

Grove House Care Home Service

Edenside Road
Kelso
TD5 7BS

Telephone: 01573 223181

Type of inspection:

Unannounced

Completed on:

20 September 2018

Service provided by:

Scottish Borders Cares LLP, t/a SB
Cares

Service provider number:

SP2014012415

Service no:

CS2015334565

About the service

The service registered with the Care Inspectorate on 12 August 2015.

Grove House is situated within the Scottish Borders' town of Kelso. It is registered to provide a care service to 22 older people, of whom seven can be under the age of 65. At the time of our visit there were 22 people residing in the home.

Service users' accommodation is provided over two floors with stairs and a lift providing access to the first floor. Each floor has a dining area and kitchen, as well as a choice of sitting rooms and sitting areas. All service users' 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 provider of the service is Scottish Borders Cares Limited Liability Partnership trading as "SB Cares". Their aim is:

- To provide high quality care and support to help you to remain as independent as possible, to provide services which meet your assessed needs and identified personal outcomes in a way that is suitable for you.
- To promote your independence, dignity and privacy, enabling you to make choices and decisions regarding the day to day aspects of your life.
- To work with other health and social care professionals to ensure you receive the appropriate level of support to enable you to achieve the outcomes identified with you during your stay in the care home.

What people told us

Prior to the inspection visit we sent out care standards questionnaires for service users and relatives/carers to complete. We received six completed questionnaires from service users. All agreed that they were happy with the quality of care. Comments included:

"Very happy with my care"

"More regular bathing and showering needed"

"I would like to see more activities"

"Too much television but can't please everyone"

"I am quite happy with the quality of environment"

"I like my own stuff around me"

"All staff are fair"

"I feel I could tell staff anything".

Three disagreed that there were frequent social events and activities. Three disagreed that they knew how to make a complaint.

We received nine questionnaires from relatives/carers. Overall seven agreed that they were happy with the quality of the care and one disagreed. One did not complete the question asking if overall they were happy with the quality of the care however their comments indicated at times the standards of care could be better. Relatives/carers comments included:

"All the family are very complimentary about The Grove"

"Grove House allows my mother to live with dignity"

"Possibly an increase of staff on certain days to ensure residents are bathed or showered more often"

"Would like to see more activities and some exercises rather than just sitting in a chair all day long"

"One area where we feel that an improvement could be made is in the quality of food" (They then went on to describe the meat as sometimes being tough and unappetising)

"Almost all care staff are pleasant, positive and respectful"

"Care assistants directly looking after my mother are excellent"

"My mother's keyworker is excellent".

Three disagreed that there were frequent social events and activities. Three disagreed that they knew how to make a complaint. Three were not aware that their relative/friend had a personal plan. Three disagreed that the service involved them in developing the service.

At the time of our visit there were 22 people residing in the home. We met most of them and spoke individually with 10 of them. They told us that Grove House was a pleasant place to live and they felt safe there. Having more things to do during the day was a suggestion that many gave when asked how they thought the service could improve.

We spoke with five relatives/carers. They were all very satisfied with the standard of care and support currently provided.

Some service users were less able to tell us what they thought about the service or the care they received. We spent time observing how these service users interacted with staff and how they spent their time. We saw lots of examples of positive interactions between staff and service users which demonstrated they were offered comfort, were respected and made to feel included. These actions promoted service users' mental wellbeing.

The management team were receptive to the feedback we gave them on people's views of the service. The manager, who had recently attended a conference about the Care... about physical activity (CAPA) improvement programme, was planning to review and develop the provision of activities in the service. Using the CAPA resources will build on the skills, knowledge and confidence of staff to enable those they care for to increase their levels of physical activity and move more often. Relatives/carers meetings and the service's newsletter were to be restarted which will help to keep people informed about the service and how they can give feedback. The meal provision was regularly reviewed and discussed at service users' meetings. This had led to a number of food changes.

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?	not assessed
How good is our staffing?	not assessed
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

Staff were observed to treat people with respect. They were seen promoting independence, ensuring service users' dignity was maintained and offering choice. These actions promoted service users' physical and mental wellbeing.

Service users and their relatives/carers told us that generally they or their relative/friend were well cared for and felt confident in the support been provided.

Mealtimes were seen well managed, with snacks and drinks also made available outside mealtimes. We suggested that the service considered reviewing the timings of medication administration in order that it did not detract from service users enjoying their meals.

The service was planning to review and develop the provision of activities in the service. This was to ensure that purposeful and enjoyable activity would benefit people's wellbeing. www.capa.scot provides resources to support this.

There was good continuity of staff. This meant that staff knew the service users' care and support needs well.

Staff recognised deterioration and/or changes in service users' health and were seen to take appropriate action in responding to this.

Some minor improvements to the recordings on medication administration records (MARs) were discussed with the manager, who agreed to take these forward. These included checking the written information on the service user identification sheets with the MARs, removing topical creams from the MARs when no longer required, introducing daily checks for medication patches and reminding staff to record the outcome when as required medication was given.

We suggested that the service should review the format of the minutes of service users' meetings to identify what actions were planned in response to the feedback given. This could then be followed up at the next meeting to demonstrate how the service had responded to the feedback it received.

Some staff were overdue training updates as there had been some difficulty in accessing certain training updates. Therefore the provider was reviewing the current quality and availability of training and beginning to develop a system that would better support the development needs of the staff.

We will follow up the development areas recorded in this report at the next inspection.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

4 - Good

Grove House was found to be clean, tidy and free from odours. It was decorated to a good standard and the furniture and soft furnishings were of a good quality. There was access to outdoor space and outdoor seating areas. Each floor provided people with a choice of sitting areas.

Bedrooms were individualised and contained personal effects which helped create a homely environment. Service users and relatives/carers that we spoke with were satisfied with their or their relative's/friend's bedrooms and commented positively on the cleanliness of the homes.

Service users told us that Grove House was a pleasant place to live and they felt safe there.

The service had taken action in response to their last fire audit. A "Pass" food hygiene certificate, dated February 2018, confirmed that the kitchens met the required legal standards for food hygiene.

Regular maintenance checks were carried out thereby ensuring that the environment was safe and service users and staff were protected. New recording documentation was to be introduced to record the checks staff carried out on wheelchairs. Records relating to the management of the hot and cold water systems were being reviewed so that this information could be more readily available.

Additional direction signage was to be considered to help people find their way around the home.

Staff were to be reminded to make sure that all perishable items stored in the fridges are date labelled when opened.

The storage arrangements in many of the en-suites needed to be reviewed as they were cluttered which resulted in access to the shower area and cleaning difficult (**see area for improvement 1**).

The service should review its laundry systems to ensure items of clothing can be identified and promptly returned to the correct service user after laundering (**see area for improvement 2**).

We will look at progress of these areas of development and improvement at our next inspection.

Areas for improvement

1. The service should review the storage arrangement in the en-suites to ensure ease of access.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 5.16 which states "The premise have been adapted, equipped and furnished to meet my needs and wishes".

2. The service should review its current systems for dealing with service users' laundry to ensure that items of clothing can be identified and promptly returned to the correct person after laundering.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 5.17) which states "My environment is secure and safe".

How well is our care and support planned?

4 - Good

Support plans for permanent service users were written following a comprehensive assessment and were seen to be regularly reviewed, evaluated, updated and took account of best practice and service users' individual preferences and wishes. This helped to ensure that care and support was effectively provided and regularly reviewed.

The support plans for respite service users were completed on first admission to the service but were not always fully reviewed and/or updated at subsequent admissions. Staff were aware of the current support needs for these individuals so people received the support they required however improved record keeping was needed (**see areas for improvement 1**).

Through sampling the content of support plans we could see that staff were good at communicating with health care professionals when they identify any changes to the health status of individuals. This meant that staff were proactive in helping to keep people as well as they can be.

Supporting legal documentation was in place or being sought where service users were not able to fully express their wishes and preferences.

Audits of support plans indicated that regular checks were made and staff responded to the identified areas that needed to be added to or updated. This helped to maintain good standards of record keeping. We suggested that additional checks should be carried out on the support plans for people attending for respite care.

Six monthly reviews of care took place which gave individuals and their families/friends the opportunity to formally evaluate their support arrangements. Feedback at these reviews was seen to be positive. Further development could be made by using these reviews to check that all relevant health care checks and screening was up to date.

The frequency that individuals preferred to have a bath or to be showered was not always detailed in their support plans. Recording this and accurate recording in bathing records would help to confirm that service users were assisted with bathing/showering as per their preference.

We will look at progress of these areas of development and improvement at our next inspection.

Areas for improvement

1. The service should ensure that support plans are promptly reviewed and updated when service users are re-admitted to the service for respite care.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.15 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 choices".

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

Requirements

Requirement 1

The service provider must ensure that all records relating to the provision of personal care are consistently maintained.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: Within 24 hours from the receipt of this report.

This requirement was made on 5 December 2017.

Action taken on previous requirement

This requirement related to the recording of oral care given and the recording of the application of topical creams and/or ointments.

The service told us in their action plan that staff had been made aware of the need to complete this documentation and reminded of this through regular meetings. Senior staff and the manager were to make regular checks to ensure these records were completed. New staff were to receive a revised induction training programme that provided additional training on the completion of care records.

At our inspection visit we were able to confirm the above actions were in place and found that there was good recording of oral care and applications of topical creams and/or ointments. This indicated that people were getting the support they needed in these areas.

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

Written guidance should be provided to guide staff on administering "as and when required" medication based on the needs of the individual for whom the medication is prescribed.

National Care Standards. Care homes for older people. Standard 5. Management and Staffing.

This area for improvement was made on 5 December 2017.

Action taken since then

Support plans detailed the use of "as and when required medication". This included guidance to staff as to what signs to look for and when to administer this type of medication. Staff spoken with were aware of when to use these medications. There was sufficient evidence to indicate that the service was meeting this area for improvement.

We suggested that further improvement could be made by keeping protocols for the use of "as and when required medication" within the medication administration records folder.

Previous area for improvement 2

The service should ensure that methods are put in place to evaluate the effectiveness of e-learning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training.

National Care Standards. Care homes for older people. Standard 5. Management and staffing arrangements .

This area for improvement was made on 5 December 2017.

Action taken since then

The use of formal staff supervision and the completion of reflective accounts were used to evaluate the effectiveness of e-learning undertaken by staff to confirm it was having a positive impact on the care and support provided.

There was sufficient evidence to indicate that the service was meeting this area for improvement.

Previous area for improvement 3

The recording of complaints made to the care home should be improved to include the result of any complaint investigation and how this was communicated with the individual making the complaint.

National Care Standards. Care homes for older people. Standard 5. Management and staffing arrangements .

This area for improvement was made on 5 December 2017.

Action taken since then

This information was seen recorded within the service's complaints log. This area for improvement was 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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