

# Key inspection report

## CARE HOMES FOR OLDER PEOPLE

### Grove House

**7 South Hill Grove  
Harrow  
Middlesex  
HA1 3PR**

*Lead Inspector*  
Teferi Degeneh

*Key Unannounced Inspection*  
8th September 2009 09:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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# SERVICE INFORMATION

<b>Name of service</b>	Grove House
<b>Address</b>	7 South Hill Grove Harrow Middlesex HA1 3PR
<b>Telephone number</b>	020 8864 5216
<b>Fax number</b>	020 8864 5216
<b>Email address</b>	ndmca.kritikos@virgin.net
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Mrs Dympna Kritikos Mr N Kritikos
<b>Name of registered manager (if applicable)</b>	Mrs Dympna Kritikos
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	5
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (5)

# SERVICE INFORMATION

## Conditions of registration:

1. The registered person may provide the following category/ies of service only:  
Care home only - Code PC

to service users of the following gender:

Either

whose primary care needs on admission to the home are within the following categories:

2. Old age, not falling within any other category - Code OP  
The maximum number of service users who can be accommodated is: 5

**Date of last inspection**      11th December 2008

## Brief Description of the Service:

Grove House is a care home that provides personal care and accommodation for up to 5 older people. The owners of the home, Mr and Mrs Kritikos, live on the premises with their family.

The home is located in Sudbury, Harrow, on a quiet residential road. It is a few minutes walk from local shops and other amenities. There are local public transport facilities in the vicinity. Sudbury Town underground train station is a few minutes walk from the home.

The care home was opened in 1995. It consists of a semi-detached house, with parking for approximately four cars at the front drive area of the house. There are two single bedrooms for resident accommodation on the first floor, and one on the ground floor. There is also a shared bedroom on the ground floor. The home has an enclosed, well-maintained garden with a seating area, which is accessible to residents.

The current scale of fees is £480 to £515. There were two vacancies at the time of the inspection.

Currently there are two residents and three vacancies at the home.

A copy of the inspection report can be available on request from the home or from the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

# SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 stars**. This means the people who use this service experience **good** quality outcomes.

The inspection was undertaken over a period of five hours, starting at 10:30 am and concluding at approximately 3:30 pm. The owners, Mr and Mrs Kritikos, and one member of staff were present throughout the inspection.

We were able to speak to Mrs Kritikos who is also the manager of the home. We also spoke to Mr Kritikos and the other member of staff. Two residents who currently live at the home were also observed and spoken to. We checked the residents' files and the home's policies, procedures and other records such as the menu, programmes of activities, and the health and safety records. The home's annual quality assurance assessment (AQAA), which was completed and returned to the Care Quality Commission (CQC) as part of this inspection, was also examined. An AQAA is a self assessment which care homes are asked yearly to complete and send to us. This gives the homes an opportunity to tell us how they meet the needs of the people who use the service and what plans they have to improve their services and facilities.

## **What the service does well:**

This is a small home where the needs of each resident are identified and appropriately cared for. The manager and the staff are experienced and committed to provide a good standard of care in a safe and comfortable environment. The people who use the service can be confident that their concerns are listened to and their needs are taken into account in the delivery of the service. The food is good and the home always makes sure that the people who use the service have a choice. The residents have good opportunities to engage within and outside the home, to receive and visit friends and families.

## **What has improved since the last inspection?**

The manager has provided a new medication cupboard which is fixed against the wall in a corner of the lounge. The temperature of the area where medication is kept is monitored and recorded daily. The staff have attended safeguarding and dementia training.

## **What they could do better:**

It is important that the manager makes sure the dosette boxes in which the medicines are delivered are improved so that they are secure and the medicines do not fall or the plastic seals do not break too easily. Also the manager needs to organise separate files for all members of staff including a member of the family who is employed to work at the home.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line – 0870 240 7535.

# DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

# Choice of Home

## The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

## The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

3

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. People who use the service are confident that the home admits them only if their needs can be met with the available services and facilities.

### **EVIDENCE:**

The residents have lived at the home for many years and there have been no new admissions since the last inspection. The home's annual quality assurance assessment (AQAA) confirms that there is a pre-admission assessment procedure and that new residents are encouraged to be involved and visit the home as part of the procedure. The manager said that new residents are admitted only if the home and the resident or their representatives agree that their needs can be met. She said that a relative of a potential person who uses the service recently came to the home to see the facilities and services. From discussions it was evident that the person and the service user will come again to find out more about the home.

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7, 8, 9, and 10

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. There are good systems in place to review care plans and to meet the residents' needs. The storage and administration of the medicines are good but there is a need to improve the dosette boxes so that medicines are kept and administered securely without the risk of falling on the floor.

### **EVIDENCE:**

From the examination of the residents' files and conversation with the manager it was clear that the residents' care plans are updated regularly. We noticed in one of the files that the placing authority and a friend of a resident attended a review. It was evident from letters and visitors' book that friends and families of residents have regular input in the way care is provided for the residents. We noted that the residents have regular medical checks and both of them are

registered with their own general practitioners (GP's). From observations with the manager and staff it was clear that the residents' privacy and dignity are respected. One resident told us that they are happy living at the home and they have lived here for many years. A letter written by a relative says that the resident could not be better cared for. Another letter says: "[The owner] goes beyond the normal standards of care and appears to worry about their residents like their family".

We checked the medicines. We noticed that the manager has made some improvements since the last inspection. For example, the medication cupboard has been moved from the kitchen area to one corner in the lounge. The temperature of this area is daily monitored and recorded. We checked the medicines and the medication administration record sheets (MARS). All these were in order with no gaps in the MARS. We were, however, concerned to see that the plastic sheets on each of small boxes were not reliably secure which means that the medicines could easily fall on the floor. We discussed this with the manager and she said that the system had been introduced only a week ago and she has already asked the chemist to change the dosette boxes.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 4, and 15

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. There are good arrangements for the residents to engage. The food provided at this home is good and meets the people's needs.

### EVIDENCE:

When we arrived at the home we saw the two residents sitting and watching television programmes in the lounge. We were told by the residents and the manager that both residents have television sets in their bedrooms. The residents said they are happy living at the home. The manager showed us the activities programme and mentioned a range of activities such as reminiscence, picnics in the park, trips to the city and shopping which the residents enjoy. The AQAA stated: "We [the home] have a wide range of activities programme at Grove House, ranging from walking in the park and woods, board games, music sessions, and 'Tactile Therapy' Pamper Parlour weekly. The Residents enjoy going for car trips, picnics, and shopping trips."

From the visitors' book, conversations with the manager and the residents it was clear that the residents are visited by their families and friends. A friend of

a resident comes to the home weekly and another resident is supported by the home to see a family member regularly. The manager told us that the home does not manage the service users' money. She said the home pays for extra expenses like hairdressing and sends the invoices to the residents' families or representatives. The manager said the residents are registered on the electoral roll and they have exercised their right to vote during the election times. We noted from the care plans that a resident has an advocate who attends their reviews.

We talked to the residents about the meals. Both of them said they like the food at the home. The manager wrote in the AQAA about the food: "We pride ourselves at Grove House on the quantity and variety of good food available in the home all the fruits and vegetables are organic or home-grown from our local grocery shopkeeper." We checked the menu and found out that there are varieties and balanced meals provided at different times. The lunch which was served during the inspection reflected the menu and observations showed that both residents enjoyed their meals. The manager confirmed in conversations that the residents are always consulted about the menu and the food they would prefer to eat.

# Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16 and 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. The residents and their families are confident that their concerns are listened to and acted on by the home. The staff at the home are clear about safeguarding and there are good procedures to ensure that the residents are safeguarded.

## **EVIDENCE:**

No complaints have been recorded since the last inspection. This being a family run home we spoke to both owners and a member of staff, who is also a family member. All three told us that they take any complaints or concerns seriously and follow the home's procedure to record and investigate. The two residents confirmed that they know who to talk to if they have a concern or complaint. We looked at some letters received from the residents' families. All these letters talked how the home is good in meeting the residents' needs and how happy the families are with the home.

The home has a procedure on safeguarding. The manager confirmed in the AQAA that all staff have attended training on safeguarding. From discussions with the manager and a member of staff it was evident that both of them are clear about the actions they need to take by following policies and procedures and good care practice to safeguard the people who use the service.

## Environment

### The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

### The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

### JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. The home is good and the residents live in a clean and comfortable environment.

### EVIDENCE:

The home was clean, tidy and free from unpleasant smells on the day of the inspection. The manager states in the AQAA: "We take cleanliness very seriously in the Home as it is the only way to control infection and bacteria spreading and good hygiene practices are paramount." This is also the family home which means that the owners are present all the time and any maintenance or emergency issues are dealt with without delay. The residents said they liked the home.

The home is situated in a quiet residential area but within walking distance of local shops and the London underground station. The garden is accessible through a few steps, and it is mostly used to grow plants and fruits. A covered decking area, where the residents can sit if they wished so, leads to the garden.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

This is what people staying in this care home experience:

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27, 28, 29, 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. The people who use the service are confident that they are supported by experienced, dedicated and reliable staff who can meet their needs.

### **EVIDENCE:**

We mentioned earlier in this report that the relatives gave good feedback through their letters stating that the home goes beyond the normal standards of care and appears to worry about the residents like members of their family. The home is run by people who own the service and live at the premises. There is at least one member of staff at the home at all times. The people who use the service told us that they are happy living at the home.

The manager said she is in the process of recruiting an additional part time member of staff. She said one person has been interviewed and is waiting for a criminal record bureau check and written references before they start work. The manager said the interview of staff includes an observation of them at the home. As we mentioned above the existing care member of staff is a member of the family. We were not able to see a dedicated file for the care member of staff even though we could see certificates of training or evidence of other activities for them in some files. We asked the manager to ensure that there is

a separate file for the member of staff. New staff are also given induction programmes and training to enable them to provide care that meets the residents' needs. The AQAA confirms that the manager and a current member of staff have achieved national vocational qualifications (Care) at level 2 or above. Both the care member of staff and the manager were able to demonstrate their good experience and skill of supporting older people in a care home.

# Management and Administration

## The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

## The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

31, 33, 35, and 38

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service. There is good management system to ensure that the people who use the service live in a home which listens to them and meets their needs.

### **EVIDENCE:**

The manager has run the home with her husband, the other registered person, for over ten years. She confirms in the AQAA that She has completed relevant management qualifications at NVQ level 4, and continues to undertake training such as NVQ assessment and understanding dementia care. She was able to provide all the information we needed for the inspection and we understand

from different correspondence in the files that she works well with families, social workers and health professionals. From observations and discussions we understand that the manager has good knowledge of all the residents living at the home.

We have mentioned earlier that the home does not manage the residents' money. However, the home pays for expenses such as toiletries and hairdressing for which it invoices the residents' families or representatives who look after their finance.

The manager informed us that she seeks feedback from the family through anonymous questionnaires. She said that the residents are also asked through questionnaires about the quality of the services of the home. The manager keeps feedback cards which we checked. These cards contained positive comments about the home. The manager has written a summary of the feedback and confirmed that she intends to make further improvements.

The manager confirmed that there have been no recorded incidents and accidents. From the AQAA we know that all health and safety checks have been undertaken and the policies and procedures have been updated. From the records we know that the fire officers visited the home on 26/03/ 2008 and judged the home met fire safety regulations were serviced on 22/12/2008. The manager said fire alarms are checked weekly. We mentioned above that the home was clean and there were no trace of unpleasant smells.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

**RECOMMENDATIONS**

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP9	The registered person should ensure that the medication dossette boxes hold medicines securely. This reduces the risk of medicines falling down on the floors.
2	OP29	Each member of staff employed to work at the home should have a file which needs to be available for inspection.



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