

Annual Inspection Report 2022-2023

Grove Mount Residential Home

Adult Care Home

25 & 26 January 2023



Isle of Man
Government
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DHSC

We carried out this announced inspection on 25 & 26 January 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Grove Mount Residential Home is a care home based in Ramsey. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were sixteen people using the service.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

People said they felt safe living at Grove Mount, with systems in place to protect them from abuse or harm. The manager assessed all risks and guidelines were in place to manage these risks. The premises were very clean, with policies in place to protect people from infections.

People's needs were assessed and they were involved with the development of their care plans. Staff worked with other medical professionals to ensure that people received person-centred care in a timely and coordinated way.

People were treated with kindness, respect and compassion. People told us that staff listened to them and spoke to them appropriately, in a way they understood. Staff protected people's privacy and dignity. People can be as independent as they want to be.

Care plans reflected on people's physical, mental, emotional and social needs. People were encouraged to maintain relationships with people that matter to them, including in the wider community. People using the service knew how to make a complaint or raise a concern.

The manager understood their role and responsibilities to deliver what is required. The manager conducted formal supervisions, residential meetings and staff meetings. Staff spoke positively about the manager and felt supported, respected and valued. There were enough staff on duty to meet people's needs.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Grove Mount Residential Home is registered as an adult care home.

Registered manager status

The service did not have a registered manager; however, the service had an interim manager in post. This means the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme, which took place between April 2022 and March 2023.

Inspection activity started on 23 January 2023. We visited the service on 25 January and 26 January 2023

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection

We spoke to three people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Grove Mount.

We spoke with four members of staff, plus the registered manager and the chef.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures. The pharmacy advisor also carried out an audit of medication management within the home.

After the inspection

We spoke with four relatives of residents, to seek further views about the service and their experience of the care provided. We consulted with a pharmacy advisor to review the medication policy of the home.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires seven improvements in this area.

We found this service was not always safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

Systems were in place to safeguard people from abuse and harm. All staff had received training in adult safeguarding. Staff members who had received adult safeguarding training also had refresher-training dates identified.

The provider had policies and procedures regarding whistleblowing and safeguarding, which had both been reviewed in July 2022. There had been no safeguarding or whistleblowing concerns raised since the last inspection.

The manager had an electronic system in place for monitoring all accidents, incidents and safeguarding concerns.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Assessing risk, safety monitoring and management

The provider had completed a range of safety checks throughout the building. These checks were conducted by qualified personnel, which included an inspection of the electrical installations and portable appliance testing (PAT), fire safety measures and the water system. Checks carried out on the emergency lighting in October 2022 identified three lights were not functioning. There was no evidence to confirm these lights had been replaced.

Qualified engineers had carried out routine examinations and servicing of the passenger lift within the building, the chair lift and bath chair. The home had recently renewed the call bell system, providing an emergency call system to each of the resident's rooms.

The provider did not have an environmental risk assessment, ensuring all areas were safe for residents, staff and visitors. One of the office doors was jammed open; therefore, in the event of a fire emergency, the door could not automatically close. It was unclear if the office doors were fire-resistant doors. There was appropriate security checks conducted at night to ensure the building was safe. The home also completed a number of monthly audits of the building, identifying areas that required any action or remedial work.

The provider did not have a current Legionella risk assessment. An external agency had tested the water system for the presence of Legionella bacteria in October 2021, which tested clear of any Legionella bacteria.

The Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and copies stored in number of locations, to support staff with the safe movement of residents in an emergency.

Staffing and recruitment

The provider had not recruited staff safely. The provider had completed a number of checks prior to any staff member commencing employment; however, some staff had commenced their employment prior to the provider receiving the required two references. Two members of staff had started employment before the home had confirmation of a clear Disclosure Barring Service (DBS) report. One member of staff was still waiting for a clear DBS report at the time of the inspection and the manager did not have a risk assessment in place to ensure the safety of the people residing at the home. This situation was satisfactorily resolved during the inspection.

The provider had current DBS records for all other staff employed in the home.

A number of residents and relatives of residents told us they felt there were enough staff available to meet the needs of the people living at Grove Mount.

Using medicines safely

The provider had a current medication policy. We consulted with a pharmacy advisor to review the medication policy of the home, who determined that areas of the policy did not contain sufficient information to instruct the home to the appropriate management and administration of medication. The provider also had a Medication Management Procedure, ensuring the correct ordering of people's medication, delivered on time and stock levels kept to a safe minimum, to avoid over-stocking and medication going out-of-date.

Pre-admission assessments, completed prior to a person moving into the home, had identified their health needs and their medication regime. Information from the assessments was used to develop a medication care plan, informing the staff of their responsibilities in supporting the service user with their medication, as necessary. Medicated creams, prescribed by the persons' doctor, had been applied to by staff; however, this had not been recorded on the Medicines Administration Records (MAR) sheets.

Medication was securely stored.

The provider had completed a detailed self-administration risk assessment prior to the person moving into the home, to determine whether they were capable of managing their own medication.

Staff members responsible for administering medication had received medication administration training and had their competency in medication-administration assessed annually. A discussion was had with the manager to include 'what if' scenarios within future competency assessments.

Feedback from residents had determined that they had received their medication on time and there had been no mistakes or errors with their medication regime.

Preventing and controlling infection

The provider had an infection, prevention and control policy and procedure, reviewed in July 2022.

Records showed that the resident's mattresses and curtains were checked for cleanliness and damage on a regular basis. Staff also cleaned and checked peoples' walking aids and wheelchairs for defects, regularly.

We observed staff using Personal Protective Equipment (PPE) appropriate to the tasks they were performing. Records showed that two staff had not attended refresher training in infection prevention control. We recommend that all staff receive refresher training before it has lapsed.

The home was very clean and tidy. We observed the housekeeping staff undertaking their duties, following a cleaning schedule, which identifying the cleaning tasks and timeframes for each area of the building.

Fridges and freezer temperatures had been recorded twice-per-day. Food was stored appropriately and labelled, identifying the date when the product was opened; however, there were opened jars of jam stored in the kitchen fridge. These food products had to be used within a specific time-period, but they had not been labelled, identifying when they had been opened. We recommend that all foods, with a specific shelf life, have a label identifying the date when opened and the last date in which it can be safely consumed.

Learning lessons when things go wrong

The manager had completed monthly audits of accidents, incidents and safeguarding concerns and there was evidence that the manager had reflected on information from these incidents, to establish areas of learning to prevent or reduce the possibility of re-occurrence.

The manager had responded to external safety alerts from the Care Home Assessment and Rapid Response Team (CHARRT) and the Infection Control Team regarding COVID and the prevention of an outbreak of infectious diseases.

Action we require the provider to take

Key areas for improvement

- Action is necessary to ensure all remedial work to the emergency lighting is completed.
- Action is required for the home to produce a comprehensive environmental risk assessment covering all areas of the home
- Action is required to ensure the fire doors to the office are fully functional and have the correct fire resistance.
- Action is necessary to ensure that the water is tested for presence of the Legionella bacteria and tests are completed on an annual basis.
- Action is necessary to confirm that a minimum of two references and current DBS checks are obtained before a person commences employment.
- Action is required to ensure the medication policy includes further information and guidance in the following areas: choice, consent and capability; storage and security; contraindications; administration; ordering and receiving medication; homely remedies, oxygen and sharing information.
- Action is required to ensure that staff record the administration of medicated creams, on the person's MAR sheet, after administered it to them.

Inspection Findings

C2 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 service requires two improvements in this area.

We found this service to be effective in accordance with the inspection framework.

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

The manager had completed pre-admission assessments of people’s needs prior to them moving into the home. Information from the assessments then formed the basis of the care plans. The manager had completed risk assessments to identify any additional needs and information was included in the care plans to remove or reduce the potential risk of harm to the resident.

The pre-admission assessments were thorough and comprehensive. Information included continuity of care from other health professionals, the person’s level on independence in relation to various aspects of their life and any additional information necessary for the continued care of the resident.

There was evidence within the pre-admission assessment paperwork that people, and their family members, were involved with their admission. Care records were stored electronically. The care plans and risk assessments did not evidence that, the person moving into the home, and/or their family, had agreed to the level of support offered by the provider, following their admission to the home.

Staff support; induction, training, skills and experience

Staff supervisions and annual appraisals were up-to-date. Each member of staff had received supervision every three months and had an annual appraisal in October 2022.

Induction records showed that all new staff had completed a 3-week induction programme, which included shadowing more experienced staff members for the first week of their employment. Feedback from staff indicated that their induction training gave them the skills and confidence to support the people living in the home.

Staff training records showed that all of the staff have received training in a number of subjects, including safeguarding adults, moving and handling, infection control, food hygiene and first aid. Other courses were available to staff, specifically to meet the individual needs of the residents.

The provider had seven staff with the Qualifications and Credit Framework (QCF) level three in health and social care and two staff with QCF level two in health and social care.

The manager had conducted staff meetings approximately every three months.

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

People had their nutritional and hydration needs assessed. Care plans and a nutritional risk assessment informed the staff of the level of support the person needed and if monitoring their

nutritional intake was necessary. Supplementary drinks were included in the person's Medication Administration Records (MAR) sheets; however, staff had not been signed the MAR sheets when they had administered the drinks.

The home had a brochure, which included a small amount of information of meal times. A weekly menu was on a notice board in the dining room, which showed alternatives to the main menu, offering residents a choice of meals. The kitchen staff also confirmed that they would cater to all reasonable requests, on a daily basis.

We observed a number of mealtimes, which were relaxed and informal. Residents spoke highly about the food provided by the home.

One resident told us, 'There is always a choice of two things for lunch or something else if you don't like what's on the menu'. Residents also told us they had a choice to have their breakfast in their room or the dining room, if they so wished.

The kitchen staff had a list of people's allergies and specific dietary requirements. The chef informed us that they knew all of the resident's food likes and preferences, information of which was stored in a file, in the kitchen. The chef plans the menu on a four-week rolling rota, which changed a number of times during the year.

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

The pre-admission assessments had identified people's health needs and included information of any health and medical professionals involved with the person. Care plans provided guidance for staff in meeting the person's needs, including working with other professionals involved in their continued care, following admission to the home.

Care plans, daily notes and observations showed that the home had contacted other medical and health care professionals with any concerns regarding the residents. Staff also supported visits from health professionals to the home and followed any prescribed treatment plan, as necessary. The home supported people to attend regular appointments with their GP, dentist, community podiatrist, district nurse and any on-going screening or health-checks.

People's needs met by the adaptation, design and decoration of the premises

The design and adaptations to the building met people's needs. During the inspection, resident's rooms were seen. People were able to personalise their rooms with photographs and personal items.

The home has a chair lift, which was available to support a person's mobility, if necessary. A bath chair was available, to support people's needs. There was also a passenger lift within the home, allowing access to all residential areas.

The home had recently completed a major overhaul of their water system, ensuring that hot water reached all areas of the home with at a regulated pressure, derived from the mains water supply.

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

A person's capacity to make informed decisions was assessed, prior to moving into the home. Residents had a capacity assessment completed and stored in their file. The home did not currently have any resident's without capacity. The manager informed us that if a person presented without capacity, they would consult with the person's family and others most significant to the person, to make decisions in their best interests.

A person's pre-admission assessment identified if they presented with challenging behaviours. The manager then developed care plans and management plans/risk assessments, as necessary. The manager informed us that the home did not use any form of restraint; however, all staff had completed training in working with people with challenging behaviour.

Action we require the provider to take

Key areas for improvement

- Action is needed to ensure that resident's or their family, sign care plans and risk assessments, to demonstrate that have been read and agreed.
- Action is required to ensure that staff record the administration of supplementary drinks, on the person's MAR sheet, after administered it to them.

Inspection Findings

C3 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. The service requires one improvement in this area.

We found this service to be to be caring in accordance with the inspection framework.

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

Staff knew people and their individual needs well and clearly explained to us how they supported people with dignity and respect. We observed warm and friendly interactions between people and members of staff throughout the inspection.

During feedback, people spoke positively about the care they received. One person told us, "This is a good place to live. There is a good group of residents and the staff are friendly, cheerful and helpful. They have nice rooms and good activities". Another resident said, "It's very good here. People are very nice and the staff are reliable and very friendly. I would recommend this home to anyone".

The family member of a resident said, "The care there is very good. The carers support [my relative] most appropriately. Staff are brilliant with [my relative]. This would be a good place to live".

One member of staff told us, "This place is people's home. We do whatever we can to make residents feel comfortable and to accommodate their needs".

The initial assessments had identified a person's religious and cultural needs and the manager had developed appropriate care plans to support the planning of social events and activities.

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

People and their relatives were involved in decisions about their care, when completing the pre-admission assessments.

The files we inspected, of people residing at the home, showed that they had not undergone a new assessment of needs or a review of their care and support at least every six months.

Feedback we received from people living at the home, and family members, was conflicting. We asked people if they had been involved with their review meeting and they told us that they had not attended a review meeting or were aware of review meetings going ahead.

One family member told us, "Yes, I have been involve in [my relative's] review. I have received a copy of their care plans and have been involved in developing them". Another relative of a resident said, "I've looked at [my relative's] care plans and offered to suggest any changes. They phone me to seek my opinion about any changes or if there is something they need to do to make things more comfortable for [my relative].

Residents' meetings were being held twice annually. The agenda and minutes to the residents' meetings included discussions around activities, meals and menus.

Respecting and promoting people's privacy, dignity and independence

Care plans identified the level of support for each person, allowing for as much independence and freedom for the person, as possible.

Staff encouraged people to do as much as they could for themselves. One person stated, "The staff do encourage me to do as much for myself as possible. They will let me get on with what I need to do but will be there to help and support me if I need it".

Staff members also shared with us their experiences of how they encourage people to maintain their skills and independence. One staff member said, "I ask the residents to do what they can for themselves, encouraging them to start the task and I will help them if they appear to be struggling".

People's privacy and dignity was also respected. People confirmed that staff always knock on the door before entering their room, were polite, called the person by their first name, and sought consent before offering any personal care. Staff members told us they would always close the door and curtains to the room, before carrying out any personal care.

Information about people is treated confidentially. Staff are informed of their responsibilities regarding people's information during their induction period. Staff also attended training in confidentiality.

Care records were stored in a locked cabinet within a secure office and on computer. Staff required a user name and password to access information stored electronically.

Action we require the provider to take

Key areas for improvement

- Action is needed by the manager to ensure that all residents personal care plans are reviewed when a change of need occurs, or at least every six months, at which time a new assessment of needs forms part of the review process. Records should demonstrate that the resident and/or their representative is always invited to attend and contribute to the review.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

We found this service to be responsive in accordance with the inspection framework.

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

Staff were familiar with people’s needs and preferences. Person-centred plans identified people’s support needs and provided guidance for staff on how to meet those needs.

The initial assessments identified people’s preferences in the food they liked, and care notes identified people’s preferred social activities, visitors and inclusion of the wider community.

People confirmed they were supported in a way they preferred, confirming they could get up and get to bed when they wished and had the option of having their meals in their room.

People were encouraged to maintain contact with the local community, such as going to Church or the Men in Sheds community group. Groups were also going into the home, such as therapy dogs and choral societies.

Meeting people’s communication needs

The pre-admission assessments had identified the person’s communication needs and choices, which led to the manager developing person-centred care plans in communication, ensuring that people get information in a way they can understand.

The manager confirmed that information about Grove Mount was available in different formats, upon request.

Improving care quality in response to complaints and concerns

The provider had a complaints policy and a copy of the complaints procedure was on display on a notice board within the home. The provider had not received any complaints since the last inspection. The manager and staff dealt with most concerns informally, directly between people, their families and the support staff.

The home’s statement of purpose contained information on how to make a complaint. The home also had complaints’ forms available to them on the ground floor, near the dining room. The complaints’ procedure was also on display, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

Residents, and family members of residents we spoke to, said they knew how to make a complaint and would raise any concerns or complaints with the manager directly. They felt confident that the manager would listen to them and take their concerns seriously.

End of life care and support

Peoples’ personal wishes in the event of their death, living wills and advanced directives, all formed part of the pre-admission assessments, if the person moving into the home wanted to discuss it.

'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place for people choosing not to be resuscitated and a copy was stored in the resident's file, for use in the event of a medical emergency.

Death and dying care plans were in place for residents, informing staff of people's preferences and choices for their end of life care.

C5 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. The service required one improvement in this area.

We found this service to be well led, in accordance with the inspection framework.

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

Staff felt well supported and able to speak with the manager whenever they needed to and believed their concerns would be taken seriously. Staff told us they were happy working at Grove Mount and felt that the manager respected and valued them.

The provider had a mission statement, published in their statement of purpose, promoting care that meets people's individual needs, supporting people to make their own choices, respecting their privacy and dignity and make them feel valued and respected. The manager used supervisions and annual appraisals to underpin these principles with each member of staff.

Family members told us there was good communications between them and the home, and they were kept informed about any changes. One relative said, "Whenever I visit, I see the manager and deputy manager. I will ask how [my relative] is and they tell me how things have been." Another told us, "The manager informs me of what's going on for [my relative] and we discuss what to do for the best. They phone me quite frequently."

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

The manager was in the process of enrolling for the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care. The manager also had a job description identifying their role and responsibilities.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

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

The manager provided new residents, and their family, with information about the service. This information was in the service user guide and the statement of purpose, given to people at the time they moved into the home.

The provider had given out quality assurance questionnaires to service users, their families and staff on an annual basis; however, information gathered during this process had not formed part of the annual plan or used to create a development action plan to improve services. Feedback from quality assurance systems were discussed

Staff supervisions and annual appraisals were up-to-date. Team meetings were held on a regular basis. The manager used the team meetings and staff supervisions to discuss operational matters and discuss the feedback from quality assurance process.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff received on-going refresher training in all mandatory subjects, including safeguarding adults, fire safety, infection control, food hygiene and moving and handling. Staff also had their medication administration competency assessed annually.

Staff members told us they received regular refresher training and specialist training to meet the individual needs of the residents; however, two staff members said they would benefit from receiving more dementia training.

The manager had systems in place to monitor accidents, incidents and safeguarding concerns. Information from these incidents was used to support learning and improving the services.

The responsible person produced a status report twice annually.

Working in partnership with others

Information contained within people's care plans demonstrated the staff at Grove Mount worked in partnership with other agencies.

Action we require the provider to take

Key areas for improvement

- Action is required for the annual report to list the successes of the service based on outcomes from the quality assessment exercise.