieve good outcomes for people.

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

Rating at last inspection

This service has changed provider. The last rating for the service under the previous provider was good (published 8 November 2018).

This service was registered with us with the new provider on 6 August 2020 and this was the first inspection under the new provider.

Why we inspected

This was a planned inspection to assess the standard of care delivered by staff and award 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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Grosvenor Park Care Home

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 Health and Social Care Act 2008.

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 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

Grosvenor Park Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grosvenor Park Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 April 2022 and ended on 22 April 2022. We visited the location's service on 12 and 13 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and eight relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, the regional manager, the deputy manager, senior care workers, care workers, the cook, a domestic assistant and the maintenance person. We reviewed a range of records. This included nine people's care records, three recruitment files and multiple medication records. A variety of documents relating to the management of the service, including surveys and meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed further documents including training information, quality assurance documents and policies and procedures. We sought feedback from professionals who regularly visited the service.

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 service under the new provider. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always enough staff on duty. The provider had struggled to maintain adequate staffing levels over the previous few months. This was due to recruitment challenges, retention issues and staff sickness.
- Staff consistently told us staffing levels could be low. Staff comments included, "Staffing levels have been a nightmare. It is only just starting to get better" and "The home has been short staffed all over. I have never known it as bad as this."
- The registered manager and provider were open and honest about the staffing difficulties they faced. Staff were on occasion asked to support in different roles, for example domestic assistants would be asked to work in the kitchen or in a care role. The provider was actively recruiting and used agency staff when needed.
- Despite the staffing difficulties, staff told us they always had enough staff to keep people safe. People told us they were assisted when needed. One person told us, "Staff come quickly when I press the buzzer."
- Relatives spoke about the staffing difficulties but did not generally think it had affected the quality of care. Relatives told us, "They have recently struggled with staff. At weekends especially, they seem stretched, but it doesn't appear to have had an impact on [person]" and "They have been trying to cover the shortages with agency, so they are doing their best to minimise any issues."

We recommend the provider keeps staffing levels under review to ensure there are sufficient staff deployed to meet people's needs.

- Staff were recruited safely with appropriate pre-employment checks carried out.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and managed. Staff were generally provided with clear and detailed guidance to enable them to support people safely and in a person-centred way.
- Care plans and risk assessments were reviewed monthly, or sooner if required, to ensure they were up to date and accurately reflected risks to people. Individual assessments were in place for potential risks such as weight, skin integrity, falls and choking.
- We identified records could be more robust and consistent around risks associated with diabetes and catheter care. The registered manager was already in the process of reviewing diabetes care plans, and professionals who regularly visited the service told us diabetes was well managed at the home. The registered manager implemented more robust information around catheter care immediately following our feedback.

- There was guidance in place for staff to help them support people who displayed behaviours which may challenge others. Information was available to staff to help them understand and reduce the causes of behaviour that distressed people or put them at risk of harm.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Medicines were stored appropriately and at the correct temperature. Procedures were followed for the storage and management of controlled drugs in line with regulations.
- Medicine administration records were clear, legible and accurate. Body maps were in place for topical medicines (creams and lotions) to show where these were to be applied.
- Person-centred medicine plans were in place, which included guidance for staff as to when to administer 'when required' medicines. Staff did not always record whether these medicines had been effective. The registered manager introduced an additional audit to ensure this information was recorded going forward.

Preventing and controlling infection

- Infection prevention and control was appropriately managed. The provider had an up to date infection control policy in place.
- The home had ample supplies of PPE. We observed that staff did not always wear PPE appropriately. The registered manager addressed this immediately upon feedback.
- The home was clean and tidy. Cleaning schedules were in place and the registered manager completed a daily walk around to ensure hygiene standards were maintained in the home.
- The provider encouraged visiting to take place safely and in line with government guidance in force at the time.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and understood their responsibilities. Staff knew what to do if they had any concerns.
- People told us they felt safe. One person told us, "All is fine, I have no concerns." Relatives spoke positively about the safety of people. Relatives' comments included, "[Person] is very safe there" and "Staff know how to keep them safe."

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong.
- Accidents and incidents were recorded and investigated. When the registered manager identified lessons to be learnt, these were relayed to staff in staff meetings, supervisions and appraisals.
- Accidents and incidents were analysed so that any emerging patterns or trends could be identified and looked into further.

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 service under the new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received enough to eat and drink to maintain a balanced diet. People who required a modified diet, such as thickener in drinks or a fortified diet, received this appropriately. The registered manager consulted with professionals when risks were identified, to ensure people had appropriate diets.
- We received mixed feedback about the quality of the food. One person told us, "Oh yes I like the food and drink. It is good and there is choice." However, one relative told us, "[Person] says the food could be better. They like the dinners, but the choice isn't great. They have also changed the crockery which [person] doesn't like as it is harder for them to grip."
- People who required a gluten free diet received this. There were robust plans in place to prevent cross contamination with food items which contained gluten. Gluten free meals were prepared to resemble the meals others were eating. The registered manager was pro-active in ensuring there were always suitable gluten free items available.

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

- People's needs were appropriately assessed. Assessments were carried out before people started using the service to ensure their needs could be met. A comprehensive summary of people's needs was in place in the front of their care file and care plans were developed around these needs.
- People's individual choices and preferences were considered and recorded in their care plans.
- Care and support was delivered in line with best practice guidance. The registered manager and staff team liaised well with other professionals to ensure they were providing care in line with up to date standards. This helped to ensure good outcomes were achieved for people.

Staff support: induction, training, skills and experience

- Staff received appropriate training to help support people safely and effectively. Training covered a wide range of relevant areas and refresher training was available for staff.
- New staff undertook a robust induction and were offered support with all tasks until they felt fully confident. One staff member told us, "I had a brilliant induction and training. Everyone in the team is supportive and I can ask them anything."
- Staff received regular supervisions and appraisals to support their professional development.

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

- The building was suitable to meet people's needs. There were pleasant communal areas for people to use, including quieter areas and an accessible outside space.
- The decoration was homely, and people's rooms were personalised with their own belongings and

photographs. One relative told us, "They keep it in good order. They put some of [person's] pictures up in their room for [person] which was nice."

- The first floor was dementia friendly with contrasting colours and picture aids to promote people's independence and orientation.

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

- People were regularly supported to access appropriate healthcare services. Staff made referrals to professionals in a timely manner. Relatives told us, "[Person] has regular visits from the doctor and the nurse and they keep a good eye on [person's] general health" and "When [person] had a chest infection they got the doctor in really quickly and gave [person] some antibiotics."

- Emergency health care plans and hospital passports were in place. These documents set out clear guidance about people's healthcare needs and wishes, in the event of particular medical occurrences. These documents help to assist in ensuring continuity of care across services.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- People were involved in decisions about their care and consented where they were able to do so. Where people lacked capacity to consent to their care, decisions were made in their best interests and appropriate people were consulted when making any decision. Records were robust in this area.
- DoLS were all appropriately in place and people were supported in the least restrictive way possible. We observed staff offering people choice and asking for permission before carrying out a task.

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 service under the new provider. 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 were treated kindly and with respect. We observed lovely interactions between staff and people throughout our inspection. We observed people being offered emotional support when needed, and we saw this improve people's mood and wellbeing.
- People and relatives were consistently positive about the caring nature of staff. One person told us, "I like the staff. They are kind and I have no concerns." Relatives' comments included, "The staff are all kind and patient, I can't fault them" and "The care is perfect, really good. [Person] has been a lot better since they have been living there and [person] is happy."

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

- People were supported to be involved in making decisions about their care. One relative told us, "I am involved in [person's] care plan but they talk to [person] and discuss it with them as they fully understand what is happening."
- The registered manager explored people's religious and cultural needs, both with people themselves and their families, to ensure decisions made about their care were suitable for each individual person.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times. Staff knew people well and spoke about people affectionately. One staff member told us, "I enjoy making a difference to residents' lives. I try and make them feel at home. We get to know people and understand them."
- Care was delivered in a way which respected people's privacy. Relatives told us, "When they help [person] to get washed, they always shut the door and curtains" and "When [person] goes into the loo, staff wait outside and check [person] is okay."
- People's care plans and daily notes spoke about people in a respectful manner.

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 service under the new provider. 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

- People's needs were well understood, and care plans were created around individuals' preferences.
- Staff supported people to exercise choice wherever possible. Relatives told us, "[Person] chooses what to wear and whether to go to the dining room to eat" and "Staff ask [person] what they would like to wear even though they can't express themselves very well. Staff will look for [person's] indication."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording and meeting people's individual communication needs.
- People had robust and person-centred communication care plans in place.
- Comprehensive guidance was in place for one person who could become distressed if they were spoken to in a particular way. There were clear instructions for staff as to how best to interact with this person, so as not to cause them distress. Staff were knowledgeable about this person's particular communication needs.

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 were supported to maintain relationships with their families and friends. During the height of the pandemic, the provider installed a visiting pod to enable visiting to go ahead safely. At the time of our inspection, people were able to have visitors in their rooms and visiting was encouraged.
- A new activities co-ordinator was in post and was in the process of planning a range of activities and events. People had access to technologies such as a telephone befriending service and an online wellbeing platform where various exercises and activities could be arranged.
- Care plans contained information about people's backgrounds, life histories, and likes and dislikes.

Improving care quality in response to complaints or concerns

- Complaints were dealt with well. There was a complaints procedure in place which included an investigation, analysis, and feedback to relevant people and staff.
- Relatives told us any concerns raised were dealt with efficiently. One relative told us, "I mentioned a concern to a care worker and they apologised and dealt with it. The [registered manager] then phoned me,

explained, and apologised as well."

End of life care and support

- End of life care and support was managed in a compassionate and caring manner.
- People were supported to make decisions about their preferences for end of life care.
- As people's needs changed, end of life care plans were updated to ensure people received appropriate support.

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 service under the new provider. 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.

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

- Effective systems were in place to monitor the quality of the service.
- The registered manager and the provider carried out regular audits. We identified some gaps in daily records and charts which had not been identified within the existing audits. The registered manager implemented additional audits following our feedback to ensure any gaps would be highlighted swiftly, and appropriate action taken.
- Accidents and incidents were recorded and then analysed to look for patterns and trends. This helped the registered manager to identify risk and take appropriate action.

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

- There was a positive and open culture at the service. The management team were available, accessible and welcomed feedback. One relative told us, "It is a friendly and happy home, I would recommend it to anyone."
- Staff told us they could approach management and raise any concerns. One staff member told us, "I could always go to the manager, she has an open-door policy. I would also go to the deputy who is very good and has put a lot of good things in place."
- Care plans were largely accurate, person-centred and up to date. This helped to ensure staff had clear guidance to meet people's needs and achieve good outcomes for people. We identified two areas where care plans could be more robust, and the registered manager addressed this immediately.
- Staff morale was low around recent staffing levels. However, staff told us this was improving. One staff member told us, "We have had some staffing problems, but things are picking up."

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; continuous learning and improving care

- The provider and the registered manager understood the duty of candour and their legal responsibilities. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. Notifications were submitted appropriately and in a timely manner.
- We found management and the staff team to be open and honest during the inspection process. Where we found minor areas for improvement, the registered manager acted immediately and implemented appropriate actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager and staff team worked well with all relevant external professionals, and this was confirmed by several professionals who regularly work with the service. Information from professionals was swiftly passed on to appropriate staff and incorporated into people's care plans.
- The provider and registered manager sought feedback from people, relatives and staff, on a regular basis. The registered manager held monthly meetings where meaningful discussions took place. One staff member told us, "We can all have our say in the monthly meetings and we also have supervisions and appraisals."
- The provider and registered manager also used questionnaires and surveys to gather feedback, including from professionals who visited the service.
- Relatives told us communication was good and they were kept up to date. Relatives' comments included, "They keep you up to date and you can always go to a relatives' meeting" and "They always let you know what is happening, and they phone you up and ask if everything is okay."