

Mr & Mrs N Kritikos

Grove House Residential Dementia Care Home

Inspection report

7 South Hill Grove
Harrow
Middlesex
HA1 3PR

Tel: 02036328658

Date of inspection visit:
06 June 2018

Date of publication:
29 August 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 June 2018 and was unannounced.

Grove House Residential Dementia Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grove House Residential Dementia Care Home is located in a semi-detached house in a cul-de-sac in South Hill Grove Harrow. It is a registered home for up to five people over 65 years with non-nursing needs. There were two bedrooms downstairs, along with the living room, kitchen/ diner, downstairs shower room, a toilet and a conservatory. There was a patio area with seating and a garden at the back of the house and parking for three cars at the front. The first floor has three bedrooms. The catering and laundry is carried out on site.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

During our last inspection on 27 June 2017 we found the provider was in breach with Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. We had concerns with governance arrangements, leadership and culture at the home. This has had a negative impact on continuous learning and improvement at all levels within the home. The home did not have an effective quality assurance system for monitoring purposes. There was no effective continuous internal audit to monitor quality and to make improvements. We also found the provider was in breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. People were at risk because the risk assessments were not detailed and therefore did not precisely give guidance on how people should be supported to reduce risk. People could not always be assured that they would receive support that was based upon their individual needs and preferences.

We found at this inspection that the provider had updated risk assessments and provided sufficient details to minimise risks in relation to the treatment and care provided. People's needs were assessed appropriately, which ensured care was provided in accordance with their needs and wishes. The provider had commenced a more robust quality assurance monitoring system. However, we still had some concerns that care workers did not receive regular training and inductions were not monitored and documented. In addition to this we found shortfalls in the administration of medicines, which could potentially put people who used the service at risk of receiving medicines unsafely.

At this inspection we found that medicines were not always managed safely, for example we found that medicines were not stored appropriately and the registered manager undertook secondary dispensing of medicines, without them being qualified to do so. We found that care workers did not always receive a detailed induction. Mandatory training had not been updated due to a change of training provider.

Care workers demonstrated a good understanding of how to keep people who used the service safe and appropriate safeguarding procedures help to ensure that people were safe. Risk to people's health and wellbeing relating to their treatment or care was assessed and appropriate guidance to maintain people's safety was put into place. The provider followed a robust recruitment procedure which ensured appropriate employment checks were undertaken. We found that sufficient staff were deployed to meet people's needs. We observed care workers following infection control procedures to prevent the risk of spreading infections. Incidents and accidents were documented to ensure improvements can be made and it was less likely healthcare for similar accidents and incidents to reoccur.

People's needs were assessed as part of the admissions process. People who used the service received a well-balanced diet, which was meeting their dietary needs. The home had good links with outside professionals and sought specialist support if required. The home has made some further improvements to the environment and were planning to redecorate and refit the kitchen and the downstairs walk-in shower room.

Staff treated people with dignity and respect. They displayed a caring and compassionate attitude towards people throughout our inspection. Staff knew about people's preferences, likes and dislikes and they used this knowledge to deliver and plan personalised care.

People were able to pursue their individual interests and were provided with opportunities to take part in meaningful activities. People knew how to raise concerns and complaints were managed well.

Staff told us they were happy working at the service and morale was good. We observed that this positivity was reflected in the care and support which staff provided throughout the day. The registered provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements.

We found three breaches of regulations during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. The provider did not always follow safe procedures in the administration of medicines and people who used the service could not always be confident that they received their prescribed medicines correctly.

Staff were knowledgeable about safeguarding people from abuse and how to report it.

Risks associated with people's care were identified and management plans were put in place to minimise such risks.

The provider followed safe recruitment practices and ensured sufficient staff were deployed to meet people's needs.

Appropriate infection control procedure was in place and we observed staff following these.

Any incidents and accidents were documented and appropriate actions taken to prevent these from reoccurring again.

Requires Improvement 

Is the service effective?

The service was not always effective. Staff did not always receive appropriate training and support to ensure they had the skill and knowledge to ensure that people's needs were met.

People's needs were assessed during their admission and regular assessments of needs were carried out to ensure people's needs were met.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

People's healthcare needs were met and appropriate health care professionals were involved in their care when required.

The service was meeting the requirements of the Mental Capacity Act 2005.

Requires Improvement 

Is the service caring?

Good 

The service was caring. Observations and comments made demonstrated that staff supported people respectfully. People's likes and dislikes were included in their care records.

People said that staff respected their privacy and dignity and staff told us that they ensured people's independence was maintained

People who used the service and relatives were involved and were able to contribute to their care.

Is the service responsive?

Good ●

The service was responsive. People were offered activities suitable to their needs and their likes.

Care records were detailed and person centred, they provided appropriate information required to provide effective care and support to be given.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Quality assurance audits were not always effective, this led to the shortfalls in the management of medicines and the lack of appropriate training being provided.

People who used the service, relatives and staff told us that the manager of the home was supportive.

People were involved in the service and their views were sought.

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 6 June 2018 and was unannounced.

The inspection was carried out by one adult social care inspector, one specialist advisor and one expert by experience. The specialist advisor was an experienced social worker. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the provider, this included previous inspection reports and statutory notifications. Statutory notifications are information which the provider must inform the Care Quality Commission, these included safeguarding notifications and serious incidents and accidents. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with all people who used the service, one relative, two care workers, one apprentice and the registered manager.

We viewed care records of four people who used the service, five staff recruitment and training records, medicines administration records and other records relating to the management of the home.

Is the service safe?

Our findings

At our last comprehensive inspection in June 2017 we gave the service a rating of 'Requires Improvement' in this key question. This was because we found that people who used the service were at risk because the risk assessments were not detailed and therefore did not provide clear guidance on how people should be supported to reduce the risks in relation to receiving personal care and accommodation.

During this inspection we found that risk assessments were generally of a good standard. Risk assessments were specific to the person and provided staff with guidance on how to minimise or reduce the risk. For example, we saw a risk assessment of a person with a specific health condition, that provided detailed guidance on the condition and how to respond to the person if their health deteriorates. Risk assessments had been reviewed and updated, however we found in one of the files viewed that the review date was not always documented. While this did not impact on the quality of the review, it made it difficult to ascertain how long ago the person's needs had changed. We also saw that the risk to the environment and fire had been assessed. For example, a fire risk assessment had been carried out by an external company in 2018. We saw that fire drills had been undertaken to ensure safe evacuation in the event of a fire and people who use the service had personal emergency evacuation plans (PEEP) in place.

We found that medicines were not always managed safely. For example, we found in an unlocked kitchen cabinet plastic medicines administration pods, which contained loose tablets. Each medicines pod was a different colour with the initials of the person the pod was intended for. We asked the registered manager about this and she told us that she placed the medicines into the medicines pods from the original prepacked medicines administration dosage packet, provided by the dispensing pharmacist. She explained that she did this for a long time to help staff to administer medicines to people who used the service. This is called secondary dispensing and it is for staff who have been trained, such as a chemist, to do this task because it carries risks of errors. The registered manager told us that this had been the practice at Grove House Residential Dementia Care Home for a while and that there had never been an issue. When we discussed this practice and the risks involved with the registered manager, she told us she will stop this practice with immediate effect.

We checked the medicines administration records (MARs) for all people who used the service and noted that medicines for one person for the morning of the 5 June 2018 were no longer in the secondary dispensed green cup. However, the MARs had not been signed by the member of staff who administered the medicines. The registered manager explained to us that this had been an oversight and that she would deal with it if we wouldn't have noticed it before her. We could therefore not be fully sure if the person was given their medicines as prescribed.

We found other occasions when medicines were missing from the monitored dosage system (MDS), and where staff had not signed the MARs to confirm that the person had taken the medicines. We spoke with the registered manager about this, who told us that the medicines had been administered, but staff forgot to sign.

On another occasion we saw that one tablet was still in the dossett box for the morning medicines of the day of our inspection. We asked the registered manager why this tablet was not administered to the person. The registered manager explained, that this had been an oversight on her behalf and the tablet was stuck in the dossett box. She explained to us that she would administer the medicines to the person immediately, which she did. This meant the provider had not ensured that medicines were always administered to people as prescribed and safely.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the medicines storage facilities in the office. Medicines were stored in a lockable medicines cupboard. We found the cupboard to be clean and appropriately maintained. We saw that regular temperature checks were carried out to ensure medicines were stored in accordance with manufacturer's instructions. We also saw that the designated medicines fridge temperature was regularly monitored.

People who used the service told us that they felt safe at Grove House. One person told us, "Yes I do feel safe here, I have only been here for a short while, but it is nice and feels good." One relative told us, "I have no doubt everyone is safe here and I have never seen or heard anything to the contrary."

Care staff spoken with were able to give us practice examples of how they could recognise abuse. Staff told us that they would speak to the registered manager, but can also contact the local authority if they had any concerns that people using the service were not safe. For example, one member of staff told us, "I would record anything and speak to [managers name], I am sure she will sort it out." While we were reassured by care staff that they would follow the appropriate procedure in the event of noticing and witnessing abuse. We saw care staff had not received any up to date safeguarding training. We discussed this with the registered manager and were advised that they had recently changed training providers and were currently in the process of arranging safeguarding training.

The provider followed safe recruitment procedures. We saw in the five staff recruitment files we assessed, that appropriate recruitment checks had been carried out. These included two references, proof of identity and address, proof of the right to work in the United Kingdom and a disclosure and barring check (DBS). Care staff spoken with told us that they had been interviewed by the registered manager and that they had to provide various forms of documentation.

People who used the service raised no concerns around the number of staff on duty. The rota confirmed that two staff work during the day and one staff works during the night. Staff told us that they were satisfied with the number of staff on each shift. One staff told us, "Yes, we have enough staff, we are a small home." A person using the service told us, "I like the staff, there is always someone around." During our observations during this inspection, we saw that staff had sufficient time to attend to people's needs and responded to requests made within an appropriate time frame.

We saw that the environment was clean and tidy, during our last inspection we recommended removal of some of the clutter around and we saw during this inspection that this has been dealt with. We observed staff washing their hands between supporting people and wearing plastic gloves. The kitchen was very worn, but we were advised by the registered manager, that plans were in place to redecorate and refurbish the kitchen.

Since our last inspection no incidents and accidents had been reported to the Care Quality Commission (CQC). We did not see any records of accidents and incidents while assessing documents and care plans of

people who used the service. We discussed with the registered manager the action she would take if there was an accident and she advised us that she would report them to the CQC, but also discuss with the staff to reduce the risk of further accidents.

Is the service effective?

Our findings

At our last comprehensive inspection in June 2017 we gave the service a rating of 'Requires Improvement' in this key question. This was because we had concerns that people's specific health care needs such as diabetes had not been dealt with appropriately.

During this inspection we found that the home has sought advice from healthcare professionals to support people with specific healthcare conditions such as diabetes. For example, we found that detailed guidance, specific to the conditions was made available in people's care records. Records also showed that the home was making contact with the person's GP if their health deteriorated.

We found that care staff understood people's healthcare. All people who used the service had access to dentists, opticians and chiropodist. Some of the services were funded, while others required a contribution from the person. We saw that people's healthcare needs were monitored and action was taken if people's needs were changing. We observed the registered manager making an appointment with their GP to investigate a specific health problem. We saw that records were kept of contact people who used the service had with external healthcare professionals, the outcome of the visits and any specific advice or guidance for staff to follow.

At this inspection we looked at staff training records and found that care staff, in particular newly appointed care staff had not received training the provider called mandatory training. Mandatory training included moving and handling, food hygiene, first aid, infection control, safeguarding adults, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), medicines administration and dementia. We saw in one of the five staff training records that staff had undertaken some of the mandatory training. Staff we spoke with were not able to describe to us clearly a proper induction process and said that they had not received comprehensive induction training. We spoke with the registered manager about this. The registered manager explained that the organisation was in the process of changing their current training provider and that this should be completed shortly. The registered manager told us that once a new training provider was found, they would provide regular training again. However, the registered manager was not able to provide us with a time scale for this.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that staff had received medicines administration training, which included a competency assessment to ensure staff knew and understood their responsibilities around medicines administration. We also noted that staff had received one to one supervisions with the registered manager on average every two months.

We saw in people's care records, that assessments of need had been carried out prior to moving in to the home. We saw that this information had been incorporated in people's care plans to ensure that the home was meeting people's needs. We however found that in one of the assessments viewed the information obtained during the assessments was very basic, however we saw that the person's care plan had more

comprehensive information about the person. We advised the registered manager that the initial deficit of information during the assessment of need could compromise the effectiveness of care provided to people who used the service.

People who used the service told us that they liked the food provided. We saw that people received a varied, nutritious, well balanced diet. All meals were home cooked and freshly prepared. Some people required a specific diet due to a particular health condition, we saw that people were provided with a diet suitable for their medical needs. People who used the service told us that they were given a choice of meals and the home was offering meals which were culturally appropriate. One person told us, "I like the food here, it's always fresh and tasty." Another person told us, "The meals are very good."

Grove House Residential Dementia Care Home had a family atmosphere. Since our last inspection the registered provider had started to redecorate the home and had painted the hallway. The registered manager told us that they had arranged with an external contractor to have the kitchen and downstairs wet room redecorated and refitted.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. However, staff had not received training in this subject.

People's capacity to make specific decisions regarding care and support had been assessed to ensure their best interests or choices would be considered. People's consent to care was recorded in the care plans. We observed staff asking people for their consent before they provided care and treatment. Where people had some difficulty expressing their wishes, they were supported by their relatives or an authorised person.

Is the service caring?

Our findings

People were happy to give us their views of the care staff and their approach. The comments made included, "Staff are very nice here, we sit down and have a chat" and "[Carers name] is very good, so are the others, I am quite happy here." A relative told us, "I am very happy with the home, they keep me informed and help me to talk to my relative regularly."

People's relatives were encouraged to visit and the home supported people who used the service to stay in touch with their friends and family if they chose to do so. For example, the registered manager supported one person to purchase a specific telephone pre-pay card to stay in touch with their relative abroad. The relative told us how happy she was that the home helped her relative to stay in touch.

The home supported people from the lesbian, bisexual gay, transgender gender plus (LGBT+) community and the registered manager gave an example how she supported one of the people to maintain a relationship which was very important to them. People were able to go to their chosen place of worship or pray at home. One person said, "I like to pray in my room." The registered manager told us, that she goes with one person to Sunday mass at the local catholic church.

Staff were attentive, gave people the time they required and did not rush them. When we visited the atmosphere was very friendly and relaxed. Staff were cheerful and enthusiastic and we observed that they encouraged people to participate in conversations. The registered manager and staff showed concern for people's wellbeing throughout our visit and it was evident from conversations taking place that staff knew people well, including their personal history, preferences, likes and dislikes. People were satisfied with the care. They were engaged and alert and looked comfortable and at ease with the staff.

We observed staff were available and quick to respond when people needed additional support or reassurance. There was a lot of chatter and laughter between people using the service and staff and people joined in with the banter and clearly enjoyed it. Relatives told us they were always made to feel welcome when they visited and were consulted on the care their family member received. A relative said, "The manager is very helpful, she makes sure that I know everything about my relative."

We observed staff treated people courteously throughout our visit. Staff offered people choices, and they communicated respectfully and offered discreet support with their personal care when needed. Staff told us how they worked to protect people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. One staff member told us, "Its important to treat people with respect, they could be your mum or dad and wanted them to be treated well."

Is the service responsive?

Our findings

We found at our last inspection in June 2017, that although everyone had a care plan there was sometimes inconsistency with the level of detail. Some people had care plans that clearly outlined how staff should deliver care, but others were less specific and there was insufficient guidance for staff to follow to ensure people received consistent care.

At this inspection we saw improvements had been made. The registered manager explained that they had spent time to ensure that staff were aware of people's, likes, dislikes and preferences and we observed staff worked together effectively as a team. The home had gathered information from relatives, friends and significant others and was using this information to understand the support people wanted and to review care and support provided.

We inspected four people's care records. These contained a photograph of the person and information relating to the person's history and family. Plans contained specific information relating to people's preferred routines. For example, one record stated how and at what time the person would like to get up in the morning.

Care records contained information relating to people's needs in areas of care such as physical wellbeing, mental health, personal care, eating and drinking, oral care, mobility, continence needs and communication needs. This enabled staff to provide appropriate care and support.

During the day of our visit we saw that people who used the service went out for walks within the local community and making use of the patio and enjoyed the sunshine. We saw in people's files some evidence of activities. People who used the service told us that they were able to maintain their hobbies and interests. For example, one person told us, "I like to go for walks and the staff take me out." Another person said, "I like making jokes and having a laugh, they never stop me."

We saw people were free to move around the service. People sat in the lounge, and some people returned to their room where they relaxed or spent time on their own.

Suitable arrangements were in place so the service could respond to people's concerns and complaints. Relatives told us that they felt free to raise any concerns they had so that they could be used to develop the service. There was a complaints procedure available. Since our last inspection the home had received one complaint and records showed that the complaint had been responded to and dealt with appropriately.

When we visited nobody required end of life support. The registered manager had recognised the importance of understanding people's preferences regarding this type of care so that staff could provide individualised care which was important to them. We saw in one care folder, that the home had consulted with the person and discussed their wishes about what care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Is the service well-led?

Our findings

At our last comprehensive inspection in June 2017 we gave the service a rating of 'Requires Improvement' in this key question. We found that there was a breach of regulations because suitable provision had not been made to assess, monitor and improve the quality and safety of the service. In more detail, we found that quality checks had not always been sufficiently robust to ensure that problems in the running of the service were quickly put right. Furthermore, the registered persons had not actively consulted with people to obtain feedback about how best to develop the service in the future.

At this inspection we found that the systems and processes used to monitor and evaluate the operation of the service had been strengthened. For example, in November 2017 a service users survey and relative survey had been carried out. The feedback received was generally very positive. Comments made included, "Grove House is very good," "The staff is very helpful and hospitable" and "We are very satisfied with the care and support." We saw regular quality assurance checks had been introduced and carried out. These included checking of window restrictors, a staff training review, which resulted in contracting a new training provider and staff meetings to update and inform staff of new developments. We also saw that people had been consulted about the food choices and likes and dislikes to ensure these were reflected in the meals provided.

However, we still found some shortfalls. While medicines administration and systems had been reviewed in March 2018, however during this inspection we still found some shortfalls in the administration of medicines during this inspection. A staff training audit was carried out in March 2018 and noted shortfalls in the current training provisions. We were told by the registered manager that they had found a new training provider and new training would commence for staff in July 2018. This showed us that while the home had improved their quality assurance system, more work was required to improve the effectiveness of such systems.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service spoke positively about the registered manager and told us, "[Name] is always available for a chat and listens to what I have to say." A relative told us, "The manager or a senior member of staff is always around to talk to." We observed the registered manager to have a very hands on approach in the home dealing with staff and people who used the service. We saw the registered manager having knowledge of individuals and responding to their needs. For example, when a person asked for a drink this was provided.

Staff we spoke with told us they were happy in their role and felt supported by the management team. People told us they were happy with the service. One staff member told us, "She listens to the staff and is approachable."

We saw that records were kept securely and could be located when needed. The registered provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A

statutory notification is information about important events which the service is required to send to the Commission by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure the safe and proper management of medicines Regulation 12 (1) (2) (g). |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not always operate effective systems to assess, monitor and the improve the quality of service provided to people who used the service. Regulation 17 (1) (2) (a). |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed did not receive appropriate support, training and professional development to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a). |