

Grove House Care Home Service

5 Edenside Road
Kelso
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Telephone: 01573223181

Type of inspection:
Unannounced

Completed on:
17 June 2025

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.

On the day of inspection there were 22 people residing in the home.

About the inspection

This was an unannounced inspection of the service which took place on 9 June 2025. 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 as well as feedback from relatives. We also spoke with management and staff, observed practice and daily life as well as reviewed a wide range of documents.

Key messages

- Staff were knowledgeable about people's care needs and preferences, this resulted in people feeling confident in their care.
- There were good working relationships between management and staff.
- A robust system must be in place to ensure people's medications are reviewed and good practice guidelines followed.
- The service needs to be able to demonstrate that adequate care planning and interventions are in place for skin care.
- People living in the care home and their families were happy with their care.

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 staff team?	4 - Good
How good is our setting?	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?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weakness.

People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the home. Staff were very knowledgeable about those in their care and how to meet their 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 had access to external professional support such as GPs, District Nurses and Opticians when this was needed and appropriate referrals made where required. People benefitted from a range of assessment of health and care needs which informed support plans and risk assessments. Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. Feedback from a local pharmacy stated "we and grove house work well together. we have built a good relationship with the team and can contact them and they will communicate back promptly. Great team, seem to work well together from an outsiders view".

People's overall health relies on good nutritional support. Meals looked appetising and people told us they liked the food available. The kitchen staff were attentive to people's likes and dislikes as well as whether people needed special diets. The cook spent time with them, to gain people's views on the menu and if it could be improved. Staff encouraged and enabled people to eat their meals independently with the right level of support where needed. Support was offered in a respectful and dignified manner. People's wellbeing benefitted from an approach that enabled a healthy attitude to food and drink.

Medication systems were in place but they were not as robust as they should have been. There was evidence of some good practice regarding medication administration but there were gaps in daily audits carried out by staff trained in medication as well as a lack of oversight from management. This could put people at potential risk of harm. There is an area for improvement in place from last year's inspection regarding medication which has not been met. A requirement has now been made. (See requirement 1)

The home had an activity assistant three days a week which makes it difficult to ensure all residents are included in meaningful engagement. Where able, staff supported activities and worked alongside the activity assistant and provided a range of events and activities, however, despite the efforts of care staff, their ability to routinely provide these was dependent on people's direct care needs. The home does have good links with the community and external entertainers are used. People enjoyed outings into the local community with support from staff. Management are aware there is still work to be done regarding meaningful interaction and looking to improve on this.

People's health and wellbeing needs were reflected in care plans and subject to assessment and review by care staff. The service had introduced a new electronic system which contains real time documentation and reduces time spent on paperwork. New care plans and assessments have been developed containing up to date and relevant information, however more work is needed to evidence all care needs are met. Where for example, dental care, bowel charts, weights and personal hygiene are recorded well, there was a definite lack of evidence to support regular skin checks were taking place. Therefore an area for improvement has been made regarding skin care. (See area for improvement 1).

Feedback from those residing in Grove House and their relatives was good. One person receiving care said "since the day I came in here I've never seen such kindness. I have lived in Grove House for over a year. The staff are so kind and speak to you all the time".

Requirements

1. By **22 August 2025** the provider should ensure that medication is managed in a manner that protects the health and wellbeing of supported people.

To do this, the provider must, at a minimum:

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

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 19(3)(j) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

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

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

Areas for improvement

1. To further minimise the risk of any development of pressure ulcers the provider should ensure the system in place must be able to demonstrate that the skin care needs of the service users are regularly assessed and adequately met.

In particular there should be:

- a) Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date.
- b) Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers.
- c) Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers:
 - a. Accurate recording of the details of care interventions.
 - b. Risk assessments which reflect all identified risks.
 - c. The regular update of records to reflect change.
 - d. Consistency in the use of risk assessment tools.

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

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

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?

4 - Good

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

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 staff who knew them well and who had built up caring relationships with them. One external healthcare professional stated "The staff team at Grove are excellent and work extremely well together. There is always a happy atmosphere and lots of fun and laughter when I visit. The staff team have a good understanding of residents needs and care plans have been person centred and informative."

Overwhelmingly, staff told us they enjoyed working at Grove House Care Home. They spoke very fondly of the people they supported. Staff respected each other's role and recognised each other's value in terms of ensuring people's experiences were good. They spoke highly of management and the support that was offered. They felt listened to and that their views were valued.

Staffing arrangements were informed by an assessment of people's needs. The management team used a dependency tool which calculated the required staffing levels. During the inspection staffing levels appeared to provide staff with adequate time to provide staff enough time to offer compassionate care and support, though during medication rounds, only one staff member was on the floor if someone needed support from two staff members. Scottish Borders Council is currently reviewing the dependency tool and the number of staff required.

A wide range of online training was available for all staff. The uptake of training was generally good, with mandatory training being identified in key areas. There was a good range of relevant training booked with external trainers. This ensured that all staff had appropriate training to provide care and support to those residing in the home. A training matrix was in place and monitored by the manager .

There were regular staff meetings and the home manager provided appropriate supervision for staff. This allowed staff to discuss care practice, wellbeing and any employment issues. The provision of regular staff meetings, supervision and training is important in ensuring that staff are supported and have the necessary knowledge and skills to deliver high quality care.

People were kept safe because the service had effective recruitment processes in place, in line with the principles of 'Safer Recruitment, Through Better Recruitment'.

We have given advice to further improve the recruitment process which included employment history and seeking of references.

Overall people could be confident care staff were recruited appropriately and safely

Staff were all registered with relevant professional bodies and had an understanding of their responsibilities.

How good is our setting?**4 - Good**

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

The home was found to be tidy and in general good order. It was well maintained with a clear record of repairs and maintenance checks carried out by the service provider's staff and external trades professionals. People had access to suitable equipment to support their care and appropriate infection prevention and control procedures were in place. As a result, people could be confident that they lived in a safe and pleasant environment

People's rooms were personalised with photos and belongings they had brought from their own home. This ensured people felt at home with familiar things around them.

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 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).

This area for improvement was made on 5 June 2024.

Action taken since then

Not enough improvements have been made since the last inspection. A more robust system needs to be in place with an oversight from management to minimize the risk of medication errors.

This area for improvement has not been met and a requirement will now take its place. (See How well do we support people's wellbeing? Requirement 1)

Previous area for improvement 2

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

Observations of practice are now taking place regularly regarding all aspects of care and linked into supervisions.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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