

Grove House Care Home Service

5 Edenside Road
Kelso
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Telephone: 01573223181

Type of inspection:
Unannounced

Completed on:
5 June 2024

Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Service no:
CS2019378028

About the service

Grove House is a care home for older people situated within the Scottish Border's town of Kelso. The care home provides residential care for 22 people.

The accommodation is provided over two floors with stairs and a lift providing access to the first floor. Each floor has a choice of sitting rooms and sitting areas. The main dining room and kitchen are on the ground floor. All bedrooms are single with an en-suite toilet, wash hand basin and shower. There are additional bathing facilities and toilets available throughout the home.

There is a small car park at the rear of the home and a pleasant garden area.

The service provider is Scottish Borders Council.

About the inspection

This was an unannounced inspection of the service which took place on 29 May 2024 between 09.00 and 16:00 and 30 May 2024 between 09.00 and 15:30. 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 people using the service and their families/friends.
- we talked with members of staff and the management teams
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- Mealtime experience gave access to a variety of meals and drinks and choice promoted.
- Staff were supported by the manager and working relationships were good.
- People living in the care home and their families were very happy with the care and support.
- People's health needs were escalated to other health professionals when needed.
- People had opportunities to spend time in the community doing activities they enjoyed.
- People living in the care home and staff benefited from staffing levels that supported their care needs.

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?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

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

People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the home. People were supported by staff who clearly knew them well. One person receiving support told us 'it's brilliant , the staff take care of me well'.

Staff demonstrated a good knowledge of people's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

People benefited from regular healthcare assessments, access to community healthcare and treatment from external healthcare professionals. Good feedback was received from healthcare professionals involved in the health assessments of the people residing in Grove house. One stated 'staff are quick to alert the GP practice of any health concerns'.

People were encouraged to move regularly and remain as active as possible. Good practice was witnessed regarding moving and handling. People could have confidence in staff supporting them because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes.

Medication administration is provided via paper medication administration record. A daily audit is carried out by senior staff and followed up by an audit from management to ensure any medication errors have been acted upon as well as stock control and storage of the medication. Both audits showed gaps and lack of consistency. A more robust medication management system needs to be in place. An area for improvement regarding medications has been made. Please see area for improvement one.

Peoples skin integrity is maintained , however a discussion with the manager regarding the assessment of risk highlighted the need for further documentation to be in place to evidence daily checks are taken place. This is now in place and further minimises the risk of pressure sores developing.

People benefited from access to tasty, varied and well-balanced meals. The cook was familiar with the current dietary needs of each person. Throughout the day, they were supported to choose from a variety of meals, snacks and drinks. Senior staff and management had a good overview of each person's nutrition and strategies were in place where anyone was at risk of malnutrition

A variety of activities were available to people, both within the home and out in the community. Activities included shopping, gardening and swimming at the local pool. The home captured what people enjoyed doing or perhaps didn't enjoy for whatever reason. The location of the service close to the town centre provided opportunities to access the local community. This supported people's health and wellbeing. The manager and activity worker had oversight of the activities people were doing to ensure everyone had an opportunity to be involved. Activities were shared on a closed social media site to share with families and friends.

Areas for improvement

1. To ensure that medication is managed in a manner that protects the health and wellbeing of service users. The manager should:

- Ensure that medicines are administered as instructed by the prescriber;
- Demonstrate that staff follow policy and best practice about medication administration records and documentation;
- Ensure that staff receive training and refresher training appropriate to the work they perform;
- Ensure that managers are involved in the audit of medication records.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS4.11). "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The staff team were well established and worked well together. There was respectful communication within the team which created a warm atmosphere because of good working relationships. People supported received care from consistent staff who they knew well and who had built up caring relationships with them. Staff were clear about their roles and worked well together. The staff appeared motivated, and very good feedback was received from families and people who use the service, 'all the staff do a good job', 'the staff go the extra mile'.

All Staff had access to a wide range of training, which is delivered both face to face or online. The manager used a collaborative approach to gain access to training with external agencies such as Advanced Nurse specialists as well as the Care Home Support Team. This ensured that all staff had access to relevant training to meet the ongoing care and support needs of those they supported. A training matrix was monitored by the manager to ensure staff training was up to date and reflected best practice.

Staff expressed that the management team were knowledgeable and supportive of their work. They demonstrated an understanding of the nature and challenges associated with supporting individuals they cared for. Additionally, they described managers as open and approachable, fostering a supportive and collaborative work environment.

Staff arrangements were informed by assessments of people's needs. These were updated using the provider's dependency tool, this not only looked at the dependency levels of each person but took the environment in to consideration. During our inspection, staffing levels appeared to provide staff with adequate time to provide staff enough time to offer compassionate care and support.

We saw that regular supervisions and appraisals took place. This offered staff opportunities to discuss their learning and development needs and reflect on their practice which promotes positive outcomes for people supported. The manager had commenced linking in the observations of practice into the supervisions to further highlight any training needs or extra support.

Safe recruitment was demonstrated. Staff did not start work until all pre-employment checks had been concluded and relevant mandatory induction and training had been completed. This ensures those receiving care are kept safe and benefit from staff who have the right knowledge and skill set.

How well is our care and support planned?

4 - Good

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

Support plans were reviewed and were person centred and informative. The plans were easy to follow and gave a good background on the person, their life, medical history and who was important to them. The support plans had relevant information to deliver the right care and support for that person. It was evident communication had taken place with the families. Improvements had been made regarding regular updates and reviews of the care plans.

Anticipatory care plans were in place though some need expanded upon including wishes and views regarding preferred place of care and any interventions or treatments. An area for improvement will not be made regarding the anticipatory care plans as the manager was very responsive to addressing this and making the changes required.

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

To ensure people are able to get the most out of life, to improve their physical and mental wellbeing and to improve the quality of their day, people should be consistently offered meaningful activities and engagement that meet their interests.

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

"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).

"I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 4 August 2022.

Action taken since then

Much improvement has been made. A variety of activities were available to people, both within the home and out in the community. This area for improvement has been met.

Previous area for improvement 2

To ensure people experience high quality care, the provider should ensure staff have regular opportunities to reflect on their practice through regular formal supervision with their manager. Discussions should be reflective and incorporate feedback on observations of practice, learning from training and areas for development.

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

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 4 August 2022.

Action taken since then

Regular supervisions and appraisals were taken place. This offered staff opportunities to discuss their learning and development needs and reflect on their practice which promotes positive outcomes for people

supported. This area for improvement has been met.

Previous area for improvement 3

To ensure people experience high quality care, the provider should ensure staff have their competency assessed through regular competency observations. Competency checks should be recorded and linked into training, one to one supervision and personal development.

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

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 4 August 2022.

Action taken since then

Regular competency observations were taken place and the manager had commenced linking in the observations of practice into the supervisions and training to further highlight any training needs or extra support. However, this process has just started so the area will remain in place to ensure this is sustained.

Previous area for improvement 4

People should be reassured their care and support plan contains the most current and up to date information. Staff should update all care plans when there are changes to a person's health and support needs and following care plan audits in a timely manner.

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

"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 choice" (HSCS 1.15)

This area for improvement was made on 4 August 2022.

Action taken since then

Improvements have been made, support plans were person centred and informative. The plans were easy to follow and gave a good background on the person, their life, medical history and who was important to them. The support plans had relevant information to deliver the right care and support for that person. This area for improvement has been met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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