

Grandholm Care Home Care Home Service

Grandholm Drive
Bridge of Don
Aberdeen
AB22 8AE

Telephone: 01224 708712

Type of inspection:

Unannounced

Completed on:

25 October 2018

Service provided by:

Aviemore Homes Limited

Service provider number:

SP2007008957

Service no:

CS2007145182

About the service

Grandholm Care Home is a three-storey purpose-built home located 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. At the time of inspection there were 66 people living in the service.

All bedrooms have en-suite toilets and shower rooms. There are shared lounges and dining areas that are decorated and furnished to a good standard. 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

We sent 50 Care Standards Questionnaires to the manager to randomly distribute to people who live in Grandholm Care Home and to visitors to the service. We received 17 completed questionnaires back. During our inspection we spoke with 12 people who use the service and with seven relatives. We used some of their comments to inform our inspection, for example:

"The staff are compassionate and lovely."

"I am pleased with the attention my mum gets from all workers in Grandholm. Everyone is friendly and caring."

"My mum is new to the care home but so far her care has been excellent."

"The staff at the home are always friendly and ready to help with any queries."

"I have made many new friends since I have moved here."

"I know the staff, it's the same faces."

"The meals are just lovely. Only complaint is that there is too much food."

"I know who my key worker is. I am happy and content."

"I can go home with peace of mind."

"There are issues with laundry."

"The manager is very approachable and I know any problems I have will be dealt with."

We concluded that residents and visitors were generally happy with the service provided at Grandholm Care Home.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

There were important strengths with some areas for improvement.

'Staff have time to support and care for me and to speak with me.' We observed some lovely interaction between residents and staff. There was no missed opportunity to engage with residents. We could see the positive impact this had with smiles and banter evident.

Residents looked well. Staff were knowledgeable about the care needs of people. Each unit had a clear overview of areas of increased risk to residents for example those at high risk of skin breakdown or weight loss. This meant that additional support could be directed appropriately. This resulted in positive outcomes due to the increased focus on reducing those risks.

'I know who provides my care and support on a day-to-day basis.' The service had worked hard to recruit staff. Each unit had its own staff group. This meant that residents knew who was caring for them. We were told "I know my key worker". There was increased confidence from relatives due to the consistency in staff. Communication had improved and relatives said they were now kept informed of any changes to care needs. However relatives told us that there needs to be an increase in relative meetings to ensure they are kept informed of changes and improvements planned for the care home.

There were two activities co-coordinators employed in the home. We read the varied activities programme. We were told "there is always something going on". Smaller group and one-to-one activity were evident. This enabled those residents who did not like taking part in larger group activities, partake in meaningful engagement. It was positive to see that residents who chose to spend time in their rooms had access to newspapers, had their television or radio on. One person told us "if I get peace to watch my television, I am happy".

We read that when changes to treatment were prescribed by supporting professionals, these were acted on promptly. This meant that residents received the correct care and treatment to meet their needs. We spoke with one visiting professional who told us that her visits were now positive experiences and there was increased confidence that what was discussed during these visits would be acted upon.

There continues to be concerns with the laundry. We were told that laundry would go missing. One person told us that on one occasion there was no underwear available in their relative's room. One relative showed us the discolouration of new clothing that had been washed inappropriately. The service should ensure that residents' personal belongings are laundered and looked after appropriately.

At the time of our inspection there had been a number of admissions to the home. These admissions were appropriate however we were concerned that due to the frequency of admissions there would be an additional strain put on staff to help support those residents and their relatives settle into the home. The service needs to be mindful that additional time is needed to help residents adjust to living in the home and to relatives who have made the decision to have their loved one move into the home.

How good is our leadership?**4 - Good**

There were some important strengths with some areas for improvement.

There was a new management team in post since our last inspection. The management team had brought considerable experience and showed commitment to continuing improving the quality of life for the residents living in the home.

It was positive that senior management continued to support the service. This ensured that the new management team had the necessary support and demonstrated a commitment by the provider that the improvements made would be monitored.

Changes that had been made were gradually introduced. There was awareness that the service had undergone many changes previously and that these changes had not been sustained. The manager took a phased introduction of new systems and processes and ensured that all staff were fully aware and competent prior to the introduction of something else. This made any improvements sustainable. An example of this is the new handover sheet. Staff were informed of why it had to be changed, how it was to be used and the benefits of its use. As a result the handover sheet was used to good effect to communicate changing needs of people.

There were clear clinical overviews of each unit. These highlighted areas of health that increased the risk to some residents. This enabled the management team an overview of e.g. weight loss, wounds. This meant that there was increased monitoring of the health care needs of those residents.

There was a robust quality assurance system in place. The manager should develop how changes or improvements made following an audit, are captured and completed. Assessment should be made if outcomes have improved as a result of the changes made.

The service improvement plan should be developed to incorporate input from staff, residents and relatives and be based on the health and social care standards.

How good is our staff team?**4 - Good**

There were some important strengths with some areas for improvement.

Staff were visible throughout our inspection. We observed a professional staff group engage with residents in a respectful and kind manner. Morale appeared to be high. Staff told us they enjoyed working in the home. This was an improvement from our previous inspection.

Staff told us that the new management team was visible and accessible. As a result staff felt supported and would not hesitate approaching the manager if they had a concern.

Staff were positive about the changes introduced to the home. They said that because they were involved and informed prior to the introduction of changes they understood why changes were necessary. This would result in staff being compliant and for any changes to be effective and sustainable.

There was evidence that formal supervision of staff had taken place with appropriate discussion on professional development. This would help motivate staff and establish career pathways.

There was good awareness of the dependency and needs of residents. Staffing numbers had been adjusted to reflect the current need. Additional staffing had been added early in the morning to ensure that the care needs

of some residents could be met appropriately. This resulted in improved outcomes for those residents and did not add to the workload of the staff already on duty.

The management team should continue to recruit to ensure there is a permanent staff group. This will ensure that there is consistency in standards and continue to embed improvements.

How good is our setting?

4 - Good

There were some important strengths with some areas for improvement.

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' The home appeared clean and free from odours. We had previously been concerned by the noise levels in the home however on this visit there was an air of calm. We observed residents engage in conversations without being distracted and distressed by noise.

Residents who lived in the home had access to an appropriate mix of private and communal areas. Smaller sitting rooms had been developed to offer a choice to residents and visitors. We saw a small reminiscence sitting room and an art gallery room used to very good effect throughout our inspection. Relatives told us that these additional rooms enabled them to have private time during their visits. Due to less distraction, residents using these rooms had improved visits with their relatives.

Bedrooms were personalised to a good standard. This gave a homely feel to bedrooms. It was positive to see that furniture had been arranged in bedrooms to reflect the wishes and needs of the person. For example one person who liked to look out of the window had their bed repositioned and had an armchair positioned to enable them a good view out of their window. This showed that the service was responsive to what mattered to people.

Improvements had been made to the enclosed garden. This made the garden more appealing. It was positive that residents we spoke with said that they had enjoyed time outside in the good weather. This had resulted in positive outcomes for some people who told us of how much they enjoyed being in the gardens and "feeling the sun on my face".

Improvements had been made to the kitchen serveries and dining areas of each floor. Serveries were now clean and in a good state of repair. Dining tables had been re-arranged and table settings were now appropriate. This dining experience for residents had improved as a result of the changes that had been made.

There was some use of signage to help identify toilets and bathrooms however directional signage needs to improve. It would be challenging to find toilets, the lift and bathrooms unless you were standing directly outside them.

During our inspection a cupboard that contained electrical mains was unlocked. We highlighted on day one of our visit however we found this cupboard unlocked on day two of our visit. Residents would be at risk of harm if they accessed this cupboard. The service should ensure that areas of the home that have the potential to cause risk to the health, safety and welfare of residents are securely locked.

The service should continue with the development of the environment ensuring that the needs and wishes of residents are taken into consideration.

How well is our care and support planned?**4 - Good**

There were some important strengths with some areas for improvement.

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices'. Care notes were organised and information was easy to access. We read that the likes, dislikes and personal histories of residents influenced the care that was delivered. This meant that many care plans were person centred. The service should look to develop the evaluation of the care provided to evidence how outcomes for people have improved or changed as a result of the care delivered.

The service had introduced a resident of the day system. All disciplines employed within the home would contribute to the review of the resident's care and quality of life. For example the chef met with the resident to discuss the menu and any preferences they may have, the key worker discussed any changes to personal care, the nurse obtained an up-to-date clinical overview and the activities coordinator to discuss any additions to the activities programme that the resident wanted. This holistic approach by the service would improve outcomes for residents. It was positive that residents we spoke with knew about the resident of the day system and we were told "it means I am listened too, I feel important".

When an increase risk to someone's health and welfare had been identified for example weight loss, supporting documents and increased monitoring were introduced. This reduced the risk of weight loss. The completion of assessments and supporting documents had improved since our last inspection.

What the service has done to meet any requirements we made at or since the last inspection**Requirements****Requirement 1**

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 overview and saw that completion of mandatory training was very high. The manager reviewed training stats regularly and prompted staff who had expired. The induction of staff was robust with the probationary period given for them to complete training, this meant that training was phased and not rushed. Staff told us that the training was appropriate to their role and equipped them with the skills and knowledge to meet all aspects of their role.

Meaningful supervisions had taken place and there was a timetable in place that would ensure that all staff would undergo a regular supervision. We saw evidence that practical supervision had taken place.

Met - outwith timescales

Requirement 2

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.

This requirement was made on 30 August 2017.

Action taken on previous requirement

There a robust quality assurance system in place. It was positive that department heads were involved in the auditing of their own department. This helped with ownership and accountability. We read that there were changes and improvement as a result of an audit for example dining experience audit was shared with the staff involved, thus improvements were directed to the relevant staff to enable them to improve standards there and then. Documentation of audits was organised and easy to access.

Met - outwith timescales

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
1.4 People are getting the right service for them	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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