

Mr & Mrs N Kritikos

Grove House Residential Dementia Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this unannounced comprehensive inspection of this service on 9 July 2015.

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 on 20 November 2014, 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 found that the provider met all legal requirements.

The purpose of our comprehensive inspection on 9 July 2015 was to assess if the provider had maintained compliance with all legal requirements and review the overall rating of the service.

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 four vacancies. This was mainly due to the fact that needs of three people had changed and people were placed in nursing homes, which could meet their nursing and their residential needs. 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.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The registered manager had been trained to understand when applications for Deprivation of Liberty Safeguards (DoLS) authorisations should be made, and in how to submit one. We found the location to be meeting the requirements of the DoLS.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely and staff received training in the safe administration of medicines.

Suitable arrangements to provide people with a choice of healthy food and drink were in place.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information, setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A range of activities were provided both in-house and in the community. People told us that they were involved and consulted about aspects of the service including what improvements they would like to see and suggestions for activities.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

We judged that the provider had made significant improvements to improve the quality of treatment and care to people who use the service. We saw this during our focused inspection on 7 & 11 May 2015 where we saw that the provider had implemented a new care planning system, which was more holistic and provided detailed information about the person's need and how these were best met. During this inspection we saw that the provider continued to use the new system and saw that further

Summary of findings

positive improvements have been made. For example a record for visiting professionals to sign, a diary to document any appointments and the one page profile to name just a few.

These evidence supported our judgement to improve the rating to 'Good' during this inspection.

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?

The service was safe. Risks to people who use the service were identified and managed appropriately.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred. Recruitment procedures were in place to determine the fitness of staff to work in the home, and there were sufficient staff available to meet people's needs.

Systems were in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective. Staff received training to provide them with the skills and knowledge to care for people effectively.

Staff supported people's nutritional needs. People's health care needs were monitored, and they were referred to their GP and other health care professionals as needed.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. Staff showed empathy and were knowledgeable about the people they supported. People's privacy and dignity was protected.

People and their representatives were supported to make informed decisions about their care and support.

Good



Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs, and people were able to participate in activities and stimulation within the home.

Staff were knowledgeable about people's support needs, their interests and preferences and provided a personalised service.

People using the service and their relatives had opportunities to give feedback on the service and there was a complaints system in place.

Good



Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of the service people received.

The management promoted an open and transparent culture in which people and staff were encouraged to provide feedback.

Good



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 is 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.

This inspection took place on 9 July 2015 and was unannounced.

One inspector carried out this inspection.

We viewed one care record, three staff records and other documents relating to the care provided by the home. We looked at other records held including staff meeting minutes as well as health and safety documents and quality audits and surveys.

We spoke with one person who used the service and one relative. We also spoke to one care worker and the registered manager. We also received feedback from one commissioner who places people with the provider.

Is the service safe?

Our findings

People who used the service told us “I am very safe here; the staff look after me well. A relative told us “My dad is in good hands they monitor him well and ensure he is safe when he goes out independently.”

We were told by a care worker that they had received safeguarding adults training. We viewed training certificates of three care workers, which confirmed that staff had received safeguarding adults training and their training records were up to date. We spoke to one member of staff of action to be taken if abuse was suspected. The care worker told us “I would talk to the manager, but I can also talk to the local authority, the police or the Care Quality Commission (CQC).” We saw that the provider had reported abuse in the past and appropriate actions had been taken. A recent safeguarding alert was investigated by the local authority and found not to be substantiated.

During our focused inspection on 7 & 11 May we found that the provider had implemented a system to assess the risk to people who used the service. The provider showed us during this inspection that this system was consistently improved and maintained. One care worker told us that people who used the service had risk assessments in place. We saw in one of the care plans viewed, that risk assessments were in place and saw that they had been updated when people’s needs had changed. Risk assessments were detailed and included areas such as self-harm, aggression, hydration, scalding, tripping and choking and swallowing. We saw in one risk assessment that appropriate risk management plans were in place, which maintained the person’s independence but ensured that person was safe when accessing the community independently. People were involved in this process and confirmed their agreement by signing the risk assessments.

Accident and incidents to people who used the service had been recorded and actions had been taken to minimise

incidents from happening. For example one of the people who used to live in the home had tripped over a loose rug and we saw that the provider had removed the rug to ensure that the similar incidents did not happen again.

We looked at three staff folders and saw that the provider had obtained the necessary documents and undertook the necessary checks to ensure people who used the service were protected from unsuitable staff. For example in all staff records we found criminal record checks, two references, proof for the right to work in the UK and proof of identity.

One relative told us that there were always sufficient staff on duty. We saw that currently care was provided by the registered manager and one care worker over a 24 hour period. The provider ensured that more care staff were available to respond quickly if the number of people who used the service increased or current needs of people changed.

We found during our focused inspection on 7 & 11 May 2015 that the provider had significant improvements to the management of medicines. These improvements were maintained and further improved. We viewed medicines administration records for the past three weeks and saw that all records were up to date and medicines stock levels were correct. The provider updated their medicines procedure and policy prior to our focused inspection on 7 & 11 May 2015 and we judged it to be robust and of good standard at that time. We found the same at this inspection. Medicines were disposed of appropriately and all medicines returned to the pharmacist were recorded and signed for. Medicines were stored in a lockable metal medicines cupboard. Temperatures were monitored to ensure they were stored according to manufacturer’s specification. Care staff told us that they had received medicines administration training and training certificates viewed confirmed this. The provider checked medicines regularly and a full medicines audit was planned by the dispensing pharmacist for week commencing the 20 July 2015.

Is the service effective?

Our findings

One relative told us “Staff are very kind and they know how to work with the people living at the home.” One care worker told us “I have done a lot of training since I started working at the home. I also currently doing my National Vocational Qualification in Care. I have regular supervisions and recently had an appraisal.”

During our focused inspection on 7 & 11 May 2015 we found that the provider had started to provide regular supervisions and appraisals. We saw during this inspection that the provider continued to provide regular supervisions and had appraised all staff who worked for more than a year since this inspection. We viewed three staffing records and found that staff had received a variety of training. This included manual handling, food hygiene, medicines administration, safeguarding adults and dementia awareness. The registered manager has just completed a Level 2 dementia awareness course and was soon to start a tissue viability course. The registered manager also told us that they had planned a visit to a dementia home outside London to learn from good practice in dementia care. Staff told us that supervisions and appraisal were undertaken regularly and records viewed confirmed this.

One person living at the home had full capacity to make all decisions independently. The person accessed the community independently; however the provider put a plan into place, which was agreed by the person. This plan asked the person to take a mobile phone, purse and travel card when going out to ensure the person is safe and can contact the home if required. A record viewed during our inspection demonstrated that staff regularly checked with the person if the plan was followed. Staff had received training in the Mental Capacity Act 2005 and told us that they would presume everybody had capacity to make independent decisions. We asked care workers how they would ensure that they provided care according to the person's wishes. One care worker told us “I always ask the person first what the person wants, sometimes people are a little confused and I have to speak slowly and repeat my question more often.”

We are required by law to monitor the Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. None of the people currently living at the home were subject to DoLS. However we saw previously that the provider had contacted the supervisory body to obtain a DoLS assessment and implement an appropriate protection plan. Staff told us that they would presume every person had the ability to make independent decisions, which was confirmed by examples given.

A relative told us “The food is lovely and it is all home cooked.” One person told us “I like the food, staff cook it well.” The home had a menu in place, but currently the person living at the home can make a food choice daily. The registered provider told us that she would ask the person in the morning what she should cook. On the day of the inspection lunch was spare ribs, with potatoes and fresh vegetables. The person told us “She [the manager] asked me before I left the house.” We saw in care plans that nutritional screening was carried out during the initial admission and on-going monitoring processes were in place to be applied as and when required.

Sufficient drinks were always available and we saw people helping themselves to some juice. . We knew from previous inspection visits that the home had a good relationship with their GP and saw in one of the care plans of a person who has left the home, that food supplements were provided due to the person suffering from malnutrition.

The home had good links with health care professionals such as their local GP. People's hospital appointments had been followed up and we saw from records that one person complained about the medicine taken, which was immediately responded to by the home and reviewed by the GP and the medicine was changed. People had access to a chiropodist. Community dentists and optician could be accessed as and when needed and we saw that the optician visited the home regularly to test peoples' eye sight.

Is the service caring?

Our findings

People spoke positively about the way in which staff supported them. People told us, “The staff are all very nice,” “It’s a good place to be, the staff are very good,” “The staff are so nice,” and “Staff is marvellous. They listen to my problems.”

One relative told us “The staff are very kind,” “My [relative] is very happy here,” “My [relative] is well looked after,” and “They’re all very polite.”

Staff were observed being kind and gentle with people. They clearly knew their characters well and interactions were respectful and friendly.

One relative visited and took the person out to a café; we were told by the registered manager that this happened at least once a week.

We saw that part of the initial admission was to ask people if they would be happy to receive care from different gender. A record of their decisions were made and clearly documented in the person’s care plan.

Staff told us that they would knock on people’s bedroom doors prior to entering to ensure people had privacy. Staff

also said that they had enough time to talk to people and recognise their needs. People were encouraged to feedback about their experience of care in the home by the registered manager on a regular basis.

During our focused inspection on 7 & 11 May 2015 we saw that the provider make some improvement to providing a more dementia friendly environment. The provider continued to make such improvements and had purchased memory boards and memory boxes which can be used once new people with dementia will be admitted. Care plans included detailed information about people’s past lives, their likes and dislikes, family and employment and this information was used in planning care. For example one person liked to go out regularly on their own, which was observed during our inspection.

Staff in the home promoted independence, and people were free to walk around and go back and forth to their rooms as they required.

The staff we spoke with all said that they would feel empowered to challenge any practice, if they witnessed it, where privacy and dignity was not maintained. One staff member said, “I would tell them straight away and then go straight to manager to report it.”

Is the service responsive?

Our findings

People and relatives told us that they were consulted about the care and support provided. One relative told us “I visit regularly and the manager always asks me if everything is ok and if there was anything else what could be done for my relative.” One person told us “They always ask me if everything is ok and if I want anything else. The only thing I want is move into sheltered accommodation, but I guess I have to wait until something becomes available.”

During our focused inspection on 7 & 11 May 2015 we saw that the provider had implemented a new care planning system. The new system was more focused on the person and provided much greater detail in comparison to the care planning system used previously. During this inspection we saw in the care plan viewed that people had been assessed in their previous placement and any information important to meeting the person's needs had been documented. The care folder viewed was well structured and included information of health care professionals involved in the care, the person's communication needs, nutrition, eating and drinking, vision, mental health, medicines and personal care needs. The care plan had been implemented on 23 April 2015 and had been reviewed on 24 May 2015. Any changing needs had been documented and the person indicated with their signature that they were involved in the implementation and review process of the care plan. For example we saw that the person complained about some pain and we saw that action had been taken and the person was seen by their GP. In addition to the care plan folder a one page profile was devised, which included the most important care needs of the person and how these

could be met best. We also saw that the care plan included guidance to ensure the person was safe when in the community; this was discussed with the person's family and the person.

The person had also an 'End of Life' care plan which provided information about the person's wishes if they became ill or died. This plan had been agreed and signed by the person.

One person we spoke with told us about the activities they did. For example, the person was regularly going out independently to visit and meet friends or watching sports and news on the TV. They said they did not like any other activities and liked to be independent.

We saw during our focused inspection on 7 & 11 May 2015 that the registered manager purchased various products from recognised companies that support age appropriate reminiscence and engagement in activities such as reading, songs and musical bingo. The care worker spoken with during this inspection told us that musical bingo was greatly enjoyed by people who used the service.

People who used the service and relatives told us that they “Would complain to the manager”. The relative told us “We have no complaints and are very happy with the care, however if there would be anything wrong I would talk to the manager and she would sort it out.” Since our focused inspection the service had received two complaints. We saw that all complaints had been recorded appropriately and action to resolve the complaint had been taken. The service had a complaints procedure in place, which was displayed on the notice board in the hallway and had been reviewed following our last comprehensive inspection on 20 November 2014.

Is the service well-led?

Our findings

People who used the service and one relative told us “We were invited to a meeting on 4 July 2015, which allowed us to contribute and make suggestions.” We looked at the minutes of this meeting and saw that the relative suggested having a fan in the person’s bedroom, but the person said during the meeting that they would rather open the windows.

The provider had systems in place to monitor and assess the quality of care. For example we saw information from a survey undertaken on 7 July 2015. The person was asked for the best three things at the home and any areas of improvements. Comments included, “the manager makes nice food,” “Staff are friendly” and “I like the dogs”. The person said that there were no improvements needed. A relative survey was undertaken on 31 January 2015, which was very positive. Compliments received by the home were recorded and included “What a lovely and homely place” and “Very homely and friendly.”

Regular audits ensured that the quality of service provision was monitored. For example during a medicines audit on 24 April 2015 it was noted that a lot of medicines were stored, which were no longer in use. We saw in the returns book that the medicines had been returned to the pharmacist and stock levels were now appropriate. The provider had also assessed the environment and had made

improvements to the signage as recommended during our focused inspection on 8 & 11 May 2015. We saw the fire risk assessment which had been reviewed since our comprehensive inspection on 20 November 2014 and reflected now the correct number of staff on duty in case of a fire.

People told us that the manager was approachable and kind. One comment included “She is very nice and takes time to listen to what I have to say.” This was echoed by one relative who told us “I am very happy with the manager, she does a fantastic job. I also think the home is very nice it’s home from home.”

Care staff told us that the manager was open and listened to suggestions made. For example we were told “We suggested together with the residents what would be the best colour to paint the communal areas.” Regular meetings were arranged with care workers, however staff told us “The manager is always around and we usually deal with any problems immediately.”

Since our last comprehensive inspection on 20 November 2014 and our focused inspection on 8 & 11 May 2015 the provider had taken a wide range of actions to improve the service and the quality of life. The provider also demonstrated that they maintained improvements, which led to the overall quality rating being changed from inadequate to good.