

Grandholm Care Home Care Home Service

Grandholm Drive
Bridge of Don
Aberdeen
AB22 8AE

Telephone: 01224 708712

Type of inspection: Unannounced
Inspection completed on: 13 February 2018

Service provided by:
Aviemore Homes Limited

Service provider number:
SP2007008957

Care service number:
CS2007145182

About the service

Grandholm Care Home is a three-storey purpose-built home, in a quiet residential area within the city of Aberdeen. The provider is Aviemore Homes Ltd. The service is registered to provide nursing and residential care to a maximum of 79 older people, of whom 29 may have dementia/mental health problems. The home had an interim care unit for up to six people on the ground floor. At the time of inspection there were 45 people living in the service.

All bedrooms have en-suite shower rooms and people have a number of sitting and dining areas to choose from. The home has a small enclosed garden that can be accessed via the ground floor unit.

It is the objective of Grandholm Care Home "that all service users will enjoy a clean, smoke free, safe environment in private spaces and communal areas within the home and be treated with the care, dignity respect and sensitivity to meet the individual needs and abilities of the service user".

The service registered with the Care Inspectorate on 1 April 2011.

What people told us

During our inspection we spoke with nine people who live in Grandholm Care Home and with seven people who visit the service. We used some of their comments to inform our inspection, for example:

"Very happy staying here."

"Always lots going on to keep me busy."

"The meals are much better."

"(name of person) says its wonderful here."

We concluded that people are happy with the service provision.

During our inspection we spoke with eleven staff members and one visiting professional. We used some of their comments to inform our inspection for example:

"The home is more organised with everyone (staff) going in the same direction."

"Everyday I learn something new."

"The new manager has brought positivity."

"I am confident that staff will follow instructions."

We concluded that staff employed by the service are happy working in the service.

We did not issue Care Standards Questionnaires for this inspection.

Self assessment

A self-assessment was not required to be completed for this inspection. However, during our inspection we reviewed the action plan that the provider had in place. The action plan demonstrated how the provider aimed to improve standards of care and improve outcomes for people.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

At this inspection we found the performance of the service for this statement to be adequate. We reached this conclusion after we spoke with visitors and people who live in the home, reviewed relevant documentation and observed staff practice.

The provider had worked hard to make improvements and meet requirements made at our previous inspections. (See action taken on requirements at the end of this report).

Occupancy was greatly reduced from our previous inspection. The provider had not reduced staffing numbers. This enabled the new staff group to take time to deliver care and get to know the people who lived in Grandholm. People told us, "I don't wait long when I buzz".

The atmosphere within the home was relaxed and calm. A visitor told us "the biggest change is the atmosphere". A visiting professional told us "it is less frantic and more structured". This change had improved the quality of life for people living in Grandholm.

A new menu was in place and satisfaction levels with the changes were high, "meals are much better than before". Improvements made to meet people's nutritional needs had reduced the risks of people losing weight and provided balanced nutritional meals.

People appeared happy and content. We observed staff engage with people throughout our inspection.

There were improvements to people's appearance with clothes in a good state of repair, hair was styled and men assisted with shaving. This helps people maintain a sense of identity and personhood.

We read care documentation that now reflected a person-centred approach to care. This meant that people received the care that was appropriate to their need.

Supporting wound care documents showed that there were still inconsistencies with the ongoing assessment of wounds and establishing measures taken to reduce the risks of developing wounds. This meant that people remained at risk of skin breakdown. (See action taken on requirement 6 at the end of this report).

People told us "there is plenty going on" and during our visit we observed people in all areas of the home engage in meaningful activity. This had improved outcomes for people.

We read that when instructions and guidance had been left by supporting professionals, this was followed. We were told, "I am more confident that instructions will be followed". This meant that the care delivered was appropriate to the need of the person.

Satisfaction levels from visitors had improved. There was increased confidence. We were told "standards have improved". However many visitors continued to express concerns with the laundry service. They told us items of clothing were lost or misplaced in the wrong wardrobes. The service needs to address the issues in regards people's laundry.

The new management team and staff need to continue to build on the improvements and changes made to ensure that people's quality of life continues to improve.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

At this inspection we found the performance of the service for this statement to be adequate. We reached this conclusion after we walked round the service and reviewed relevant documentation.

Throughout our inspection the home remained free from odours and appeared clean. We observed staff react promptly to accidental spillages.

Corridors and shared areas were open and clutter free. Contrasting handrails enabled people to mobilise independently. Appropriate signage was in place to help people access lounges, toilets and dining areas. The service should look to improve on focal points in corridors to help people with orientation to their bedrooms.

Lounges and dining areas were found to be varied in levels of décor and comfort. Some areas had been upgraded. We were told "I love the art room". However we found some lounge and dining areas requiring decorating and some kitchen serveries were in a poor state of repair. The service should look to introduce a phased programme of improvement to enhance the quality of life of people who live in the home.

Additional seating areas had been created and arranged to encourage people to engage with each other. We were told, "we meet here for a cuppa and a blether". Staff in one unit had begun to add items in shared areas to encourage people to have meaningful activity and engagement. We saw how this practice resulted in positive outcomes for some people. We will follow up in our next inspection how this area of practice has been developed.

We saw very good maintenance systems in place. They were highly organised, very clear and easy to follow. These systems help to maintain a safe environment and to ensure that equipment in use was fit for purpose. Repairs were reported and dealt with promptly. This helped keep the environment safe for people.

During our inspection we noted that there were improvements to ensuring areas of high risk for example sluices and chemical storage areas were secure. This reduced the risks of people having access to these high risk areas.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

At this inspection we found the performance of the service for this statement to be adequate. We reached this conclusion after we spoke with staff, visitors and people who live in the home, reviewed relevant documentation and observed staff practice.

There had been a high turn over of staff in the service and the recruitment of a permanent staff group was ongoing. However due to the increased supervision of practice by the trained staff and management team, there was consistency in the standards of care delivered by new and temporary staff.

Staff told us that morale was higher. There was a change to a learning culture in the home. Staff said that time was now taken to explain to them why improvements and changes had to be made. With increased knowledge staff were enabled to make the changes to their practice that improved outcomes for people.

Staff we spoke with told us that they felt listened to and informed of changes to the service. We were told, "I feel valued". They said the manager was approachable and visible. We were told, "I would not hesitate in approaching the manager to raise a concern".

We reviewed the recruitment process and found that new staff were recruited safely, with the necessary checks being completed. This meant that people living in the home were cared for by staff that were suitable for the role.

Throughout our inspection staff appeared professional and confident in their role. People were attended to with respect and dignity. This had resulted in increased confidence in the people who live in the home.

Training records showed that most staff had completed the mandatory online training. However we were concerned that most staff were out of date with practical moving and handling training and with medication administration competencies. It is important that all staff are equipped with the necessary knowledge and skills to meet all aspects of their role safely. **(Requirement 9 from our previous inspection not met.)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

At this inspection we found the performance of the service for this statement to be adequate. We reached this conclusion after we spoke with the management team, reviewed relevant documentation and observed the manager's role in the service.

The manager and deputy had recently been recruited. Visitors to the service and people who lived there told us that they had met the new manager and that she was visible in the service. This had resulted in an increase in confidence due to the management team being accessible.

It was positive to hear that the additional support provided by senior management was to continue. This would help ensure that improvements that had been made and that the systems that had been put in place, would be sustained.

Most people we spoke with said that they were better informed however two visitors said that due to a delay in minutes of a relative meeting being delayed, they were anxious about developments with the service. The manager has plans to hold regular meetings and should be mindful that minutes of meetings are produced timeously, thus ensuring people are kept up to date with developments in the service.

The management team was visible in all areas of the home throughout our visit. We observed them directing staff and discussing the needs of people. There was increased knowledge in the clinical overview of people due to this good practice. This enabled the management team to ensure that staffing levels were appropriate and that appropriate professional support was sought.

We reviewed quality assurance and found that this had not been fully introduced in the service. The manager was aware of the importance of identifying areas for improvement and improving outcomes for people through a robust quality assurance system. **(Requirement 10 from our previous inspection not met.)**

The provider, management team and staff had worked hard to improve standards in the service and the quality of life for people living in Grandholm Care Home had improved as a result.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The service provider must ensure that staff are aware of people's nutritional needs and ensure that these needs are met safely.

- 1) People's nutritional assessments are up to date with their current nutritional need.
- 2) People's current nutritional needs are met.
- 3) People are offered alternatives at that time if nutritional intake is poor.
- 4) Intake charts are accurately completed to reflect people's nutritional intake.
- 5) The service needs to demonstrate that there is monitoring and supervision of points 1-4.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented with immediate effect.

This requirement was made on 30 August 2017.

Action taken on previous requirement

The mealtime we observed was calm and organised. The nurse led the service and directed staff appropriately. The menus had been reviewed and people now had a choice of nutritious meals. There were additional snacks for people to access throughout all units. There were high levels of satisfaction with the meals.

The service had been supported by a dietician and it was positive that guidance and instructions prescribed had been followed. We read care plans that reflected the needs of individuals. Weight monitoring and recording had been completed according to risk and nutritional assessments were completed accurately.

Each unit had a nutritional overview sheet which was used by staff as reminder of people's individual nutritional needs. We observed staff refer to this overview throughout our inspection. This meant that people received the diet that was appropriate to their need.

Staff demonstrated good knowledge on how to add extra calories to meals and snacks. Staff were aware of people's allergies to certain foods and food restrictions due to medical conditions.

We reviewed charts that were in place to monitor some people's nutritional intake and found that these were not consistently completed. We discussed this with the manager of the service and are confident that she will put measures in place to improve the completion of these charts.

We concluded that we are confident that the service has improved its practice in regards meeting people's nutritional needs and has the appropriate systems in place to prevent weight loss. This requirement has been met.

Met - outwith timescales

Requirement 2

The service provider must ensure that the hydration needs of all people are met.

- 1) Intake charts must reflect accurately people's fluid intake and be completed timeously.
- 2) Where fluid intake has been low and fluid targets have not been met, there must be evidence of this being documented in care notes, evidence that this information is communicated to colleagues and evidence that action has been taken.
- 3) The service needs to demonstrate that there is monitoring and supervision of points 1-2.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented with immediate effect.

This requirement was made on 30 August 2017.

Action taken on previous requirement

All units in the service had a choice of fluids readily available for people to access. We observed these being replenished throughout our inspection.

People who chose to remain in their rooms had access to fluids and these were within easy reach.

We observed staff offer people a choice of drinks at meal and snack times and also outwith these times.

We reviewed fluid intake monitoring charts and found that these were only in place when individuals had been assessed as being at risk of dehydration. This improved practice enabled staff to direct care appropriately. We

read that fluid targets had been established and we saw some evidence that when fluid targets had not been met, action had been taken. We discussed with the manager that not all fluid balance charts had been consistently completed. We are confident that the manager will put the necessary systems in place to improve the consistency with completion of the charts.

We concluded that we are confident that the service has improved its practice in regards meeting people's hydration needs and has the appropriate systems in place to prevent dehydration. This requirement has been met.

Met - outwith timescales

Requirement 3

The service provider must ensure that all staff are aware of and adhere to the specific prescribed altered textured diets for individuals in the home, with particular reference to those people as being assessed of high risk of choking.

- 1) All people who have been prescribed an altered textured diet must have their current need accurately recorded in their care notes.
- 2) Staff must be aware of the current prescribed altered textured diets for individuals.
- 3) The service must ensure that people prescribed altered textured diets are offered appetising meals and that alternatives are available.
- 4) The service needs to demonstrate that there is monitoring and supervision of points 1-3.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented with immediate effect.

This requirement was made on 30 August 2017.

Action taken on previous requirement

The service had benefitted from the additional support of a professional specialising in altered textured diets. We read care plans that reflected the prescribed care of the professional. This ensured that the information staff read was accurate and reduced the risks of people receiving the wrong textured meals.

Each unit had an overview of people's nutritional needs and we observed staff access and use this overview to check on people's prescribed diets. We spoke with a number of staff of all grades who were able to demonstrate good knowledge on the prescribed altered textured diets of people. We were confident that the increased awareness demonstrated by staff and the accurate information that was available, reduced the risks of people receiving the incorrect textured diets.

The service had changed its menu and we saw that there was an improved selection of meals available to people who were prescribed altered textured diets. This improved their dining experience and nutritional intake.

We concluded that we are confident that the service has improved its practice in regards meeting the needs of people who are prescribed altered textured diets and has the appropriate systems in place to prevent individuals receiving the wrong diet and thus putting them at risk of choking. This requirement has been met.

Met - outwith timescales

Requirement 4

The service provider must ensure that pain assessments are undertaken when required and that there is appropriate management and evaluation of pain relief.

- 1) The service must ensure that people have up-to-date pain assessments in place and that assessments are completed after pain relief has been administered to monitor effectiveness of prescribed pain relief.
- 2) People who are prescribed pain relief must have a care plan in place to reflect current need.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented with immediate effect.

This requirement was made on 30 August 2017.

Action taken on previous requirement

We reviewed care documentation that reflected accurate information regards people expressed pain and details on how what staff should do to help reduce pain levels in individuals. This meant that staff had the information at hand to keep them informed and were able to care for the person appropriately.

Appropriate pain assessments were now in use. We saw that these were completed appropriately. This meant that there were appropriate assessments taking place on the effectiveness of medication prescribed to reduce pain.

Medication sheets showed that people were receiving their prescribed analgesia as directed and where someone was prescribed when required analgesia, this was seen to be offered. This improved practice meant that people's levels of pain were reduced.

Throughout our inspection we did not observe anyone expressing that they were in pain or discomfort.

We concluded that we are confident that the service has improved its practice in regards the administration, management and assessment of pain relief and outcomes had improved as a result. This requirement has been met.

Met - outwith timescales

Requirement 5

The service provider must ensure that all people are treated with dignity and respect. In order to do so, the provider must:

- 1) Ensure that care plans document the preferences for people and that through observation and supervision of practice, these preferences are respected.
- 2) Ensure all staff have completed dementia training, with emphasis on dignity and respect. Reflective accounts to be completed to reflect on how this learning will influence practice.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users.

Timescale: to be implemented by two months of receipt of this report.

This requirement was made on 30 August 2017.

Action taken on previous requirement

Staff were observed treating people with respect. Prior to entering someone's room, staff were seen to knock. People appeared relaxed and engaged with staff at every opportunity.

Staff had placed importance on assisting people to maintain a sense of personhood. Assistance was given to ensure people's hair was appropriately styled, clothes were in good state of repair and appropriate footwear was worn. This had enhanced people's quality of life, there were high levels of satisfaction with this improved aspect of care.

There were high numbers of staff who had completed the online training in dementia care. The service has plans to implement an extended dementia care training programme for staff. The service had prioritised supervision of staff practice and addressing areas for improvement immediately. This had a positive impact on outcomes for people. We observed trained staff direct staff and addressing areas of practice that could be improved upon.

We concluded that people who live in Grandholm are treated with dignity and respect. This requirement has been met.

Met - outwith timescales

Requirement 6

The provider must demonstrate that the service has systems in place to ensure individual residents are assessed, monitored and treated as directed, with regards wound management. In order to do this, the provider must:

- 1) Ensure that planned support is fully implemented when people have wounds or at risk of developing a wound.
- 2) Demonstrate that staff will seek advice from relevant healthcare professionals promptly and ensure that their advice and guidance is implemented into practice.
- 3) Ensure that staff have the necessary skills and experience to implement recommendations and advice provided by external healthcare specialists.
- 4) Ensure that managers monitor and audit health needs robustly.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4. (1) (a) - Welfare of Users.

Timescale: to be implemented by one month of receipt of this report.

This requirement was made on 30 August 2017.

Action taken on previous requirement

The service had been supported by a professional specialising in the care of wounds. There was increased confidence in trained staff due to the additional knowledge and support that had been provided.

Each unit had wound care folders in place. This ensured that staff had easy access to the relevant documentation that was required to be in place to record the ongoing care of wounds. It was disappointing to read that there continued to be inconsistency with the completion of these documents. Relevant risk assessments did not reflect the risks to some individuals of further skin breakdown, ongoing wound assessments did not record all dressing changes and care plan evaluation sheets recorded conflicting information. This had the potential to increase the risks to people due to inconsistent assessment and ongoing monitoring of wounds.

People who were at high risk of skin breakdown or who had wounds had position change charts in place. It was positive to see that the service had implemented new position change charts as recommended by the supporting professional. However we found that the details recorded on these charts and the recordings were not robust. There remained confusion as to the frequency of position changes and information recorded confirmed that there was an inconsistent approach to delivery of care. This had the potential to increase the risk of skin breakdown to some people.

Although the number of wounds had reduced we could not be confident that the service had the systems in place to competently assess and monitor ongoing wound care management and to effectively reduce the risks to some people. This requirement will be followed up at our next inspection.

Not met

Requirement 7

The provider must ensure that all medications are administered as prescribed. In order to do this, the provider must:

- 1) Ensure that directions for all medication administration are adhered to, including time and frequency of administration.
- 2) That there are systems in place to ensure that people's medication does not run out of stock.
- 3) In the case of the refusal of medications that may have a negative impact of people's wellbeing, advice from the relevant medical professional must be obtained.
- 4) Ensure that managers monitor and audit medication administration to ensure safe practice and standards are maintained.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4. (1) (a) - Welfare of Users.

Timescale: to be implemented by one month of receipt of this report.

This requirement was made on 30 August 2017.

Action taken on previous requirement

The service had been supported by a pharmacy professional. This had improved practice. The service now had robust systems in place to ensure that re-ordering of medication was efficiently completed. We saw no evidence of medication being out of stock. This meant people received all their medication as prescribed.

We reviewed medication administration sheets and found these completed accurately. There were no gaps in administration and where medication was refused, additional information was provided as to the reasons why. The service had a system of audits of medication that would identify any discrepancies. This meant that discrepancies could be investigated and improvements made timeously.

It was positive to see that the system for returning medication to the pharmacy had improved. This was now done safely and with best practice followed. This assisted in ensuring accurate audit trails were maintained.

We concluded that due to the improved practice and the robust systems now in place, that people now received medication as prescribed. This requirement has been met.

Met - outwith timescales

Requirement 8

The provider must ensure that best practice with regards to infection control is maintained at all times. In order to do this, the provider must:

- 1) Ensure that all staff have completed infection control training.
- 2) The service needs to demonstrate there is monitoring and supervision of staff practice.
- 3) Ensure that there is availability of personal protective items in all high risk areas.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011, (SSI 2011/210) Regulation 4()(a) - Welfare of Users: Regulation 15(b)(i) - a requirement about training.

Timescale: to be implemented within one month of receipt of this report.

This requirement was made on 30 August 2017.

Action taken on previous requirement

We observed staff demonstrate best practice with washing hands and the use of protective items such as gloves and aprons. Trolleys and laundry skips were used to transport laundry. This improved practice reduced the risk of cross contamination and cross infection.

We reviewed training records and found that most staff had completed infection control training. The knowledge and skills gained through training was supported by the supervision of practice by trained staff and we observed staff being directed and areas for improvement addressed.

Although we observed staff use protective equipment appropriately we found that gloves and aprons were not readily available in all high risk areas. The service should improve the availability of these items.

We concluded that due to improved practice and the increased skills and knowledge of staff, people are at reduced risk. Requirement met.

Met - outwith timescales

Requirement 9

The provider must ensure:

- a. that all staff working in the service receive the appropriate training which will equip them with the knowledge, competency and skills required to meet the care and welfare needs of people
- b. that all staff working in the service receive structured and meaningful supervision and appraisal so that areas of development can be identified.

In order to do this, the provider must:

- 1) Ensure that all staff have completed mandatory training as per provider's policy.
- 2) Have a detailed and appropriate training and competency based assessment programme in place prior to a staff member extending their role to ensure they are suitably trained and skilled in that role.
- 3) Demonstrate that training undertaken has improved outcomes for people in the service.
- 4) Maintain an accurate up-to-date supervision and appraisal matrix of the staff working in the service.
- 5) Ensure that all staff receive supervision and appraisal and that they are completed as per policy to support ongoing professional development.
- 6) Retain all completed supervision and appraisal documents for staff records.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210: Regulation 4 (1)(a) - a requirement for the health and welfare of service users: Regulation 9(2)(b) - a requirement about fitness of employees: Regulation 15(b)(i) - a requirement about training.

Timescale: to be implemented within two months of receipt of this report.

This requirement was made on 30 August 2017.

Action taken on previous requirement

We reviewed the training completion rates for the service and read that most staff had completed all mandatory training. We observed trained staff supervise practice in units directing and ensuring that care was being delivered appropriately. This had improved outcomes for people. The service should look at recording this important supervision process, thus it can be included in the ongoing professional development of staff.

We discussed with new members of staff their induction process. We were concerned that the practical moving and handling training was not a formal training event but took place when the staff member and trainer were working in the units. We were concerned that areas of the training programme would not be covered. This would mean that new members of staff had not been fully trained in all aspects of moving and handling. This put people at risk of inappropriate moving and handling being carried out. The service must ensure that all staff have completed all aspects of moving and handling training.

Medication practices had improved however the service had not ensured that staff competencies had been completed to ensure that staff practice when administering medication was safe. The service must ensure that all staff who administer medication have been assessed as being competent to carry out this role.

We concluded that although staff practice had improved and outcomes for people had improved, we were concerned that staff had not completed all the necessary training and competency assessments to fulfil all aspects of their role competently. We will follow up this requirement at our next inspection.

Not met**Requirement 10**

The service provider must make significant improvements to quality assurance processes to ensure that areas of poor practice are identified and then measures taken for improvement. The processes must be focused on improving the outcomes for people. In order to do this, the provider must:

Implement the provider's quality assurance processes, highlighting any areas of concern or development in relevant action plans.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: to be implemented within one month of receipt of this report.

This requirement was made on 30 August 2017.

Action taken on previous requirement

Regular auditing and monitoring of medication management had resulted in improved practice. This increased overview had resulted in no errors and ensured that people received all prescribed medication.

The improved supervision of staff practice had resulted in improved practice and improved outcomes for people.

The management team was new to the service and had yet to implement the provider's full quality assurance processes. The management team had prioritised effectively and discussed with us that there were plans to introduce the quality assurance programme in the future. We discussed how important this was for identifying

areas of improvement and to ensure that any improvements made, were sustained. We will follow up this requirement at our next inspection.

Not met

Requirement 11

The service provider must make significant improvements to ensure that there is effective concern and complaint management. In order to do this the provider must:

- 1) Respond to all written and verbal complaints as per the provider's complaints policy and retain accurate records of the investigation and outcomes of complaints raised.
- 2) Put in place system to audit concerns and complaints.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: to be implemented within one month of receipt of this report.

This requirement was made on 30 August 2017.

Action taken on previous requirement

We read that senior management had dealt with concerns and complaints appropriately. Any concern had been acknowledged and investigated. Records showed that people were kept informed of the progress and outcome of their concern. This improved practice had increased confidence levels with people who live in Grandholm and with visitors to the service.

It was positive that the provider had recognised that the management of complaints was the responsibility of the management of the service. Complaint management was no longer delegated to unit staff. This change of practice should ensure that effective complaint management continues. Requirement met.

Met - outwith timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

It is recommended that people using the service are provided with the information and be assisted to make choices and participate in any changes to the environment in their home. This can be achieved by:

- 1) Have a timetable of proposed changes and upgrades in place to inform people in a timely manner.

- 2) Assist people to make choices by use of samples, pictures and surveys.
- 3) Evidence of the inclusion of people in participating in choices should be retained.

National Care Standards Care Homes for Older People - Standard 8: You can make choices in all aspects of your life

This recommendation was made on 30 August 2017.

Action taken on previous recommendation

The provider had prioritised the areas for improvement and although they recognise the importance of people participating in changes to their home, the focus was placed on improvements and changes to practice that would improve people's wellbeing and quality of life.

We will follow up at our next inspection, progress made in meeting this recommendation.

Recommendation 2

The service should look at developing a management and leadership training plan to ensure that all staff in managerial positions have the necessary skills and knowledge to meet all aspects of their role.

National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements

This recommendation was made on 30 August 2017.

Action taken on previous recommendation

The home manager and deputy manager had recently come into post. We will follow up at our next inspection the progress in meeting this recommendation.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
9 Nov 2017	Unannounced	Care and support Not assessed

Date	Type	Gradings	
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
7 Aug 2017	Unannounced	Care and support	1 - Unsatisfactory
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
5 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
27 Jan 2017	Re-grade	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
11 Jul 2016	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
9 Dec 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
12 May 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Aug 2014	Unannounced	Care and support	2 - Weak

Date	Type	Gradings	
		Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak
23 May 2014	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
21 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
10 Sep 2013	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory 2 - Weak
30 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
27 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 2 - Weak 2 - Weak
10 Aug 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
4 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed Not assessed
19 Jul 2010	Announced	Care and support	5 - Very good

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 5 - Very good Not assessed
4 Nov 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
28 Apr 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good

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Please get in touch with us if you would like more information or have any concerns about a care service.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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