

Mr & Mrs N Kritikos

# Grove House Residential Dementia Care Home

## Inspection report

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Harrow  
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## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 27 June 2017 and was unannounced. At our previous inspection in 2015 we found the home to be meeting all the fundamental standards we looked at.

The 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 5 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.

At this inspection, we found underlying 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 systems of learning, sharing and making improvements were not effective.

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.

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.

There were sufficient staff deployed to meet the needs of people who used the service. The provider had recruitment procedures and checks to ensure staff were suitable and had the right skills to support people at the service.

Staff we spoke with had a good understanding of safeguarding procedures. They also knew how to report any concerns they had. The provider had a system in place to log and investigate safeguarding allegations.

People were enabled to make decisions. Where a person lacked capacity to make a certain decision they were protected under the Mental Capacity Act 2005.

People felt able to complain and confident that their concerns would be dealt with. The provider had a

formal complaints procedure which was available for use.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered manager to take at the back of the full version of this report.

We are considering what action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks of harm to people were not always assessed, managed and reduced through the effective use of risk assessments.

There were sufficient numbers of staff to be able to meet people's needs safely. Staff had been employed through a robust recruitment process.

People's medicines were stored, managed and administered safely.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

People's complex needs were identified and managed in relation to their eating and drinking. However, in some examples, whilst people were generally supported to have food and drink of their choice, this was not consistent.

People's mental capacity had been assessed and staff knew the support people needed to make decisions.

People had been supported to see external health care professional for routine checks.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity.

Staff supported people to maintain relationships with those important to them, such as relatives and friends.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Care plans were in place but these were not detailed. We found information in care plans to be basic and not providing sufficient guidance to staff.

Care plans did not always reflected the current needs of people. Therefore we could not be assured that people's needs were being met.

Activities were available for people to participate in.  
There was a complaints procedure in place. Feedback

**Is the service well-led?**

The service was not consistently well led.

At this inspection, we found underlying concerns with governance arrangements, leadership and culture at 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.

**Requires Improvement** 

# 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 27 June 2017. One inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service; this included any events or incidents they are required to notify us about. We also contacted the local authority to obtain their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR is a form that asks the provider to give some key information about the service.

During our inspection visit we spoke with four people who used the service and the relatives of five people. We spoke with four members of care staff and the registered manager.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, for example their risk assessments. We also looked the medicines records of four people, four staff recruitment files, training records and a range of records relating to the running of the service. We also spent time in communal areas observing care and support.

# Is the service safe?

## Our findings

We could not be assured that risks associated with people's care were managed safely. Risk assessments were not always in place as required and some were incomplete.

We examined care plans of four people who lived at the home. We also looked at risk assessments, which were intended to reduce risk to people. We identified that the risk assessments were not detailed and therefore did not precisely give guidance on how people should be supported to reduce risk. For example, one person was at risk from gluten intolerance. This is a condition that causes one to react after ingesting gluten. Symptoms of the condition vary widely, but these were not highlighted in the risk assessment. This was also true of the risk assessment of another person, which stated the person could display physical aggression and verbal behaviours. Possible triggers or impact of these behaviours were not highlighted. Therefore, the risk assessments did not contain relevant information as to the methods of mitigating them.

This was also the case with the falls risk assessments we examined. The four people who lived at Grove House may not have been adequately protected from the risk of falls. This is because, although their risk assessments highlighted that they were at risk of falls, their care plans did not contain detailed guidance on how they should be supported to reduce risk. For instance, a risk assessment of one person highlighted a risk from stairway falls. It stated this could be reduced by 'present good practice and to supervise at all time'. No further details were provided. There was no in-depth analysis to identify other risk factors, including those posed by the environment. One of these was the presence of dogs in the environment. The home kept three dogs, which the registered manager told us provided pet therapy. During this inspection, there were four dogs. The registered manager explained the fourth dog belonged to a relative who was visiting. We observed the dogs were allowed to run freely within the care home. The hazard they posed in relation to falls had not been assessed. The registered manager told us the dogs had been at the home for the past six years and they had not caused any harm. However, this is no guarantee of future protection of people from potential risk.

Although there were measures to reduce the risk of fire, overall we found the fire safety arrangements for the home were not adequately safe. There was a fire risk assessment in place and fire drills were taking place on a quarterly basis. The fire alarms and emergency lights had been tested at regular intervals. However, during the tour of the home with the registered manager, we observed that there were three unmounted fire extinguishers in the home. They were located on the first floor, ground floor near the front door and in the kitchen. The fire extinguisher in the kitchen was partially obscured with crockery. This was a risk because it meant this fire extinguisher would not have been readily accessible in the event of a fire. Furthermore, all three extinguishers were free standing. They were not secured in fire extinguisher stands to ensure they were always located in the same space to make it easier to find them in an emergency.

We also checked to see if the premises were maintained in safe condition. Although the home had arrangements for the on-going maintenance of the building, we found this was not sufficient to protect people receiving care from risk. We saw certificates that fire safety equipment, electrical installations and PAT tests (portable appliance testing) had been carried out. Thermostatic mixer valves had been fitted to

ensure constant, safe water outlet temperatures. There was evidence that water temperature had been regularly checked. However, in contrast, some parts of the premises were in a poor state of repair. For example, a wash hand basin in the room of one person was detached from the wall. This posed a risk as it could have been easily knocked over. The registered manager told us the occupant of the room displayed behaviours that challenged the service and had tendencies of pulling the wash hand basin from the wall. We also saw that the wooden covers of pipework in another room had been broken. The registered manager told us that the occupant of the room had caused the damage. Following this inspection the home notified us that relevant repairs had been carried out.

We identified people were at risk of burns from exposed pipes that were located underneath a working table in the kitchen/dining room area. The dining table was placed near the pipes and we assessed that the pipes would have been within easy reach of people whilst they were dining. We sensed the temperature of the pipes and we judged they emitted temperatures which could present a burn risk if people were to come into prolonged contact with them. The registered manager told us these pipes had been exposed following the installation of a new boiler. This had not been identified as a risk.

We identified that food and hygiene standards were inadequate. We found opened food packages stored in the refrigerator that did not have dates to show when they had been opened. This was necessary to ensure the remaining food was still safe to eat. For example, we saw opened food packages that contained shredded potato pancakes, French fries, sausage rolls and meat balls. These had not been dated. A senior member of staff explained the procedures at the home for storing food, which stated any opened food packages must be dated before they were restored.

The home was overly cluttered. The registered manager told us this was because her relative was moving out. However, the local authority monitoring team had made a similar observation in their previous visits to the home, as we did in our previous inspections. The monitoring reports from the local authority that were carried out in February 2016, October 2016 and March 2017 reported that the general clutter should be removed citing fire and tripping hazards. The corridors on the first floor were cluttered with plastic bags and magazine books.

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

Despite this people told us they felt safe at Grove House. Comments from people included, "I feel very safe here" and "well looked after."

People who used the service were protected from the risk of harm and abuse. The home had a safeguarding policy and procedure. Staff had received training in safeguarding adults. Staff knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, the local authority or Care Quality Commission (CQC).

Recruitment was managed safely. We looked at the personnel files of four staff and we saw all the required documentations were in place. Staff had Disclosure and Barring Service (DBS) checks in place. This helped to reduce the risk of unsuitable staff being employed. We also saw that proof of identity and appropriate references had been obtained prior to employment.

There were sufficient staff deployed to meet the needs of people. There were two staff per shift who had responsibility for all the care and support that people received.



People's medicines were administered safely. We looked at the medicine records, which indicated people received their medicines as prescribed. Records showed that all staff who administered medicines had been trained to do so. We looked at the medicine storage facilities and found that medicines were stored properly.

The MAR charts were signed and up to date. Staff kept an on-going record of how much medicine was administered and how much was left, to make sure medicines were always available when people needed them. Audit records showed management regularly checked medicines. This ensured medicines were stored, administered and disposed of safely.

## Is the service effective?

### Our findings

People had been supported to see external health care professionals for routine checks. Regular GP, podiatry, eye and dental checks had been carried out for people. Some people had been supported to attend hospital appointments. However, from the care records, we could not be assured that people received effective support in relation to their health. This was because where people had specific health conditions we found that the care plans did not contain adequate detail about how they were supported.

For instance, one person displayed behaviours that challenged the service and another had diabetes. In both examples, the care plans lacked detailed information about how staff should recognise changes in the person's condition. Although we saw that staff knew people well, having worked with them for a long time, the lack of detailed information placed people at risk of not receiving consistent support they required.

Whilst people were generally supported to have food and drink of their choice, this was not consistent. There was documentation of the food people had chosen and the means by which staff supported them to have a nutritious diet. For example, one person had gluten intolerance and another had diabetes. Gluten refers to the proteins found in wheat, rye and barley which cause an adverse reaction in people with gluten-related disorders. Both conditions required that the diet of relevant people was monitored, which the home did. But then again, we also saw that some people who did not have gluten intolerance were served gluten free meals. This meant that they may have been at risk of a diet that was not adequate for them. For example, they may have had a reduced intake of foods containing wholegrains.

However, people were positive about the food at Grove House and told us that they were given a choice of food and drink. One person told us, "Everything is marvellous, the food is good." Another person said, "Every time I eat a meal I enjoy it."

We looked at staff training records. These showed staff had completed training in essential areas such as safeguarding, infection control, moving and handling, Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS). Staff who carried out medicines administration had been trained and assessed as competent. Training had also been provided in line with people's individual needs. For example, staff had received training in the management of diabetes.

New staff were enrolled on the care certificate. This is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide care. Staff confirmed they completed an induction and a period of shadowing before working independently with people. They also had the opportunity to sign up for vocational qualifications in health and social care.

Staff confirmed they received regular supervision and annual appraisals. Records of this were patchy, however, from the records we noted that the registered manager discussed issues involving people they supported, staff learning and development and matters relevant to individual staff members. This ensured staff were supported in their role and were able to discuss concerns and other areas regarding their role.

We examined how the home was implementing the requirements of MCA 2005 and DoLS. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

We checked and found the service was working within the principles of the MCA. Throughout the inspection we heard staff asking people for their consent before providing care and support. People's liberty was only restricted when there was no other means of keeping them safe. The registered manager had made two applications to the local authority to deprive some people of their liberty in order to keep them safe. One application was pending and there was evidence the registered manager was chasing up the applications.

## Is the service caring?

### Our findings

We observed staff to be friendly in their approaches to people's care. Interactions between staff and people were caring and respectful. People could walk freely and without hindrance. Staff had relevant knowledge regarding people's routines, and their likes and dislikes. Staff had worked with people for a long time and had built positive relationships. We saw that staff were calm and confident in carrying out their roles. Throughout this inspection we saw that staff interacted with people in a sensitive and caring manner. They always had the time to talk with people and explained things to them. We observed staff patiently listening and engaging with people's conversations even if people may not have been coherent.

The registered manager kept 'thank you' cards and letters which had been received from people's relatives. They were thanking staff for the care provided to their family member. One comment read, 'thank you [staff] for looking after my brother. He is so much stronger because of how you cared for him'. Another comment was, 'I have visited my sister and she looks well cared for. Her hair was coloured and her skin looks so bright'.

People were supported to have their privacy. As we observed staff while they carried out various tasks, we saw them knock on people's doors and wait for permission to enter. They also asked for permission for us to go into people's rooms. When staff thought that people required a visit to the toilet, we saw them being discreet and quietly asking people if they could help. Each person had their own bedroom which afforded them privacy. When support was required, people were attended to in a timely manner and staff were aware of people's needs.

Staff supported people to maintain relationships with those important to them, such as relatives and friends. People could have their friends and family visit when they wished. We saw that relatives were always welcome when they came to see their relatives. They were also included in activities which took place and were invited to special events held at the house like birthdays and Christmas.

## Is the service responsive?

### Our findings

We could not be assured that people received the support they required because their care plans did not contain sufficiently detailed guidance for staff. People were assessed of their needs, choices and preferences prior to moving to the home. The assessments covered areas such as medical, cultural, religious, dietary, psychological, social and communication needs. However, we found that information from these assessments was not always detailed in their care plans.

We found information in care plans to be basic and not providing sufficient guidance to staff. For example, one assessment identified that one person required a special diet. Under the 'details' section, the care plan stated, 'controlled sugar intake'. There was not further information. Another assessment stated one person was on gluten free diet but this was not detailed in their care plan. For example, signs and symptoms of the condition were not highlighted. There were no instructions of what staff needed to do if there was an adverse reaction to accidental exposure to gluten. Although we saw that this person's dietary needs were met, the absence of detailed information exposed the person to receiving inconsistent support. There were other examples of missing information in care plans and incomplete risk assessments. This put people at risk of receiving inconsistent and unsafe care.

We found that reviews of people's care had taken place once every month. However, the care plans were not updated with relevant information to ensure that all details were captured. For example, reviews were carried out for different elements of care, including risk assessments, hydration, personal hygiene and social activities. In all the examples, there were not enough details captured to reflect people's needs and preferences and whether these were being met. For example, one person had diabetes and was on a special diet but their monthly reviews did not comment on whether outcomes were being met or if things had changed that should affect the care plan. For example, a review in April 2017 reported, '[This person] eats and drinks well. At times he needs assistance'. Like all the other reviews we examined, this review did not comment on whether the person's current diet was helping to control blood sugar or maintaining a healthy weight. As a result we could not be sure that the care plans reflected the current needs of people and subsequently whether people's needs were being met.

People had choice in how they went about their day to day lives. People and their relatives were consulted about what they wanted to do and this was taken on board. However, there was no evidence of consulting people prior to implementing pet therapy. The registered manager had told us the presence of dogs provided some therapy to people. We did not see evidence of negative feedback from people and their relatives regarding the dogs, but they should have been consulted before the commencement of the pet therapy.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In spite of the above people told us that they received the support that met their needs. They told us staff were responsive to their needs. One person told us, "I like it here." Another person said, "Everything about

the home is good."

There were a number of ways that people were asked to share their views. There were regular meetings with people. Similarly, an annual satisfaction survey was carried out. Relatives could also leave feedback at the entrance at their own convenience. We looked at these documents and we saw that comments were mostly positive. Where people raised concerns, this was recorded, along with suggestions for improvement, which the home actioned.

People were supported to engage in a range of activities. Staff supported them with activities including board games, grooming activities such as manicure, reading newspapers and magazines, going out for walks, and participating in household chores. These activities reflected people's interests and preferences. For example, one person enjoyed reading newspapers and magazines and we saw this was supported. We observed people spent time together in communal areas where they appeared comfortable, reading and watching television.

The home had a clear complaints policy and procedure which was available at the service. Staff understood the process for raising a complaint. We reviewed complaints records since our last inspection. These showed that the service had responded within the timescale identified in their policy. Investigations were thorough and honest and the complainant was kept informed throughout the process. Records showed that the majority of complainants were satisfied with the outcome and response.

## Is the service well-led?

### Our findings

We found underlying 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 service did not operate effective quality assurance systems to assess, monitor and mitigate risks relating to people's health and welfare. Whilst audits of the environment and care records were carried out, we found these had failed to identify shortfalls we identified. This meant the service was not able to take action to ensure people who used the service were properly protected. For example, the risk assessments of all four people living at the home had not been monitored to ensure they were receiving a high quality service in line with their care plan. The registered manager told us that the service did not carry out audits on people's care records. We examined the care records of people and saw that they did not contain relevant health information. There was no specific information as to the risks and method of mitigating the risks. This had not been identified because the service did not have a system in place to identify this matter.

We also found where the service had systems in place; these systems were not fully effective in identifying all issues. For example, the service carried out a monthly health and safety audits of the environment. However, during this inspection we saw that some parts of the premises were in a poor state of repair. For example, a wash hand basin in the room of one person was detached from the wall. This had not been picked up by the audits. Also, although there were measures to reduce the risk of fire, we found the fire safety arrangements for the home were not adequately safe and this had not been picked up by the audits that the service had carried out. For example, all three extinguishers within the home were free standing. They were not secured in fire extinguisher stands to ensure they were always located in the same space to make it easier to find them in an emergency. Therefore the health and safety audit system was not operating effectively because it had not identified these shortfalls or taken a corrective action.

There were limited systems in place for staff to discuss issues and influence the operation of the home. The registered manager told us staff meetings were undertaken regularly but we did not see evidence of this. Although staff confirmed they received regular supervision and annual appraisals, records of this were patchy. There were no staff surveys that were carried out. Therefore the service may not have had robust systems to monitor staff development and make sure that staff were able to meet people's needs safely.

The home was not well led. There was one senior staff who we were told was being mentored to become the deputy manager. From the discussion we had with the registered manager and the senior staff, it was clear that there were no formal arrangements to ensure there was sufficient managerial oversight and direction. We asked about the arrangements that were in place to ensure management shared information and met to discuss issues arising at the home. We were told that the staff team met on a regular basis. We asked to see minutes of team meeting but these were not available. We were told meetings were not recorded.

During the course of the inspection we found ourselves waiting for information that should have been easily available, for example, audits, staff meeting minutes, and supervision notes. The senior staff had to phone the registered manager about the location of some records, as by this time the registered manager had left

the home.

All the issues above meant there was a lack of systems in place to check that people's needs were being met and that the service was operating effectively. The provider had also not identified the shortfalls we found during this inspection.

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



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was not making sure that care and treatment of service users was appropriate, met service users' needs and reflected their preferences. .</p>