

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:
30 August 2023

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, each area has its own lounge and dining room. There is an enclosed garden located off the dining room in Bennachie wing. 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 follow up inspection which took place on 30 August 2023. 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 people using the service and three of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People appeared well cared for. Improvements had been made to ensure that people received the care and support they needed when they wanted.
- Staff knew people and positive relationships were evident.
- Improvements continue to be needed to the social activities in the home.
- The leadership oversight had been strengthened and this had contributed to improvements being made.
- Quality assurance was informed by people's outcomes and experiences.
- Concerns and complaints were now being dealt with appropriately.
- Care plans were now detailed and reflective of people's needs.
- Medication management had improved.
- Staff oversight and direction had improved and this had improved staffs understanding of their roles and responsibilities.

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

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 made an evaluation of weak for this key question at our last inspection, this has now been changed to adequate. While the strengths had a positive impact, key areas need to improve.

People had been given the necessary support to help them with their washing and dressing needs. This improvement had helped people look their best. People told us that they now got the care and support they needed when they wanted. Managers worked along side staff to ensure that the standards of people's care and support were good. This positive role modelling had improved staffs responsiveness to people's needs and preferences and this had resulted in positive outcomes. **The requirement made at our previous inspection has been met. (See 'What the service has done to meet any requirements made at or since the last inspection'.)**

Improvements are needed to the storage and care of people's toiletries. We found that toiletries were disorganised and not easy to access. Empty shower gel containers were put back in cupboards and toothbrushes not stored hygienically. It is important for people to be able to access the items they need to help with their washing and dressing needs. **(See area for improvement 1.)**

There continues to be improvements needed to help people pass their time with meaningful occupation. Staff appeared to have more time to spend talking with people and this resulted in positive outcomes. However, people appeared inactive and the television was used as the main source of entertainment. **The area for improvement made at our last inspection is unmet. (See 'What the service has done to meet any areas for improvement we made at or since the last inspection'.)**

The content of care plans and supporting documents had improved. Care plans were updated after care reviews or when changes were agreed following complaint investigations. This meant that care plans reflected the care that people needed and wanted. Managers had identified that there needed to be ongoing work on capturing people's choices, likes/dislikes and histories. **The requirement made at our previous inspection has been met. (See 'What the service has done to meet any requirements made at or since the last inspection'.)**

Managers had improved oversight of the quality of the care and support people experienced. They worked along side staff and ensured that any deficits in standards were acted upon. A learning culture was being developed. Discussions were taking place with staff to help them understand the impact of poorer standards of care and support. **The requirement made at our previous inspection has been met. (See 'What the service has done to meet any requirements made at or since the last inspection'.)**

We felt staff worked well together. There was clear leadership on the floor that ensured that staff direction took place. This meant that people did not have to wait for care and support.

The management of people's medications had improved. The change of pharmacy provider to a local pharmacy meant that prescriptions were available on the same day. This reduced the risks of medications running out. Improved oversight of medication practices meant that any errors were quickly identified and acted on. **The requirement made at our previous inspection has been met. (See 'What the service has done to meet any requirements made at or since the last inspection'.)**

Areas 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).

How good is our leadership?

3 - Adequate

We made an evaluation of weak for this key question at our last inspection, this has now been changed to adequate. While the strengths had a positive impact, key areas need to improve.

The management team in the service had been strengthened. This had resulted in improved oversight and direction of the staff team. Leaders on the floor were seen to direct staff to ensure that people got the care and support they needed at a time they wanted.

Managers had improved the quality assurance processes. This ensured that any deficits in the care provision were identified and subsequently acted upon. Managers worked along side staff and this helped with positive role modelling. Staff were able to see what was expected of them. Records of conversation were captured when there were instances of care standards falling below the expected standards. This helped create a learning culture and help sustain the expected standards. As a result, people's outcomes had improved and there was greater satisfaction expressed by people. **The requirement made at our previous inspection has been met. (See 'What the service has done to meet any requirements made at or since the last inspection'.)**

Managers had improved how complaints were dealt with. The adherence to the providers own complaints policy meant that concerns were recorded and investigated. Actions agreed as the result of a complaint investigation were updated in care plans and actioned. The improved recording and filing of complaints meant that senior managers had improved oversight and could quality assure to ensure that adherence to the providers own complaints policy had been adhered to. **The requirement made at our previous inspection has been met. (See 'What the service has done to meet any requirements made at or since the last inspection'.)**

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

Requirements

Requirement 1

By 31 January 2023, the service must ensure that residents care plans are reviewed and updated according to their current care needs. In order to achieve this, the service must:

- a) ensure that personal care needs and choices are reviewed in people's care plans.
- b) ensure there is documented evidence within care planning of daily care tasks.
- c) ensure that staff have a clear understanding of maintaining dignity for residents receiving personal care.

Regulation 5(2)(b)(ii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This is in order to comply with: Health and Social Care Standard 1.15: 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.

This requirement was extended to 31 May 2023.

This requirement was made on 13 December 2022.

Action taken on previous requirement

Care plans and risks assessments were electronic documents. Paper copies of care charts, observation charts and care summaries were available to staff in each wing. We sampled some of the care summaries and found these were up to date and reflective of the information held in the electronic notes. This meant they were reflective of people's current care and support needs and helped inform staff on how best to care and support people.

Wound care documents were completed well and gave clear information on the treatment plan and the ongoing assessment of the wounds. When a person had been identified as being at risk of skin breakdown, additional observation of their skin and help with regular position change was put in place. This helped keep their skin healthy.

Following a review or a complaint investigation, if changes to someone's care and support needs were agreed, care plans had been updated to reflect these changes. This ensured that people received the care and support they needed and wanted.

The quality of the information held on people's choices and preferences varied. Some people had detailed information on their interests, likes/dislikes, however, some people had very little recorded. However, the managers were aware of this and had incorporated this area in their improvement plan.

Input from medical professionals was clearly recorded and any actions arising from these reviews were acted upon and followed up.

We felt that the care planning and record keeping had been improved and there was greater consistency in the quality of the information held in care documents.

Met - outwith timescales

Requirement 2

By 16 September 2022, you must ensure that all concerns and complaints are dealt with and that it is done in line with the providers own complaints policy and adhered to.

This is to comply with Regulation 4(1)(a) - requirement 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 in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with organisation having robust and transparent quality assurance processes' (HSCS 4.19); and

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4).

This requirement was made on 1 December 2022.

Action taken on previous requirement

There was improved oversight of the complaints received in the service. Managers were adhering to the providers own policy by ensuring that a letter of acknowledgement, investigation and outcome were completed.

When areas for improvement or change had been identified during the complaint investigation, care plans were updated to reflect the changes. This updated information was known by staff and was evident in the care and support they provided.

The improved processes in place to manage complaints meant that senior managers were able to audit how complaints were treated and make their own assessment on compliance with the providers own policy.

Met - outwith timescales

Requirement 3

By 28 July 2023, the provider must ensure that people's washing and dressing needs are met. In order to do this you must:

- a) ensure that staff are aware people's preferences to how they want their hygiene needs met
- b) people are supported to shower or bathe when they want
- c) people have toiletries of their choosing readily available
- d) people are helped with keeping their nails trimmed and their nail beds clean
- e) staff must demonstrate awareness of their role and responsibility in ensuring that people receive the right care to meet their hygiene needs

f) oversight and monitoring of staff practices and the standards people are experiencing should take place, and corrective measures taken when standards fall below expected levels.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS1.23).

This requirement was made on 19 June 2023.

Action taken on previous requirement

People appeared well care for. Time had been taken to help people with their washing and dressing needs and this resulted in people looking well presented.

People said that they received assistance with their washing and dressing needs when they wanted and needed. People's care charts showed that showers or baths were offered and accepted on a regular basis.

Nail care had improved. Nails were clean and trimmed and where nail varnish had been applied, staff had ensured that nails were clean before hand.

There was clear evidence of toiletries being used, however, the storage of people's toiletries need to improve. It was difficult to get access to people's toiletries and also to establish stocks of items. **(See area for improvement 1 under 'How well do we support people's wellbeing'.)**

Met - outwith timescales

Requirement 4

By 28 July 2023, the provider must ensure that the management of medications improves. In order to do this you must:

- a) ensure that there is robust oversight and auditing of people's medications to ensure that there are sufficient stocks
- b) where it has been identified that medication stocks are going to run out before the end of the medication cycle, staff must ensure that repeat prescriptions are sought, to ensure people do not do without their medications
- c) ensure that where a topical medication has been prescribed that there are clear instructions on where, how and when to apply this.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 4(1)(b)and Regulation 5(2)(b) 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:

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

This requirement was made on 19 June 2023.

Action taken on previous requirement

Medication management had improved. The provider had changed medications provider to a local pharmacist. This made it easier for staff to obtain medications that had been prescribed mid medications cycle. This reduced the risks of people not having their medications in stock.

Managers had introduced a '10 point check sheet'. This was key areas of the management of medications that was the responsibility of the staff on shift. For example, meds all signed for, double signatures where applicable. The check list was a system to help support staff to maintain safe medication practices.

Staff completed daily counts of medications. We discussed that this should be reviewed due to the time it takes to complete. Staff should reduce the daily counts as confidence grows and when there are minimal errors occurring.

Managers completed an audit of all medications every three weeks. When errors were identified these were clearly followed up with the relevant staff. This helped created a learning culture and helped support improving practices.

Met - outwith timescales

Requirement 5

By 28 July 2023, the provider must ensure that staff demonstrate awareness into their role and responsibility in ensuring people receive the care and support that they need and want. The management team must ensure that they have ongoing oversight of staffs understanding and compliance, to ensure that people experience consistent standards of care and support.

This is in order to comply with Regulation 4(1)(a) – Welfare of Users: A provider must make proper provision for the health, welfare and safety of service users, and 15(b)(i): ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011).

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 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 requirement was made on 19 June 2023.

Action taken on previous requirement

The provider's Learning and Development lead carried out observations of practice on a weekly basis. Any concerns or deficits were fed back to the staff at the time. Management were also made aware and this

meant that the necessary follow up actions were taken to ensure that lessons had been learnt and that any changes or improvements had been sustained.

Managers worked on the floor along side staff to ensure that good standards were being shared. We felt this was an effective approach because of the positive role modelling.

Staff observation of practice carried out regularly including person-centred care, moving and handling, medication administration. If there were any concerns noted during observation, additional observations were completed to ensure good practice was embedded.

Met - outwith timescales

Requirement 6

By 28 July 2023, the provider must ensure that quality assurance processes are effective and reflective of the experiences of people and staff practices. Outcomes from audits must be used to inform positive changes to the service provision and people's experiences.

This is to comply with Regulation 4(1)(a) (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 (HSCS) which state that:

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

This requirement was made on 19 June 2023.

Action taken on previous requirement

Managers were completing the providers own quality assurance processes to a good standard. These helped give an overview of people's health and care needs and, the quality of the service provision.

However, managers had improved the oversight of standards and the observations of staff practices. This ensured that the experiences and outcomes of people were captured. This helped inform what the managers did next, for example, record of conversations with staff when the care delivered was below expected standards. We felt this improvement contributed to the improved outcomes experienced by people.

Managers from other services visited the home and completed their own audits and assessment of the standards people experienced. We felt this was effective because it was fresh eyes assessing the quality of the service provision.

Met - outwith timescales

Requirement 7

By 28 July 2023, the provider must improve the monitoring of staff practices and competencies to ensure that people consistently experience safe and good care.

This is in order to comply with Regulation 4(1)(a) – Welfare of Users: A provider must make proper provision for the health, welfare and safety of service users, and 15(b)(i): ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 210/2011).

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

'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 requirement was made on 19 June 2023.

Action taken on previous requirement

The provider's Learning and Development lead carried out observations of practice on a weekly basis. Any concerns or deficits were fed back to the staff at the time. Management were also made aware and this meant that the necessary follow up actions were taken to ensure that lessons had been learnt and that any changes or improvements had been sustained.

Managers worked on the floor along side staff to ensure that good standards were being shared. We felt this was an effective approach because of the positive role modelling.

Staff observation of practice carried out regularly including person-centred care, moving and handling, medication administration. If there were any concerns noted during observation, additional observations were completed to ensure good practice was embedded.

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 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 19 June 2023.

Action taken since then

People's choices and ability to pass their time in a meaningful way varied. The provider was in the process of recruiting an activities person. Staff appeared to have more time to spend talking with people and this contributed to positive experiences. However, there was limited opportunity for some people to be occupied. Many people continued to be static and were not supported to walk and explore the outdoors or other areas of the home. Televisions were used as the main form of entertainment.

The service needs to further develop the activities provision to help people lead meaningful and occupied lives.

This area for improvement is not 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	3 - Adequate
1.2 People get the most out of life	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

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