Inspection Report 2023-2024

Grove Mount Residential Home

Adult Care Home

15 November 2023

Isle of Man Government

DHSC

Under the Regulation of Care Act 2013 and Regulation of Care (Care Services) Regulations 2013

SECTION A Overall Summary

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 15 November 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 providing care to people aged sixty-five, or over, unless in exceptional circumstances. The home is registered to look after a maximum of twenty-three people. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were fifteen 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
We identified areas for improvement in relation to the electrical installations, food temperature monitoring, improving the availability of safety information for staff, manager supervisions and staff training.

There were systems and processes in place to protect people from abuse and harm. Staff understood their responsibilities to raise concerns and report them internally and externally.

People had their physical, mental health and social needs holistically assessed to ensure services were person-centred and met all of their needs. Staff worked together to ensure that people received consistent, timely care and support.

Staff treated people with kindness, respect and compassion in their day-to-day care and support. Staff respected people's privacy and dignity and supported people to be as independent as possible.

Staff supported people to maintain relationships with people that matter to them.

The manager understood their role and responsibilities to deliver what is required. Staff spoke positively about the manager and felt supported, respected and valued.

At this inspection, we found nine areas for improvement from the previous inspection had been met and one area for improvement remained outstanding.
This inspection report will cover any outstanding areas for improvement not met.

SECTION B The Inspection

About the service
Grove Mount Residential Home is a large, detached property located in Ramsey with a secluded garden and patio area. Each resident in the home had their own bedroom with shared access to a TV lounge, a quiet lounge, a conservatory and a dining room.

Registered manager status
The service has a registered manager. 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.

Notice of Inspection
This inspection was part of our annual inspection programme, which took place between April 2023 and March 2024.

Inspection activity started on 14 November 2023. We visited the service on 15 November 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 contained information about their service, what they do well, and improvements they plan to make. We reviewed notifications, complaints, compliments and any safeguarding issues. The inspector also reviewed a number of policies and procedures.

During the inspection
We reviewed a range of records. This included the resident's care records and a variety of records relating to the management of the service and a number of staff files. We spoke with three members of staff, three residents; we had a group discussion with a number of residents and spoke with a family member of a resident. We observed interactions between staff and the residents living at the home. We spoke with the manager and deputy manager throughout the inspection.

After the inspection
We received further information from the manager to support the inspection process and provided the manager with feedback of our findings.

SECTION C Inspection Findings

C1 Is the service safe?

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

This service was found not to always be safe in accordance with the inspection framework.

Assessing risk, safety monitoring and management
The service had completed a number of safety checks throughout the building. These checks included an inspection of the fire safety systems, emergency lighting, the call-point system, portable appliance testing (PAT). Water safety checks were carried out for the detection of legionella bacteria. A qualified technician had inspected the electrical installations. Their report identified three outstanding recommendations.

A fire risk assessment had been completed in October 2023. The office door had been replaced to a fire resistant door; however, this was jammed open; therefore, in the event of a fire emergency, the door could not automatically close. This will be an area for improvement carried from the previous inspection.

Staff had completed fire safety training; however, some staff had not attended refresher training within the identified period. We recommend that all staff attend fire safety refresher training prior to it lapsing.

Qualified engineers had completed the inspection and maintenance of the heating system July 2023.

Not all staff had received training in moving and handling people. This will be an area for improvement under the 'Effective' domain. Some were out of date with refresher training. We recommend that all staff attend refresher training prior to it lapsing.

The home had a stair lift, a passenger lift and additional lifting equipment to support the mobility needs of the residents. A qualified engineer had inspected and serviced all additional equipment on a regular basis.

Each resident had a Personal Emergency Evacuation Plan (PEEP's), copies of which were easily available to staff throughout the home.

The mediation policy and procedure had been reviewed in October 2023; however, this had references to the Care Quality Commission (CQC) and 'Datix'. We recommend these references be removed from the policy, to avoid any confusion.

Staffing and recruitment
The home had completed comprehensive dependency risk assessments, to determine the level of support for the people residing at the home. The management reviewed the dependency assessments monthly, to determine the on-going level of staff support for the residents.

Staffing rotas showed that sufficient staff were available to meet the individual needs of the residents. The rotas were clear and legible and identified the shift leader. The staff, deputy

manager and manager covered any shortfall in the rota caused by annual leave and sickness absence. This offered a level of consistent support to the residents.

The home had a full complement of staff and no vacancies. All staff had current Disclosure and Barring Service (DBS) checks.

The home had a business continuity plan, which the manager had reviewed in November 2023.

Preventing and controlling infection
The provider had an infection, prevention control policy, reviewed in March 2023.

The home was clean and tidy throughout. Cleaning schedules identified the various cleaning tasks for the home, which housekeeping staff maintained. The inspector observed staff members using the appropriate Personal Protective Equipment (PPE) to the task they were performing. Not all staff members had completed infection control training and food hygiene training. This will be an area for improvement under the 'Effective' domain.

The manager completed regular infection control audits; the most recent was in September 2023.

The home had recorded fridge and freezer temperatures daily and had labelled opened food products appropriately.

The meals arrived in the dining room on a heated trolley; however, the staff did not check the temperature of the food before serving. Staff must establish and record the temperature of the food being served, to ensure it is hot enough to stop harmful bacteria growing.

Cleaning products hazardous to health were in a locked cupboard. The cupboard was only accessible by staff. Safety information sheets were present for all hazardous products present; however, safety data for one product hazardous to health was not complete and did not identify the most appropriate PPE to use with that product.

Learning lessons when things go wrong
Staff recorded incidents and accidents, involving the residents, in their electronic files. Staff told us that they would inform the manager immediately there had been an incident or incident involving the residents.

Information regarding accidents and incidents was collated on the computerized care system, producing relevant lists and graphs. The manager and deputy manager reviewed all accidents and incident, to identify any trends and actions to be taken by the home, to improve safety.

The home also had a 'lessons learned' policy, to ensure the home improved the safety, health and social care of the residents. The policy included information on reporting and investigating incidents, carrying out root cause analysis, sharing lessons and external reporting.

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

The home had consulted with a number of health care professionals, when necessary, to maintain the health and wellbeing of the residents.

Action we require the provider to take

Key areas for improvement:

- Action is required to complete the recommendations from the electrical installations report and provide the Registration and Inspection Team with an action plan, identifying a timeframe to complete the work.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 – Fitness of Premises: Health and Safety.

- Action is required to ensure the fire door to the office is fully functional (carried over from the previous inspection report).
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is needed to check and record the temperatures of food, prior to it being served to the residents, to ensure it is hot enough to stop harmful bacteria growing.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

- Action is necessary to ensure that cleaning products, falling within the Control of Substances Hazardous to Health (COSHH), have data sheets containing all information to ensure the safety of the staff using the products.
  This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety

Inspection Findings

C2 Is the service effective?

Our findings
Effective – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires one improvement in this area.

This service was found 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 home had completed a pre-admission assessment for the residents, to develop person-centred support plans and risk assessments. The electronic care system started generating care plans and risk assessments from information provided to the home, during the admission process.

The pre-admission assessment identified the gender preference of the resident for personal care, and the home had employed staff of either gender, to address those preferences.

The home had conducted review meetings every six months and the resident's family were invited to attend, if possible. One family member told us, "Yes, we are informed of the meetings and receive paperwork, but we don't go." The electronic care records had a feature, whereby review dates were 'flagged' to ensure the review meetings were conducted every six months. The residents' care plans were re-evaluated every month to monitor any changes in the residents' health and wellbeing.

The home had consulted with medical professionals, to support the health and wellbeing of the residents. Support plans included information and guidance from other health and social care professionals, as necessary.

The manager was registered to receive newsletters from the Social Care Institute for Excellence (SCIE), the National Institute for Health and Care Excellence (NICE) and the Care Quality Commission (CQC), demonstrating they kept themselves informed of the latest legislation and standards and being aware of evidence-based research.

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.

Some staff had not received training in all mandatory subjects.

The manager had planned to have team meetings quarterly. Team meetings had been conducted more regular, to discuss current issues with the staff team. The minutes to the meetings identified the attendees and an agenda of topics discussed.

The manager assured us that the staff team also had occasional group discussions, providing further opportunities for the staff to discuss any issues with the residents and the running of the home. The staff team discussed accidents and incidents involving the residents during individual one-to-one staff supervisions and monthly team meetings.

All staff that administered medication had their competency assessed annually, or more regularly if required.

Supporting people to eat and drink enough to maintain a balanced diet
The residents' initial pre-admission assessments included a section identifying their dietary requirements. The resident' 'Nutrition/Hydration' care plan provided guidance for staff to meet the individual needs of the residents. The home had consulted with external healthcare professionals, as necessary, and care plans identified any concerns with a resident's diet.

We had an opportunity to observe meal times with the residents, which was relaxed and unrushed. Staff were attentive and supported the residents throughout. Staff told us that meal times were always a relaxed and pleasurable experience with the residents.

The home had a weekly menu on display. The cook told us they knew what each resident liked and planned the weekly menu around their preferred choices and what they enjoyed. Residents spoke highly of the varied menu and quality of food.

Action we require the provider to take

Key areas for improvement:

- Action is required to ensure all staff receive mandatory training in all subjects identified within the Adult Care Homes Minimum Standards 2017
  This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service

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 does not require any improvements in this area.

This service was found to be caring in accordance with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity
Staff members knew the residents and their individual needs well and appeared relaxed, easy-going, and communicating well with the residents. We observed staff listening and responding to the residents with warm and friendly interactions throughout the inspection. Residents appeared relaxed, comfortable with the staff with occasions of laughter and joking.

Staff showed an understanding of the residents' communication needs and offered choices throughout. The staff had consulted with relevant professionals to support the residents with their communication needs, where necessary, and had attended 'Communicating Effectively' training.

One staff member told us, "The care is fabulous here. It's a lovely place to work and the support we provide is really good."

The residents' initial assessments had identified their individual needs and the manager, deputy manager and staff, together with the residents and their family, had developed appropriate care plans to support the planning of social events and activities, as necessary. Residents were supported to maintain relationships with friends and family outside of the home.

Supporting people to express their views and be involved in making decisions about their care
Residents had received reviews of their care and support approximately every six months. Family members were positively encouraged to be involved with the residents' reviews, where possible.

The manager assured us through the inspection process that staff worked closely with residents with no family members, supporting them in making informed decisions. For residents without full capacity, the home sought support from the person's friends, their G.P., or asked the Northern Wellbeing Team to become involved at the review of the resident's support planning.

The home had residents meetings approximately every four months and minutes to the meetings showed discussions were had regarding meals, menus and activities. The kitchen staff attended the resident's meetings to receive feedback regarding the food and plan future menus. Staff supported the residents with attending activities and social events within the home and out in the community.

Staff had attended training in 'communicating effectively'. Staff told us they were able to communicate well with each of the residents and had developed good relationships with them all.

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.

This service was found 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
The residents received individualized support that met all of their needs. Person-centred plans identified their support needs, and provided guidance for staff on how to meet those needs. Support plans identified the involvement from family members in planning the care and support.

The resident's initial pre-admission assessments and 'daily living plans' identified their physical, emotional communication and social needs, as well as their preferences in the foods they liked, their preferred daily routines, activities and pastimes.

Residents' records confirmed they received support in a way that met their individual needs. The home reviewed the support offered to the residents on a monthly basis and at bi-annual review meetings, with their family.

The home had followed best practice principles in relation to capacity assessments and best interests decision meetings, regarding the residents' admitted to the home. The home used a computerised care records system, which produced a capacity assessment and best interest's form for the manager or deputy manager to complete, if it was felt that the person had a lack of capacity. This determined and evidenced that, if the person did lack capacity; decisions were being made on their behalf, in their best interests. Best interest decision making had also been in consultation with medical professionals, where necessary.

A resident's family member told us, "I'm asked for feedback every three months, or so, about the level of care [name] receives. It's also a two-way street and I feel listened to whenever I speak to the staff about [name]."

Improving care quality in response to complaints and concerns
The provider had a complaints policy, which had been reviewed in October 2023. Copies of the complaints procedure was on display throughout the home. The provider had received one complaint from the family of one resident. The complaint had been resolved at stage one of the home's complaints procedure.

The home's statement of purpose and the service user's guide contained information on how to make a complaint, ensuring people knew what to expect from the complaints process.

A family member said, "Yes, I know how to make a complaint and would talk to [the manager] about any concerns I have." Residents felt they could raise a concern to the staff, or the manager and deputy manager, and it would be dealt with it.

Reporting on complaints also formed part of the home's annual plan.

Inspection Findings

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 requires one improvement in this area.

This service was found 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
The provider had a set of principles and values staff were expected to implement in their daily work. One staff member said, "We talk in supervisions about the standards of care. The care here is really good."

Staff told us they were happy working at Grove Mount Residential Home. One member of staff said, "I love working here. This is the one place I enjoy working. It's really 'homely' and I enjoy working with all of the residents". Another said, "It's good working with the residents. It's like a family".

The manager and deputy manager were present in the home on a daily basis. This provided an opportunity to gather informal feedback from the staff members and family members of the residents. We observed the manager and deputy manager working well together and complimented each other's strengths. Staff told us that they felt the home was being well managed.

The manager was studying for the Qualifications and Credit Framework (QCF) level five diploma in leadership in health and social care. The manager kept up-to-date with their skills and knowledge through the QCF training, mandatory training and managers meetings.

The manager had an up-to-date job description; however, had not received regular supervisions. This will be an area for improvement.

One resident told us, "[The manager] is doing a wonderful job. They're very good here; they do lots of nice parties and quizzes."

How does the service continuously learn, improve, innovate and ensure sustainability
Staff were able to access training to meet the individual needs of the service user. Staff received formal one-to-one supervisions, informal supervisions and an annual appraisal of their performance. The manager had received training specific to providing staff with one-to-one supervision.

Staff had access to the person-centred software package for keeping the resident's files up-to-date. This included each member of staff using a palm-device for inputting information on the resident's files immediately, avoiding any errors associated with the lapse of time.

The provider measured success in a number of ways. The manager produced an audit of the number of incidents, accidents, safeguarding incidents, complaints and compliments for the

home. The provider also conducted bi-annual surveys of their services. Residents, their family and/or friends and staff each received a questionnaire, asking for their opinions and experiences of the services provided by the home.

The manager conducted two internal audits of the home per annum, which produced a 'status report' and action plan, to improve service delivery.

Action we require the provider to take

Key areas for improvement:

- Action is required by the provider to ensure that manager received a minimum of four supervisions per annum.
  This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.