

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:
25 July 2025

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. At the time of our inspection there were 37 people living in the home.

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 type 1 inspection which took place on 22 and 23 July 2025. The inspection was carried out by two inspectors 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 13 people using the service and 5 of their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents

Prior to the inspection we asked the service to send out questionnaires to stakeholders. We received six completed questionnaires from people who use the service and from five of their relatives.

Key messages

- People appeared to get good quality care and support when the home was fully staffed.
- Staff took the time to engage with people and this had a positive impact.
- Staff worked well as a team, with good communication.
- Mealtimes were relaxed and sociable.
- There was a much improved clinical picture in the home.
- The change in the location of the managers' office meant that managers were more accessible and visible in the service.
- There was an improvement and learning focus in the service.
- Complaint management had improved.
- Staff worked well together, supporting each other to meet the needs of people.
- Staff were confident and well supported in their roles.
- The home was clean and odour free.
- Upgrades and reorganisation to shared spaces had improved the appearance and comfort of these areas.
- Improvements had been made to the quality of information in care plans and supporting documents.

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

The quality of care and support people received was dependent upon staff numbers. When there was a full staff team on duty, people received the right levels of care and support to help them look their best. However, when there was staff absence, this impacted on some of the quality of people's care and support. Staff worked well together to ensure that care and support needs were met, however, there was at times a lack of attention to detail. For example, person's shave not done, or hair wash. Managers should ensure that in the event of staff absence, that consideration is given to the deployment of staff. This will help maintain consistently good standards of care and support.

The home appeared calm and relaxed. Staff communicated well with each other to ensure that they worked as a team. This meant that people did not have to wait for their care and support needs to be attended to.

People were very positive about the staff. They said they were kind and caring. Staff were visible in shared spaces which meant that they were available when people needed assistance. We observed some lovely, and at times humorous interactions between staff and people. Staff were less task focused and took time for these engagements. This had a positive impact on people's day.

People were positive about the meals. The dining experience was relaxed and staff helped make this a sociable experience for people. The food appeared appetising, however, the service should review the menus to ensure that there is variety of different types of foods and meals served.

People had access to snacks and fluids in shared spaces. Staff were attentive at replenishing drinks. Staff's awareness of the importance of helping people remain hydrated, had improved following a recent focus on the importance of fluids in the reduction of urinary tract infections. Staff had implemented their learning to improve outcomes.

People who required walking aids to help them mobilise safely, had these within reach. This meant that they could choose when they wanted to mobilise. Attention had been taken to help people wear very good fitting footwear. This helped people to mobilise safely.

The clinical overview of the home showed a much-improved picture. The number of falls now occurring were very low, people's weights were generally stable and there was only one wound. This demonstrated that people were being accurately risk assessed and that they were receiving the right level of clinical support to keep them healthy.

Medication management was good. All topical and elixir medications were dated on opening and the expiry date was noted. This helped managers audit if these medicines were being administered and that they remained effective. The protocols used to help support people with diabetes should be developed to ensure there are enough details to help inform staff decision making with treatment.

How good is our leadership?**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 managers office had changed location. It was now in the reception area of the home. This resulted in the manager being more visible and accessible in the home. People and their relatives knew the manager and it was clear that positive relationships had formed. This had improved the levels of confidence people had in the management team and in addressing any concerns they had.

Managers were focused on developing and improving the service. What people wanted and needed informed decision making and changes. The focus on improving the quality of people's experiences and care provision contributed to improved outcomes.

Managers completed a wide range of quality assurance audits. These were appropriate to the needs of the service and because they were completed appropriately, would help inform change. This would continue the improvement focus that had been developed.

Meetings were taking place and managers used these as an opportunity to keep people informed of changes and provided a platform to get feedback from people. Managers were committed to consulting and involving people, relatives and staff. This will contribute to change being accepted and therefore successful.

The heads of department meetings identified that each head person had the responsibility for their budgets, department and their staff training compliance. This appropriate delegation recognised these staff as being responsible people and empowered them to ensure their department was compliant with what was expected of them.

The management of complaints had improved. There was a consistent approach to dealing with any complaint raised and that a lessons learnt exercise was completed. This enabled staff to learn and improve practices. The development of a learning and learning culture encouraged transparency and helped in the development of the team.

Managers completed weekly and monthly overviews of the risks and clinical needs of people. For example, risks of weight loss and number of falls. This enabled managers to discuss with staff any additional actions that could be taken to improve the wellbeing and reduce the risks to people. We felt that this management oversight and input, contributed to the improved clinical picture in the home.

Shift leaders were visible and directed staff well. The flash meeting and additional carers flash have improved communication. Staff were positive about how they now felt informed of what was going on in the home and what was planned.

How good is our staff team?

4 - Good

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

Staffing arrangements met people's needs. Staff were present, attentive and responsive, which created a calm and settled atmosphere across the home. People experienced a relaxed environment and received support when they needed it. As a result, most people felt secure and well supported in their daily routines.

Planning for staff absence was well organised. Management had systems in place to respond to staffing changes, including agency use when needed. Managers should look to redeploy staff in response to last minute sickness. This will minimise the impact of the last minute sickness on consistency in care and support. Sickness levels were monitored and had recently improved. People experienced more consistent support from familiar staff, which helped build trust and contributed to continuity in their care.

Staff were confident and well supported in their roles. Staff received regular supervision, which they described as helpful and reflective. Team meetings provided space for meaningful discussion about practice and people's needs. Staff worked with clarity and purpose, and deployment across the home reflected a balanced skill mix and visible leadership. People experienced timely support from staff who understood their responsibilities, which helped them feel safe and reassured.

Staff communicated well throughout the day. Staff worked together naturally during care tasks and shared information. We observed staff supporting each other during a moving and handling transfer and during mealtimes, demonstrating strong coordination and on-the-floor learning. These interactions helped ensure people received safe and dignified care.

Staff used daily meetings to share updates and coordinate support, including discussions about people's health, preferences and routines. This helped staff stay informed and work together with confidence. As a result, people were more likely to receive care that reflected their current needs and supported positive outcomes.

Staff relationships were strong, and the team worked well together. Staff described the team as open, respectful and supportive, and said teamwork had improved. Staff felt able to speak up and contribute and shared that the working environment was positive and inclusive. One staff member told us, "We talk to each other now, so we know if anything has changed for the residents." People were therefore supported by a connected and motivated team, which helped ensure care was focused on their wellbeing.

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 was clean and odour free. There were enough domestic assistants to ensure that standards of hygiene were being maintained. People praised the standards of cleanliness of their bedrooms. There were sufficient stocks of personal protective wear and staff used this appropriately. Staff were minimising the risks of cross contamination by ensuring cleaning schedules and infection control practices were maintained.

The size of the lounges could have impacted on how these rooms were used. However, these areas had been reorganised and decluttered to make the best of the useable space. This meant that people had sufficient space for their needs.

Thermometers were in place in shared spaces and rooms. This enabled staff to monitor temperatures to ensure that these remained at a comfortable level. Staff were attentive at recognising when windows needed to be open to maintain comfortable temperature levels.

Occasional seating had been added to the area outside the dining room in Grove wing. People used this area frequently. One person said they enjoyed sitting there because they saw what was going on and there were lots of people passing to have a chat with. The service had given people an additional place to spend meaningful time in.

The dining room in Bennachie wing had been refurbished. The standards of décor and furnishings had been completed to a very good standard. Unnecessary furniture had been removed, and the new tables, chairs and dresser had been positioned to make the best of the space and the views out to the gardens. The improvements were praised by relatives, and we felt the improved environment helped enhance the dining experience for people.

People had personalised their bedrooms with items that they had taken in from home. This helped create warm and welcoming rooms that were familiar to people. Bedrooms were in a good state of repair and décor. However, the type of paint used on feature walls was marked in some bedrooms. This detracted from the good standards evident elsewhere in the bedrooms. The service should revisit the type of paint used to ensure that it is easier to clean and maintain.

Corridors were well lit and free from clutter. The storage of moving and handling equipment was difficult due to the lack of suitable storage spaces. However, we felt that the solution sought by the service in storing in the large, shared bathrooms did not compromise people's access to these rooms.

The maintenance operative completed weekly and monthly safety checks on equipment and safe environment systems. This ensured that people lived in a well-maintained home and that equipment used was safe.

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 clearly outweighed areas for improvement.

Improvements had been made to the content of most of the care plans. People's preferences informed how their care was planned. This helped ensure that people got the care and support that they needed and wanted.

Managers had a good system in place for the auditing of care plans. When an update or correction was needed, there was a timescale for the completion of this work. This was then checked by managers to ensure that the update or correction was now accurate. This ensured that staff could use the information in the plans to help inform how they delivered the care and support to people.

However, we found an example of one person's care plans not being updated to reflect their improved

health and wellbeing. These plans were still to be audited. Managers should revisit with staff the importance of updating of plans to ensure they are reflective of the persons current needs.

Plans in place for people living with dementia, were detailed with details on how staff could support the person to live well with dementia. There was a focus on non-chemical interventions in the event of distress. This contributed to reducing levels of distress and improved outcomes.

When a risk to people's health and wellbeing had been identified, an accurate risk assessment was completed. This meant that care plans could be updated to reflect the strategies needed to reduce risks and to keep people well.

Supporting documentation, for example, fluid intake charts, position change charts, were completed appropriately. Fluid intake charts highlighted the fluid target for the person for that day. This ensured that staff knew the minimal amounts of fluids to support people within order to keep them hydrated. The frequency of when people needed help with changing position had been informed by their risk of skin breakdown assessment. This meant that staff were able to provide the right care and support to help keep their skin healthy.

Daily entries were mixed in the quality of content. There were some good person-centred entries, however, some were task focused. Managers were aware of this area of staff development, and we will follow up at our next inspection progress in the daily recordings.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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 1.15).

This requirement was made on 18 June 2024.

Action taken on previous requirement

Staff had worked hard to improve the quality of the information in care plans.

Care plans for people living with dementia were detailed and focused on strategies on how to support people to live well with dementia. This had contributed to people getting the right care and support without the use of when required medications.

Wound care plans were detailed with sufficient information on how to treat the wound to help with healing. Ongoing wound assessments were completed in detail and demonstrated any changes to the condition of the wound.

Risk assessments were in place where necessary and these were used to inform when additional care and support was needed to help keep people well. For example, when there was a risk of skin breakdown, a

position chart was in place to help inform the staff of the frequency of position changes to help keep the person's skin healthy.

We found one example of someone's health needs improving, however, their care plan had not been updated to reflect this change. This did not put this person at risk, however, it is important for the information recorded to be accurate to ensure the right care and support is provided.

Managers were aware and had plans in place for further staff development of staff recordings of daily entries.

The necessary improvements had been made to the quality of care plans and supporting documentation.

Met - outwith timescales

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 when formal and informal concerns are logged, investigations are carried out thoroughly and findings are accurately presented, to ensure lessons are learned.

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

'I benefit from a culture of continuous improvement, with the organisation have robust and transparent quality assurance process' (HSCS 4.19).

This area for improvement was made on 21 May 2025.

Action taken since then

All complaints raised were logged and investigated, regardless of the type of complaint raised. Managers used the investigation outcome as a learning exercise for staff. This helped ensure that staff could see what went wrong and what needed to change to prevent re-occurrence. This had helped create an open and learning culture in the home.

This area for improvement had 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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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