

Mr & Mrs N Kritikos

# Grove House Residential Dementia Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 November 2014. At which five breaches of legal requirements were found.

The registered provider did not ensure that the quality of service provision was assessed and monitored.

The registered provider did not protect people who used the service against the risks of receiving inappropriate or unsafe treatment or care. The registered provider did not

protect people who used the service against the risks associated with the administration, recording, obtaining, safe keeping and disposal of medicines. The registered provider did not ensure that people who used the service had access to safe and suitably maintained premises. The registered provider did not ensure that staff employed received appropriate supervisions and appraisals.

# Summary of findings

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on the 7 & 11 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Grove House Residential Dementia Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Grove House Residential Dementia Care Home is a care home registered for a maximum of five older people with dementia. During the day of our inspection the home had two vacancies. The home is in the residential area of South Harrow in North West London.

The home has a registered manager who is also one of the partners. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our focused inspection on the 7 & 11 May 2015, we found that the provider had followed their plan which they had told us would be completed by the 6 April 2015 and legal requirements had been met.

We found that the provider had made improvements in how medicines were administered, stored and disposed of; this ensured that people could be confident that the management of medicines was safe.

Risks assessments for people who were at risks of falls, had been carried out and risk management plans ensured that people were protected and identified risks minimised.

Cleaning materials were being stored safely and faulty or dirty equipment had been replaced.

The provider had started to redecorate the premises and removed potential trip hazards.

Staff were now provided with regular supervisions and appraisals which ensured they were supported appropriately to work with people who used the service.

Care plans were now of a good standard and person centred. Changing needs of people had been reviewed and care practices had been amended to respond to these changing needs.

More formal systems to monitor and assess the quality of care had been introduced, which ensured that the service strived to improve the quality of care provided.

We have made two recommendations. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety to people who used the service.

Risks to people who used the service were assessed and risk management plans were put into place to minimise the assessed risk from happening.

Medicines were ordered, stored, administered and disposed of appropriately and staff had received relevant training to ensure people could be confident that the management of medicines was safe.

The environment had been redecorated and cleaning materials were stored safely to ensure people who used the service were protected.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Inadequate**



### Is the service effective?

Changes had been made to the environment to make it more comfortable, light and safe for people to use.

Staff received regular supervisions and appraisals and were offered qualifications in health and social care to develop their care and gain more skills and knowledge to provide care and support which is suitable to people who used the service.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

**Requires improvement**



### Is the service caring?

The provider had obtained dementia specific guidance to improve the environment and had started to make changes to provide a more dementia specific environment for people to live in.

This meant that the provider was now addressing the recommendation made.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

**Requires improvement**



# Summary of findings

We will review our rating for caring at the next comprehensive inspection.

## Is the service responsive?

We found that action had been taken to improve the responsiveness to people who used the service.

Care plans had been reviewed and a new care planning format had been introduced, which ensured a more person centred and holistic care approach to people who used the service.

This meant that the provider was now addressing the recommendation made

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

**Requires improvement**



## Is the service well-led?

We found that action had been taken to ensure the service was well-led.

Improvements had been made to ensure regular quality monitoring and assessment of the care provision was carried out.

This meant that the provider was now addressing the recommendation made

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

**Inadequate**



# Grove House Residential Dementia Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Grove House Residential Dementia Care Home on 7 & 11 May 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 20 November 2014 had been made.

We inspected the service against five of the five questions we ask about services: is the service safe, effective, caring, responsive and well-led. This is because the service was not meeting legal requirements in relation to all these questions.

The inspection was undertaken by one inspector, one Care Quality Commission pharmacist inspector, one professional advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with three people who lived there, one relative, the registered manager and one carer.

At the visit we looked at three people's care records, three staff records, staff rotas, accidents and incident records and other records required for the management and monitoring of the home.

# Is the service safe?

## Our findings

At our comprehensive inspection of Grove House Residential Dementia Care Home on 20 November 2014 we had concerns with how medicines were managed. Supplies of one medicine had run out, so one person had missed at least one dose of their medicine. One dose of another medicine had been administered to this person, but the medicines administration record had not been signed to evidence this. One medicine was not stored safely. The medicines policy did not provide sufficient guidance to staff on how to safely manage medicines, in line with medicines guidance from the National Institute for Health and Care Excellence (NICE), Managing Medicines in Care Homes 2014.

This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 7 & 11 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12(f) & (g) described above.

We saw that the provider had made improvements. We checked medicines supplies, storage and records for the three people living at the service. All prescribed medicines were available, stored safely, and medicines records were clear and up to date, providing evidence that people were receiving their medicines regularly, and as prescribed. There were medicines information leaflets available, in an easy read format, which explained what each medicine was for, and potential side effects. One person could not take their medicines by mouth, and was having their medicines administered via a percutaneous endoscopic gastrostomy (PEG) tube. Some were being crushed, and some were in liquid form, and the pharmacist had provided advice on how to do this safely.

The registered manager told us that two members of staff, herself and one other, were responsible for administering medicines, and provided evidence that they had both received Safe Handling of Medicines training in September 2013. The registered manager had carried out a competence assessment in September 2014 to check whether this member of staff had the skills to manage

medicines safely. Staff had not received any medicines refresher training since our last inspection, but the registered manager told us that this was planned. The medicines policy had been updated in March 2015, so that staff administering medicines had sufficient guidance to manage people's medicines safely. We noted that some aspects of the medicines policy had not been fully implemented, for example, the policy mentioned that regular medicines audits would be carried out, but the registered manager had not yet begun auditing. They told us that they would start auditing medicines regularly in May 2015, and we will check this at our next inspection.

At our comprehensive inspection on 20 November 2014 we found that some people were at risk of falls. However, a falls assessment was not in place for one person. We also found that people who used the service were at risk of and had developed pressure ulcers. Risk assessments in place were very basic and gave little information and advice in how to prevent pressure ulcers.

This was a breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 7 & 11 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9(3) (a) described above.

We were advised that the person who was at risk of pressure ulcers was no longer living at the home. Currently none of the people living at the home had developed any pressure ulcers. However one person had recently become frailer and was therefore at higher risk of developing pressure ulcers. The registered manager had updated this person's care plan since the person's needs had changed, but had not carried out a tissue viability assessment. The registered manager understood that this was still required and had started the process.

One of the people living at the home was at risk of falls, we saw in this person's care plan that a falls risk assessment had been put into place and actions had been taken to make the environment safer for this person to move safely and independently. For example, the person had moved to the ground floor and loose rugs had been removed.

## Is the service safe?

At our comprehensive inspection of Grove House Residential Dementia Care Home on 20 November 2014 we found that cleaning materials were not stored and kept safe appropriately and equipment was dirty and not appropriately fitted.

This was a breach of the Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 7 & 11 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 15 described above.

During our focused inspection all cleaning materials were stored safely in a locked cupboard and a contents list of all cleaning materials had been provided. The loose and dirty toilet seat had been removed and replaced with a new seat. People who used the service told us that they were satisfied with the cleanliness of the home. For example one person told us “That’s the cleanest I’ve seen that.” A relative told us when we asked the person about the home “It’s ok, I have no concerns.” We spoke to care staff about the home who told us “It’s very nice here, like my house. I think we do everything well here.”

# Is the service effective?

## Our findings

At our comprehensive inspection of Grove House Residential Dementia Care Home on 20 November 2014 we found that the environment was poorly maintained, cluttered and loose floor coverings put people at risk of falls.

This was a breach of the Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 7 & 11 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 15 described above.

We saw that the provider had made some changes to the environment; the large dining table had been removed from the lounge, which created more space and made it easier for people with mobility problems to walk around. Communal areas had been redecorated and were much brighter, new pictures had been purchased and the registered manager told us that one of the people chose these. We asked the person about this and were told that this was correct.

All people had cupboards in their bedrooms and bedrooms were no longer used to store belongings from other people living at the home.

The provider ensured that people were made aware of steps, by using black tape to warn people of trip hazards.

We found that some light bulbs in the lounge and hall way required replacing to make the environment brighter for people who used the service.

At our comprehensive inspection on 20 November 2014 we found that care staff did not receive regular supervisions and appraisals and have the opportunity to formally discuss their performance and development.

This was a breach of the Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 7 & 11 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18(2) described above.

We looked at three staffing records and saw the provider had increased the frequency of staff supervisions, while they continued to be based on practical observations such as how to use and clean peg feeding tubes or manual handling procedures. We saw that discussions around staff development did form part of these supervisions and as a result care staff had now been enrolled in undertaking care specific qualifications. This was confirmed by one care worker who told us that she commenced a Level 2 Diploma in Health and Social Care. The registered manager had also started a Level 2 Diploma in Dementia care.

We saw that one person had received an appraisal on 6 June 2014; all other staff employed did not work at the home for one year. The registered manager told us that she would arrange an appraisal once this was due.

**We recommend using appropriate guidance on signage to highlight potential trip hazards.**



# Is the service caring?

## Our findings

At our comprehensive inspection of Grove House Residential Dementia Care Home on 20 November 2014 we recommended that the service considered current guidance on dementia care in the Design of Homes and Living Spaces for People with Dementia and Sight Loss.

At our focused inspection 7 & 11 May 2015 we found that the provider had partially followed the action plan they had written to meet shortfalls in relation to the recommendation described above.

A relative told us that their relative told them that the staff was “very pleasant”.

The provider had researched current guidance and we discussed with the registered manager improvements made to the environment and planned improvements to the environment. The registered manager demonstrated some understanding of what was recommended and told us that she planned to make further improvements. One of the improvements which had been made since our last inspection was that pictures important to people had been put up on people’s doors, which helped them to find their rooms more easily.

# Is the service responsive?

## Our findings

At our comprehensive inspection of Grove House Residential Dementia Care Home on 20 November 2014 we found that care plans did not evidence clearly peoples changing needs and what action to take to meet peoples changing needs.

This was a breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 7 & 11 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9(3) (h) described above.

We looked at three care plans and saw that the registered manager had reviewed all care plans and changed all care plans into a more person centred and holistic format. Care plans included information about the persons past, any current needs and any specific support required to make people comfortable and maintain their independence. We judged the new care planning format to be of good standard and care staff told us that this provided them with more in-depth information about the people they cared for.

The registered manager showed us various products which have been bought from recognised companies that support age appropriate reminiscence and engagement in activities such as reading, songs and musical bingo. Feedback from musical bingo was that it was greatly enjoyed by people who used the service.

# Is the service well-led?

## Our findings

At our comprehensive inspection of Grove House Residential Dementia Care Home on 20 November 2014 we found that care staff did not demonstrate understanding of near miss incidents and records of such incidents were not kept. The fire risk assessment did not reflect the actual number of staff on duty, which could be people at risk if there was a fire at the home. There was also an overall lack of ongoing monitoring and assessment of the quality of care and service provided to people.

This was a breach of the Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 7 & 11 May 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 9(3) (h) described above.

Relatives told us “The management seem quite good to me. I have no complaints, (there are) no faults.” A member of staff said “The manager is very nice, very friendly.”

There was now awareness that staff need to acquire deeper knowledge and skills in dementia care, evidenced by their recent introduction to accredited courses. This requires consistently building upon year on year in order to achieve sustainability. All appropriate agencies were communicated with and partnership working was evident.

We saw that the provider had started to introduce more formal monitoring systems which included health and safety and the environment. This however needs to be maintained and will be assessed in more detail during our next comprehensive inspection.