Venetian Healthcare Limited

The Grove

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service responsive?	Requires Improvement

Summary of findings

Overall summary

We carried out a comprehensive inspection on 10 and 11 October 2018, a breach of the legal requirements was found. This was because the arrangements in place for the administration and management of medicines at the service were not robust. Staff who transcribed medicines on to Medicine Administration Records (MAR) were not following the service's policy. Such entries on to the MAR were not always witnessed and signed by another member of staff to help reduce the risk of any errors. The system for monitoring people who self-administered their own medicines was not always effective. Some creams and liquids had not been dated when opened. Staff were not following manufacturers guidance when applying pain relieving patches. Medicine audits carried out had not identified concerns found at inspection. The guidance provided in care plans did not always match with the care and support people required, or that care staff were providing. Records purported to demonstrate that care plans had been reviewed regularly, but we found that where people's needs had changed their care records had not been updated to reflect these changes. Risks in relation to people's daily lives were identified. Some risk assessments had indicated further risk management was required, such as fall risk assessments. Falls risk assessments were not part of the new care plan format. This meant the opportunity to reduce the risk of falls, whilst helping people to be as independent as possible, may have been missed. We took enforcement action against the provider due to the repeated nature of the concerns. The service was rated overall Requires Improvement at that time.

After the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches. As a result, we undertook a focused inspection on the 29 January 2019 to check they had followed their plan and to confirm they now met legal requirements.

We checked on if the service was Safe and Responsive. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grove on our website at www.cqc.org.uk. The Grove has been rated overall Requires Improvement for a third time due to the repeated breach of the regulations found at this inspection. We will review The Grove again at our next scheduled comprehensive inspection.

The Grove is a care home which offers care and support for up to 38 predominantly older people. At the time of the inspection there were 34 people living at the service. Some of these people were living with dementia. The service occupies a detached house over three floors with a lift for access.

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.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The registered manager had added one additional member of staff to the day shift to allow for staff to have more time to meet people's needs. One person told us, "Its a lot better now they got over a staff shortage."

Robust systems were now in place for the management and administration of medicines. The medicines audit template had been reviewed and the audits were now effectively identifying if any error occurred. Handwritten entries on medicine records were all signed by two people according to their policy. People who self-administered their medicines were regularly assessed and monitored. The storage of medicines in people's rooms was now secure. Pain relieving patches were applied in accordance with manufacturers guidance and this helped reduce the risk of unnecessary side effects. Creams and liquids were dated when opened.

Falls and nutritional risk assessments had been reviewed and updated appropriately.

The care plans were very large and contained a great deal of historical information which could be confusing and meant it was not always easy to find current accurate information. As we had identified in past inspections there were still discrepancies in what some care plans stated and the care and support staff were providing. At the time of the inspection, we asked the provider to take immediate action to update two care plans to ensure guidance was clear and accurate for staff to follow.

This was a continued breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) 2014 remained. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Care plans recorded risks, such as falls and nutritional risks, that had been identified in relation to people's care, and these were appropriately managed.

Medicines were managed and administered in a safe way. People who self-administered their own medicines were assessed and monitored regularly to ensure they remained able to do this safely.

Is the service responsive?

Requires Improvement

The service was not entirely responsive. Information in some care plans was confusing and did not provide staff with clear guidance.

Pressure relieving mattresses were being monitored but this process was not robust.

Records relating to people's re-positioning and pressure area care were not always clear.

The Grove

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 January 2019. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has experience of, or has cared for a person who used this type of service.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service. We looked around the premises and observed care practices. We spoke the registered manager, the new head of care, two members of staff and the provider. We spoke with two visitors

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

We looked at care documentation for eight people living at The Grove, medicines records for five people and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in October 2018 this section was rated as Requires Improvement. Arrangements which were in place for the administration and management of medicines at the service were not robust. Medicine audits which had been carried out had not identified concerns found at the inspection. Staff who transcribed medicines on to Medicine Administration Records (MARs) were not following the service's policy. Such entries on to the MARs were not always witnessed and signed by another member of staff to help reduce the risk of any errors. The system for monitoring people who self- administered their own medicines was not always robust. Medicines were not stored securely in people's rooms. Some creams and liquids had not been dated when opened. Staff were not following manufacturers guidance when applying pain relieving patches.

At this inspection we found there were now robust systems in place for the management and administration of medicines. The medicines audit template had been reviewed and the audits were now effectively identifying if any error occurred. We checked handwritten entries on to the MAR and all were signed by two people according to their policy. The system for regularly monitoring people who self-administered their own medicines had been reviewed and was now effective. The storage of medicines in people's rooms was now secure. When staff applied pain relieving patches to people they now made a record of where on their body this had been placed. This was in accordance with manufacturers guidance and helped reduce the risk of unnecessary side effects. Creams and liquids were dated when opened.

People told us, "I feel safe because they make sure I have my insulin injection when I should" and "The staff are never rushed, they show a lot of patience." Relatives told us, "The staff are so helpful, that's what makes our relative feel safe" and "There always seems to be staff around to help."

At the October 2018 inspection we found some people's moving and handling assessments had identified them as being at risk of falls. However, a falls risk assessment had not been carried out to provide staff with clear guidance on how to reduce the risk. This meant that the opportunity to mitigate and reduce the risk of further falls was missed.

Since our last inspection specific risk assessments had been reviewed at The Grove. For example, falls and nutritional needs had been reviewed for all the people at the service who had been identified as being at risk. A new falls assessment had been applied appropriately and clearly recorded each person's risk using a traffic light system. This meant it was clear to staff how high the risk was and what action they should take to try to reduce it.

The service had taken appropriate action to meet the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager was in the process of changing the pharmacy used by the service. It was hoped that this would further improve the management of medicines.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had been increased by one during the day since the last inspection. During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. One person told us, "Its a lot better now they got over a staff shortage."

Requires Improvement

Is the service responsive?

Our findings

At the comprehensive inspection in October 2018 we found care plans had discrepancies in the information provided for staff. For example, when staff should weigh a person, or when the person's skin condition should be checked. Care records indicated that care plans had been reviewed regularly, but we found that where people's needs had changed their care records had not been updated to reflect these changes. Staff were not following the guidance in the care plans when providing care and support to some people. Staff were not using a robust process to assess, monitor and record people's skin condition. Skin condition records were not always completed as directed in the care plan. This meant is was not possible to see if action had been taken as a result of observed changes in a person's skin condition as information was not held in a uniform manner.

At this focused inspection we found a great deal of work had been put in to reviewing most of the care plans and updating some to a new format. This work was still in progress. The provider told us some care plans were "Out of date." We noted that some monthly reviews for earlier in January had not yet taken place. The provider told us that all the falls risks, moving and handling assessments and nutritional risk assessments had been reviewed, although other parts of some care plans still required review. The care plans were very large and contained a great deal of historical information which could be confusing and meant it was not always easy to find current accurate information. As we have identified in past inspections there were still discrepancies in what some care plans stated and what staff were providing. For example, staff were carrying out skin condition checks four hourly for the majority of people at The Grove who required this care. However, some people's care plans did not detail this. Some stated daily skin checks were adequate. This meant staff were carrying out unnecessary tasks and disturbing people more frequently than they needed to. This concern had not been identified prior to this inspection.

We found two care plans with contradictory information provided for staff. For example, one care plan stated, "skin bundle and Waterlow every two weeks." When we checked this person's room records we saw staff were doing a skin bundle twice a day and had been for some time. A new skin bundle record had been used by staff since the last inspection. A skin bundle record is used to record the condition of specific areas of a person's body. Staff are required to document if there are no marks, if there was redness, or if the skin was broken. When staff completed this form it provided clear evidence of the condition of a person's skin. This was an improvement in staff record keeping since the last inspection.

We asked the provider to update two care plans during this inspection to ensure guidance was clear and accurate for staff to follow. For example, one care plan stated the person should be weighed monthly. The records showed the person was weighed every two weeks as this was their preference. All the staff and management knew this was the person's preference, but the care plan continued to provide incorrect guidance for staff. This was a repeated concern from the last two inspections.

Pressure relieving mattresses were appropriately provided for people. There were some checks of these mattresses to help ensure they were set at the correct setting for the person using it. However, the process in place for recording the setting of these mattresses was not robust as it was not carried out consistently.

This is a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager had begun to invite families to care plan reviews. There had been a good response to the registered managers invitations to families to be more involved in the care of their relative, if that was what they wanted. Families had enjoyed a recent relative's lunch at The Grove.

The provider had provided increased support to the registered manager since the last inspection. A new head of care had been appointed and it was planned that they would take over the management of care plans once all were to a good standard.

People and their relatives told us, "I know about my care plan but I don't want to be involved," "We have just recently had mums care plan reviewed" and "They have made sure that all the family are aware of our mothers care plan."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust and not monitored effectively. The service must ensure they have a robust process for maintaining accurate, complete and contemporaneous records in respect of each service user. Records must include an accurate record of all decisions taken in relation to care and treatment and make reference to discussions with people who use the service.