

Grandholm Care Home Care Home Service

Grandholm Drive
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Type of inspection:
Unannounced

Completed on:
25 January 2024

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379125

About the service

Grandholm Care Home is a home for older people. They are registered to provide support to 79 people over the age of 65 years. This includes a maximum of four places for those 50 years and over.

The home is a three-storey purpose-built home located in a quiet residential area within the city of Aberdeen. All bedrooms have en-suite toilets and shower rooms and there are communal dining and lounge areas on each floor. The home has a small enclosed garden that can be accessed via the ground floor..

About the inspection

This was an unannounced inspection which took place on 23 and 24 January 2024. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with several people using the service and two of their family
- Spoke with nine staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- The home had a pleasant, relaxed atmosphere with a clean and comfortable environment
- There was very good, caring support offered to people based on their choices
- Some people were sitting for a prolonged period with little interaction from others
- The staff were well trained and were happy working in the home
- Systems to support people were working well.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question as the strengths clearly outweighed the areas for improvement. Whilst some improvements could be made, the strengths already supported positive outcomes for the people using the service.

The home was clean, odour free and nicely decorated. We saw kind, compassionate interactions from the workers who knew people well, and the atmosphere was calm. Everyone looked clean and was wearing suitable clothes, showing their individual personality. All rooms were clean, and tidy. The bedrooms were personalised with furniture, pictures and people's belongings. These were being respected and looked after, showing how the staff cared for people.

Mealtimes were enjoyable, and we saw people smiling and choosing their preferred dish. There were choices presented for every meal. The kitchen provided additional alternatives, in case someone did not want the options. Finger foods were available for people who did not wish to sit at the dining table for their meals, so everyone's wishes were catered for. As well as nutritious and varied meals, snacks were offered throughout the day. The service was looking at ways to make the snacks freely available to all people at all times, while making sure that this was not detrimental to some residents. We discussed options for enabling people to have ready access to water and juice by themselves. The manager would like to enable people to have even more choice and independence and will continue to consider how this might be achieved.

During our inspection we saw information about activities and the up-and-coming entertainment. The weekly visit from the nursery took place which many residents enjoyed, and the home was getting ready for Burns Night. The different age groups and seasonally appropriate activities helped people to feel connected with their communities. The service did not have, and so were recruiting for, activities co-ordinators. The leadership team recognised the negative impact of not having specific activities co-ordinators and were actively directing and organising the current staff to provide activities, so that people's enjoyment was not lost. There were some missed opportunities for residents to have interaction with staff, for example, we saw people sitting in front of the television and staff came in and out of the room but did not chat with anyone. We saw some people sleeping for long periods and some interaction may have broken that routine and added a bit of variety and interest to their day. We discussed this with the manager who agreed it would be beneficial to discuss this with all staff and raise awareness of how they could increase meaningful interaction and interest throughout the day (**see area for improvement 1**).

The service had a holistic approach to supporting and caring for people along with a multi disciplinary team, such as the GP practice, community psychiatric nurses (CPN), optician, and dentist. We saw from notes that the service sought advice appropriately and timeously. This helped people to maintain their maximum health for as long as possible. We spoke to a CPN who highlighted good practice from the support workers and a willingness to try different methods for supporting people before using medication.

People who were using medication had it stored securely, and administered according to their individual needs, helping them to stay as healthy as possible.

Areas for improvement

1. To support residents' interest and activity throughout the day, the provider should increase the availability of specific people to plan and lead one-to-one activities, and should ensure staff practice includes using all moments for interaction appropriately.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors' (HSCS 1.25).

How good is our leadership?

5 - Very Good

We made an evaluation of very good for the leadership in the home. There were significant strengths in aspects of the quality supported by the leadership team, and how this supported positive outcomes people.

There was an improvement plan demonstrating the continued wish for improvement across the service. It showed an understanding of issues, and a proactive approach to improvement. There were areas found during our inspection that were already in the action plan, showing how the service had already recognised and begun to plan for their improvement.

The plan was written in a narrative manner, which seemed to be working as the leadership was supporting high standards. We discussed how the plan might benefit from being more focused in terms of timescales and accountability, with a clearer link to the service and people's outcomes. This may support improvement in a more targeted manner and lead to quicker improvements for people.

There were a number of regular audits undertaken. These informed staff and the leadership team about the performance of the service, and led to actions where deficiencies were noticed. The audit findings were linked to the improvement plan which helped to ensure the improvements were made.

Comments, compliments and complaints were logged on a central electronic system. The service could consider logging these within their own building, allowing a more easily accessible audit trail of service actions.

How good is our staff team?

5 - Very Good

The staff team were very good. They showed significant strengths in providing a high quality of care and this supported positive outcomes for people. Overall we found a calm, knowledgeable team who worked for the good of the residents. This was not only apparent in the direct care staff, but with every person who worked in the home.

There was a stable staff group which meant residents knew the people caring for them, and meant the staff knew the routines and people well. The rota had a mix of staff categories and levels, which enabled the service to continue to run well, and use staff flexibly as needed, for example staff could adapt to other roles if there was a shortage one day.

Staff understood their roles, and were aware of day to day differences or areas of concern via handovers when the shift changed. The handovers were informative about the wellbeing of people and they included very caring individual comments and descriptions, showing respect for everyone.

Using the information from the handover we saw carers supporting people in a calm respectful manner, responding to their needs in a caring and knowledgeable way. People would have felt safe with their carers.

Staff skills and knowledge were developed through a mixture of online and face to face training and all staff were up to date with their required courses. Some staff had requested additional training on dementia which the manager was looking into. It was good that the staff were keen to develop and this positive attitude would lead to a skilled staff team to look after people. People were encouraged to become Champions if they had a particular area of interest, for example in Moving and Handling. This helped to spread the depth of knowledge throughout the staff team and maintain high standards of care.

Skills and confidence were further developed through individual supervision sessions. As well as discussing aspects of wellbeing and performance, these focused on specific aspects of care, for example, Infection Prevention and Control.

How good is our setting?

5 - Very Good

The setting promoted people's independence to a very good level. There were several strengths which were helpful for people, and there were a few areas which could be improved. These were acknowledged, discussed and improved very quickly by the manager.

Both the communal areas and individual rooms were fresh, clean and welcoming, which meant they were pleasurable to use. There had been recent decoration and upgrading and part of this was new kitchenettes, which were easy for staff to keep tidy and clean. It was nice for residents to see what was happening, for example their food being served, and the toast being made.

The home was purpose built which meant it had wide passage ways, separate office spaces, and several communal areas on each floor. The creation of seating areas along the corridors gave people a variety of places to sit and rest. Residents were using these areas which helped to reduce isolation, and encouraged a walk and choice throughout the day. People could gain more from their time if the areas were more interesting, perhaps being themed, or having activity boxes. This could engage people's interests and encourage staff or visitors to stop and sit for a few moments with people.

The door to each bedroom looked like the front door of a house which helped people to feel ownership of their private room. The lighting was quite good to enable people to see and be safe. There were a small number of areas which seemed less bright, and one room had a flickering light if the dimmer switch was at a particular setting. These were discussed with the manager and plans immediately put in place for them to be investigated and rectified.

There was some general wear and tear, for example chipped paint, marks on the walls and joins in flooring not flowing neatly. Most were minor and will be dealt with through the annual maintenance programme. The flooring was frustrating for some people because they struggled to see the joins as safe to cross, and they were stuck in the same area until a member of staff noticed and encouraged and supported them. This meant people experienced periods of distress in their day and made them unnecessarily reliant on staff. This was discussed with the manager who ensured repairs were undertaken immediately and the flooring was intact within days.

Equipment such as mattresses, toilet brushes, shower chairs were almost all clean and we recommended an audit to check and replace where necessary. This was completed within two days ensuring a high standard of hygiene for people.

How well is our care and support planned?

5 - Very Good

Care and support planning was very good. It generally reflected people's choices and was clear for staff to follow. The staff know the residents well and understand their needs. Care should be taken to ensure the support plans always reflect and pass on this knowledge.

Everyone had an individual plan, which stated how support should be given in all areas of their lives. Where there were potential difficulties a risk assessment had been completed, which ensured safe support guidelines were in place. We advised that staff should be careful with language and ensure it is individual and respectful, for example the word 'compliant' should not be used about an adult who is making a choice.

Some of the personal plans were clear and easy to follow, and in others it was more difficult to navigate quickly to the required information. Some of the information was collected via ticking boxes on a pre set form, which may preclude a meaningful reflection on individual changing needs. We spoke to the manager about the ease of use and the need to ensure a continual focus on individuality, and they agreed to ensure that guidance is individual and easy to access to enable staff to support to a high standard.

Part of some people's support plan was about using gates on their doorway. This was to allow privacy and prevent others from entering their room. The service should review and ensure the related documentation is up to date and consistent throughout the plan, and that it demonstrates how it is reflective of the wishes of the person.

Contact notes were reliably completed which was helpful for continuity of care. Nurses kept notes based on clinical need in one folder, and care staff kept notes on daily living in another folder. There were also sheets for noting communication with families and other members of the multi disciplinary team. All the staff knew this system well but this number of folders seemed cumbersome to us. It meant people's support was split into different designations rather than being about them as a person. We talked this through with the manager and suggested it would be helpful to write the notes more holistically and they agreed to consider this.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.2 The setting promotes people's independence	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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