

The Grove Care Home Care Home Service

The Grove Care Home
Grove Road
Kemnay
INVERURIE
AB51 5RA

Telephone: 01467642235

Type of inspection:
Unannounced

Completed on:
23 May 2024

Service provided by:
Grove Care Home Limited

Service provider number:
SP2021000171

Service no:
CS2021000274

About the service

The Grove Care Home is registered to provide a care service to a maximum of 40 older people.

The home is in the town of Kemnay and is close to local amenities, including shops, a library and transport routes. The building is a traditionally designed house, which has been extended and adapted to suit the residents' needs.

The Grove has 15 rooms with full en suite facilities including shower, 16 rooms with en suite toilet and nine rooms with no en suite and wash hand basin only. There are two wings: these are named Bennachie and Grove. There is a lounge and dining room in each wing.

There is an enclosed garden located off the dining room in Bennachie. Further landscaped grounds are available to the front of the home.

The provider is Grove Care Home Limited, part of the Meallmore group.

About the inspection

This was an unannounced inspection which took place on 14, 15, 16 and 17 of May 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 10 people using the service and seven of their family and friends
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection, we asked the service to issue surveys to people in the service, their families and to staff. We received 16 responses from people who use the service, three responses from relatives and nine responses from staff.

Key messages

- Many people had been supported to look their best, however, improvements were needed to ensure everyone received the right care and support to meet their washing and grooming needs.
- Meals were appetizing, varied and well presented.
- Improvements are needed to the management of topical medications.
- People must be consistently supported to live well with dementia.
- Infection prevention and control standards must be improved.
- A programme of audits was regularly undertaken.
- The management of critical incident and accident management needed to improve.
- People said the staff were kind and caring.
- Most people's bedrooms were comfortable and personalised.
- Improvements had been made to the decor in the dining rooms. This made these rooms lighter and a more enjoyable spaced for people to enjoy their meals.
- The size of the lounge in Bennachie wing, impacted on the positioning of the armchairs.
- Improvements are needed to care planning and assessments.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

There were some inconsistencies with the care and support people received. Most people had been assisted to look their best, with the right care and support given with their washing and dressing needs. However, a few people had not received the necessary care and support. Three men had not been assisted to shave, many people's toothbrushes were dry, and this indicated they had not received the necessary support with their oral care. Some people had not been supported with their communication aids. Two people did not have their hearing aids in, and some people did not have their specs on. This impacted on their ability to take part in home life. It is important for everyone to experience high quality care and support that is right for them. **(See area for improvement 1.)**

People were positive about the quality of the meals provided. People said there was a good variety of meals and that they tasted nice. The meal service in the dining room was relaxed and people did not have to wait for their meals. Second helpings were offered and accepted by some people. Many people chose to remain in their bedrooms for their meals and we felt that more could have been done to ensure that their dining experience was as positive as in the dining room. Staff need to ensure that meals are within easy reach and that seconds and alternatives are always offered.

An activities planner was in place, and this helped plan and inform people of what was on offer to help them pass their day. We felt that the variety of activities had improved, and some people spoke positively about the opportunities to pass their time in a meaningful way. The service needs to further develop the support given to some people who prefer to stay in their rooms. We felt more could be done to help them pass their day meaningfully.

People who required walking aids to help support them to mobilise, had these within reach. It was positive to see a few people mobilise freely. Staff need to be mindful of the importance in supporting everyone to be as mobile as possible. It is important for people's health and wellbeing to be physically active.

Wound care plans were clear and informed staff of the prescribed treatment of people's wounds. This should help ensure that the right care was given to help with wound healing. However, we found that the storage of the dressings was inappropriate. Items used to care for wounds were untidily left in wardrobes. This made it difficult in accessing these items and in ensuring there were sufficient dressing materials in stock.

Improvements are needed to the management of topical medications. Creams and ointments were not dated when they were opened. This increased the risk that they were past their best by date. Body maps used to help inform staff of where to apply topical medications were not always in place. This increased the risk of application in the wrong place. The charts used to document the topical medications had been applied, were not always completed. It is important for people to get the right care and support with their prescribed topical medications to help them keep their skin healthy. **(See area for improvement 2.)**

Improvements are needed to the staffs understanding of how to support people to live well with dementia. Some people did not have appropriate care plans and assessments in place that helped inform staff of triggers which may cause stress and anxiety, and details of the actions that could be taken to reduce any

stress and anxiety. Referrals were made to medical professionals, however, these requests were often for addition or an increase to medications. We felt that staff needed to be first reviewing the strategies in place to help reduce stress and distress. Medication should be used as a last resort to help people live well with dementia. In order for an appropriate assessment to be made by health and medical professionals, improvements are needed to the documentation of any episode of stress and distress. This will help with informed and appropriate decision making. **(See requirement 1.)**

People's wardrobes and vanity units were disorganised, very untidy and over full. This resulted in many items spilling onto the floor, and this increased the risks of cross contamination. Effective cleaning of vanity unit cupboards would not be possible due to the disorganised over storage of items. This increased the risk of build-up of dust and also made assessment of stocks of toiletries difficult. Many en suite toilets had inappropriate storage of items on the top of toilet cisterns. This increased the risk of cross contamination. Improvements must be made to the storage of people's belongings to ensure that effective cleaning can take place and that the risks of cross contamination are minimised. **(See requirement 2.)**

Requirements

1. By 17 August 2024, the provider must ensure that people are supported to live well with dementia and ensure that medication is considered as a last resort. In order to do this you must:
 - a) Ensure that people have detailed care plans that document triggers for changes to behaviour and how best to support people to reduce distress.
 - b) Ensure that charts used to document any episode of distress and fully completed and are available to health and medical professions to aid in informed decision making.
 - c) Improve staffs understanding of their role and responsibility of using the documented strategies to reduce and support any distress behaviours.
 - d) Improve staffs understanding that medication is only used as a last resort.
 - e) Ensure that managers have oversight of dementia care practices and ensure that people receive the care, support and interventions that help them to live well with dementia.

This is to comply with Regulations 4(1)(a) (welfare of service users) and 4(1)(b) (privacy and dignity of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out' (HSCS 1.15); and

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. By 17 August 2024, the provider must ensure that people experience a safe environment in relation to infection prevention and control. In order to do this the provider must:

- a) Ensure that the storage of people's belongings is organised and arranged in such a way that it does not impact on the ability to clean these areas.

- b) Ensure that items are stored safely and appropriately in en suite toilets to help minimise risks of cross contamination.
- c) Improve staff awareness of the implications of poor storage of items and the connections with infection protection and control.
- d) Ensure that there is improved governance of the compliance with the safe and appropriate storage of items, in order to help reduce the risks of cross contamination.

This is to comply with Regulation 4(1)(a) - to make proper provision for the health and welfare of service users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My environment is safe and secure' (HSCS 5.17); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

Areas for improvement

1. Improvements should be made to ensure that everyone gets the right care and support to meet their washing, grooming and oral care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

2. Improvements should be made to the management of topical medications. In order to do this, you should:

- a) Ensure that all topical medications are dated when opened.
- b) Ensure that there is a body map in place with clear directions for location and frequency of application of any topical medications.
- c) Ensure that administration records are completed when topical medication has been applied.
- d) Shift leaders to have oversight and assess compliance with good and safe topical medication practices.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

'I experience high quality care and support based on relevant evidence, guidance and best practices' (HSCS 4.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The management team had been strengthened with the recent recruitment of additional leaders. This should mean that managers have greater oversight of practices and the quality of people's experiences. This will help with helping set the standards through positive role modelling.

Champion roles had been allocated. These were areas of care, clinical needs that were allocated to named members of staff to oversee. These delegated areas of responsibility should help ensure that there is improvement made to compliance and consistency in the care and support. For example: the wound champion should ensure there are consistently safe systems in place for dressings, the medication champion should improve and ensure compliance with safe topical medications management.

Managers used the providers oversight documents to ensure they had oversight of the clinical needs of people. These documents were clear and gave managers a clear indication of the clinical wellbeing of people. Managers should review the record of the number of people prescribed medication to help with distressed behaviours and psychological wellbeing. Because some people were prescribed more than one of these types of medications, we feel it would be beneficial to capture all of these types of medications prescribed. This information is important to help inform discussions on dementia care.

An extensive programme of audits was undertaken. It was positive that department heads and clinical leads took responsibility for completing their own audits. Managers should continue to check these audits to ensure they are completed appropriately. For example, the medication audit completed indicated a 95% compliance, however, there had been three medication errors and there was obvious poor compliance with the management of topical medications. It is important that audits undertaken are an accurate reflection to ensure that any deficits can be addressed.

The service improvement plan had been recently compiled. This indicated some areas that the managers had identified that needed changed to improve outcomes. Managers should ensure that involvement and inclusion of the people who live in the home is obtained regularly, and that this information is also used to inform the service improvement plan.

The management of critical incidents and accidents needs to be improved. Incidents had occurred and these were not always reported appropriately. This meant that agencies who could provide additional support to people, were not involved. There was a failure to complete robust investigation and lessons learnt exercises. There were delays in ensuring that the staff involved completed additional training and learning. This delay increased the risk of the poor or unsafe practices continuing. Improvements must be made to the management of critical incidents and accidents to ensure that the risks to people's health, wellbeing and safety are minimal. **(See requirement 1.)**

Requirements

1. By 17 August 2024, the provider must ensure that the management of critical incidents and accidents management improves to ensure that people receive safe and responsive care and support. In order to do this you must;

- a) Ensure that when a reportable incident or accident occurs that the necessary agencies and regulatory bodies are notified in a timely manner.
- b) Ensure that the information that is provided is a detailed account of the incident or accident.
- c) Ensure that the investigation of the accident or incident is robust and that detailed statements are used to inform decision making.
- d) Ensure that if necessary, staff training and knowledge is addressed. This is in order to improve their practices.
- e) Complete a lessons learnt exercise to ensure that changes or improvements can be made to prevent risk of re-occurrence.

This is in order to comply with Regulation 4(1)(a) and 4(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People told us the staff were kind and caring. We observed some warm and very caring interactions between staff and people in each unit. Relatives said that staff are approachable and that they would raise any concern they had with them.

Some people said that there were many new staff, and the names of these staff were unfamiliar. Relatives said that in general there was consistency with staff, however, there would at times be new staff who they did not know.

There was very good compliance with the mandatory staff training online modules. We felt that the support and oversight of the training champion, helped with this very good compliance. Observations in practice, for example, moving and handling, handwashing and use of personal protective equipment (PPE) were completed on a regular basis. The completion of a detailed record of the observation helped identify if additional training or support was needed. This helped maintain the consistency in standards in those aspects of staff practices.

The activities person was unavailable, however, care staff supported people with social activities in the lounges. It is positive that all staff recognise their role in helping people to pass their time with meaningful engagement.

The recruitment of staff was safe and in line with safer recruitment guidance. However, managers should be mindful of retaining both interview records in the file of the recruited staff member.

The number of staff needed on shift was primarily informed by a dependency tool completed by managers. However, we found that the number of people who chose to remain in their bedrooms impacted on staff availability. The layout of the home meant that in order to attend to people in bedrooms, staff had to cover floor in each unit, as well as the shared lounges. Managers need to monitor staff availability as a result of the homes layout and factor this into the availability of staff.

It was positive that guidance and support was provided to staff on the floor where there was an identified need, for example, to support more inexperienced staff. We felt this action was positive and demonstrated a supportive and nurturing ethos. However, the total numbers of staff on duty were the same as any other day. We felt that this impacted on staff availability. We know that one person had to wait 15 minutes for their care needs to be attended to and this was because there were no staff were available. Managers should ensure that staffing is flexible and that the experience, skills as well as the outcomes and experiences of people should be consistently used to inform the number of staff on duty.

How good is our setting?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home appeared in a good state of repair. There was a good system in place where staff recorded in a repair book any damage or repairs, they noted. The maintenance man responded to these and ensured timely repairs were done.

In general, the home smelled fresh and appeared clean, however, two people's bedrooms were consistently malodorous. Staff should establish the cause of the odour and put in place a plan to address. Everyone's bedroom should be free from avoidable and intrusive smells.

Most of people's bedrooms had been personalised to a very good standard. As a result, bedrooms looked cozy, inviting and homely. Being surrounded by familiar items will help people feel settled and at home.

The recently decorated dining rooms were brighter and more welcoming areas. The rooms were small, however, the choice of paint colours, the choice and positioning of furnishings, we felt made the best use of these rooms. It was positive that during the meal services, staff were mindful of the volume of music. This encouraged more interaction between people.

However, staff need to be as mindful of the volume of music in the lounges. In Bennachie lounge people raised their concerns to us about the volume of the music. We observed one person struggling to be heard. We asked for the volume to be reduced and this enabled people to sit in comfort without loud and intrusive music.

Space in the lounges was restricted due to the size of the rooms. The Grove lounge had new armchairs, and these had been arranged in a way to support people to engage with each other. The creation of a quiet area in the corner or one dining room, gave people an option of where to spend time. Availability of space in Bennachie lounge was limited due to the number of chairs that were needed in the lounge. This impacted on the layout and chairs were around the wall or in a line. This impacted on people's ability to socialise with each other.

We found that some areas of the home were uncomfortable due to the heat. The weather was hot and at the front of the home there are many large windows. This contributed to some areas and rooms feeling too

hot. The service should ensure that there are room thermometers in place and that routine monitoring of temperatures take place. A hot weather contingency plan should be in place to help inform decision making in the event of temperatures in the home exceeding safe levels. People should always be comfortable in their surroundings.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The home had electronic care plans and assessments. These were comprehensive documents and could be accessed from terminals in the office. However, paper copies of care summaries were available for each person and this made it easier for staff to access information on the care and support needs of people. Staff need to ensure that these care summaries are updated when the needs of people have changed. If care staff are using these documents to help inform their day, it is important that they contain accurate information.

Care plans need to be written when a care need has been identified. We found that some plans were not in place, and this meant there were gaps in the information available to help inform what the care, support and wellbeing needs of people were.

Improvements must be made in the care plans and assessments in place that help document the care and support needs of people living with dementia. Care plans needed to be expanded to clearly record how people present when distressed, known and potential triggers, and effective strategies to help reduce any distress. It is important for this information to help inform how people are supported to help minimise distress and anxiety. We felt that better understanding and capturing of the specific needs of people who experience distress, will help inform better decision making by staff and help ensure that medication is seen as a last resort.

There was an inconsistency in recording of any episodes of distress. This meant that it was challenging to get an accurate and detailed history of people's behaviours. It is important for health and medical professionals to have access to this information, to ensure that they can make informed decision making regards treatment plans.

Improvements must be made to the care planning and completion of supporting assessments and documents. This will help ensure that the care and support provided is informed by people's needs and wants and, that decision making is informed by sound clinical evidence and information. **(See requirement 1.)**

Requirements

1. By 17 August 2024, the provider must ensure that individual care/support plans, and supporting assessments and documents, are sufficiently detailed and provide staff with effective guidance on how to care and support people. In order to do this you must;

- a) Ensure that a care plan and supporting documents are in place when care and support needs have been identified.
- b) Ensure that when the needs of people change, their care documents are updated to reflect their current need.

- c) Ensure that the completion of supporting documents, in particular assessments and monitoring records used to record episodes of distress, are robustly completed and filed appropriately.
- d) Ensure that referrals to medical and health professionals are informed by accurate and detailed information, as documented in care notes and supporting documents.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 3.07).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should ensure that the stocks of people's toiletries and items they need to help with their washing needs, are organised and neatly stored. Staff should have improved oversight of these stocks to ensure that people have sufficient stocks of items in place.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 22 September 2023.

Action taken since then

Improvements had not been made in meeting this area for improvement and we have incorporated it into requirement 2 in key question 1.

Previous area for improvement 2

The service should develop the activity provision to help ensure everyone has the opportunity to experience meaningful days.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23); and

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 2 August 2022.

Action taken since then

The service had recruited a new activities person. We saw from records that an improved varied programme of activities was in place. Some people told us that they were happy with the activities provided. It was positive that care staff supported people with meaningful engagement. In the lounges people enjoyed various activities.

Progress has been made in this area for improvement and it has been met, however, the managers need to have ongoing monitoring of the support given to people who chose to remain in their rooms.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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