

Grahamston House Care Home Service

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Bainsford
Falkirk
FK2 7BD

Telephone: 01324 501860

Type of inspection: Unannounced
Inspection completed on: 22 May 2018

Service provided by:
Falkirk Council

Service provider number:
SP2004006884

Care service number:
CS2003011555

About the service

Grahamston House is a Falkirk Council care home providing support for up to 36 people living with dementia. Up to four of the places can be offered to people for a short break or respite service. When we carried out the inspection there were 30 people living in Grahamston House. A further two people were having a short break. Grahamston House also provides a day service which is registered separately with the Care Inspectorate.

Grahamston House offers accommodation in four separate units. Each unit comprises an open plan lounge and dining room with facilities to prepare drinks and snacks. These areas are fresh and welcoming. All bedrooms are of single size with wash hand basins. Bedrooms can be decorated to people's personal preferences and many residents bring their own furniture with them when they move into the home. Toilet, bathing and showering facilities are communal. Conservatories in each unit provide quiet spaces for residents to spend time or visit with friends and relatives.

A large central area called the "centre court" provides opportunities for socialising and for regular entertainment. This area houses tropical fish tanks and budgerigars for residents to enjoy.

The stated aims of the service are to provide high quality care for older people by offering support appropriate to individual need. Users of the service will be given the opportunity to realise their full potential, supported by trained staff with the involvement of family/carers, community support services. Residents will be encouraged/ enabled to maintain their dignity, privacy, freedom, choice and their rights as individuals in a setting which is free from discrimination in any form.

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

What people told us

We met with seven relatives and four residents during the inspection. Care service questionnaires were distributed to residents, relatives and carers. Five questionnaires were returned by relatives and carers and six residents returned questionnaires.

Residents told us the care and support they received was good. Staff were said to do their best to meet people's needs. People felt well looked after and said the environment was homely. Residents said they felt safe in the home.

Staff were caring and kind and did everything they could to make residents feel at home. People enjoyed the food and being involved in menu planning. Residents were pleased they could personalise their bedrooms and bring important belongings with them when they moved into the home. Families particularly liked the small units and commented that they felt at home there too.

Communication between the home and relatives was said to be very good. Staff contacted families with any concerns. "Anything Dad needs or wants staff let me know and I get it".

Staff were praised for "going the extra mile"; they were "first class" and nothing was too much trouble. Relatives felt staff were skilled and their family members were well looked after. A number of people commented that they had peace of mind because their relative lived in Grahamston House.

One relative told us "staff don't just care for my mum they care about my mum".

People told us their only concern was staffing levels. Staff were often run off their feet and did not have the time they would like to spend with residents.

We also spoke with the anticipatory care nurse, a district nurse and the care home liaison psychiatric nurse specialist. The professionals told us they had very positive working relationships with the manager and staff. The home was held in high regard and could be relied upon to inform professionals of all relevant issues. Staff were perceived to be proactive and keen to work in partnership to ensure residents received the best possible care.

Self assessment

We did not request a self assessment from providers this year however we discussed the service's development plan and how this will lead to service improvements.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

People told us staff were kind, caring and considerate. We observed staff interacting positively and warmly with residents and noted that staff supported people to maintain their identity and self esteem. We saw that people were valued as individuals.

Staff supported residents to make choices and decisions, for example, around food and drink. We observed staff encourage residents to maintain their independence by giving people time to do all they could for themselves, for example, ensuring finger foods were available.

Families told us they were encouraged to be as involved as they and their relative wanted in their care. Management and staff understood the importance of family relationships in the health and well being of residents.

We were pleased to find partnership working between the service, health colleagues, residents and families to develop anticipatory care plans. People and their families were supported to make decisions about their future care and end of life.

Staff organised a wide range of social and leisure opportunities for residents within the home and the home's minibus provided opportunities for day trips. Permanent residents also used the day service if they wished. We were however aware that not all residents were able to participate in group activities. We discussed the need for one to one meaningful activities to be available for residents where appropriate to support peoples' emotional well being.

We observed a lack of staff presence in sitting rooms for extended periods of time. On one occasion one staff member tried to interact with six residents. This led to frustration for residents and staff and could put residents at risk of harm.

We found support with medication was an area for improvement. We were concerned to find some residents' medication had been unavailable on occasion. This meant residents had not always received their prescribed medication. This could have caused ill health, pain or distress.

We observed controlled medication checks were not being carried out in line with guidance and policy. We noted medications were stored and dispensed in the dining area of each unit. Meal times were busy and residents often required support and assistance. We were concerned staff could be distracted and this increased the risk of errors (**see Requirement 1**).

We were concerned about the significant number of falls residents had experienced and we noted residents falls risk assessments had last been reviewed in 2016. We were however pleased to see the manager was addressing this area of risk and a multi disciplinary working party had begun looking at falls reduction and risk management.

We observed lunch and dinner meal times in the home and were disappointed to find there were insufficient numbers of staff available to assist those residents requiring support to eat and drink. This led to one resident having to wait 15 minutes for support to eat his dessert. We also witnessed one staff member assisting two residents to eat and drink at the same time. This compromised residents' dignity. We saw residents in wheelchairs waiting extended periods of time to move away from the dining table. This limited residents' choice and freedom of movement.

We found health assessment tools, for example, fluid charts, positioning charts and bowel charts were not being adequately monitored. This meant issues were not being identified or addressed. We asked the manager to ensure pain assessment and monitoring tools were identified and implemented as a matter of priority.

We found that care plans had not been reviewed in some cases since 2016. Care plans must be reviewed on a regular basis to ensure they continue to reflect and meet residents' changing needs.

Staff showed a high level of commitment and skill and worked hard, but the staffing levels in the home meant they were unable to meet all of the needs of all of the residents. The issues described above also had the potential to cause harm and have negative impacts on residents' health and well being (**see Requirement 2**).

Requirements

Number of requirements: 2

1. Medication must be managed in a manner that protects the health and well-being of service users. In order to achieve this, the service must by 3 July 2018:

- a) Ensure medication prescribed for residents is available at all times.
- b) Ensure staff administer medication in line with the prescriber's instructions.
- c) Ensure full audits of the home's medication system are carried out regularly and overseen by the manager.
- d) Notify the Care Inspectorate of medication errors including if prescribed medication is not available.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "If I need help with medication, I am able to have as much control as is possible" (HSCS 2.23) and to comply with

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

2. In order to demonstrate proper provision for the safety and welfare of service users is made, the provider must ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users by 3 July 2018.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34) and to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

This quality theme was not assessed.

Quality of staffing

Findings from the inspection

We met with a number of staff during the inspection. Staff, in many cases, had been in post for many years. Staff told us they worked well as a team and were aware of each others skills, abilities and strengths. This information was used to best meet residents' needs.

We were pleased to find staff had a good level of knowledge and understanding of residents' needs and also about their life stories. We observed staff reminiscing with residents. This supported people to maintain their identity.

Staff employed person focussed distraction strategies, for example, doll therapy when residents displayed stress and distress reactions and this support helped reduce people's anxiety and maintain their dignity.

Staff showed a keen interest in developing their knowledge and skills around dementia care to further improve the care they were providing for residents.

Non care staff including cooks, domestic staff and the handyman demonstrated an understanding of dementia and contributed to the values based support residents were offered.

All staff in the home had the opportunity to attend regular staff meetings. Meeting agendas ensured staff were kept up to date with residents' changing needs, organisational and social care sector developments.

Falkirk Council provided a wide range of learning and development opportunities for staff and we were pleased to learn the majority of the staff team had achieved or were working towards a relevant qualification. Staff had registered or were in the process of registering with the Scottish Social Services Council. We found that training for some staff in moving and handling and behaviour support strategies was out of date. The deputy manager told us training courses were organised centrally and some courses had recently been cancelled. Staff training must be up to date at all times. The service should also ensure the range of training undertaken by staff enables them to meet the needs of residents and to ensure their health and safety and well being.

Staff told us they had not had supervision for some considerable time in some cases and the deputy manager confirmed that supervision for all staff was now a focus. We were able to examine the service's supervision plan and this will be followed up at the service's next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We found the manager was forward thinking and committed to providing a good quality of care for residents. Relatives told us they had a high level of confidence in the manager.

The manager employed various methods to seek suggestions about how the service could be improved. For example, a suggestion tree invited people to write a suggestion on a leaf and attach it to the tree. Residents and relatives received an annual quality assurance questionnaire. The manager responded with a letter detailing the action that had been taken in response to feedback and any further action planned.

We examined minutes of relatives' meetings that were held regularly. Relatives received copies of meeting minutes. The meetings also provided an opportunity for relatives to give and receive support from each other.

The manager invited members of the community into the home, including therapy dogs and links with the nearby nursery had been recently re-established.

Relatives received weekly activity and entertainment planners by email and these were displayed throughout the home. Quarterly newsletters for residents, relatives and staff were being reintroduced.

Staff told us the manager and deputy manager were approachable and listened to and acted upon suggestions and feedback. The manager had a good rapport with staff and worked alongside staff supporting residents when required. Staff said the manager understood the challenges they faced and the pressure of work they were under.

Professionals told us the manager worked in partnership with them and we had the opportunity to participate in a meeting, planning a pilot programme between the home and health colleagues introducing new anticipatory care plans. The manager was also chairing a multidisciplinary group looking at the prevention and management of falls.

Staff absence had been an issue and the home had been short staffed for a number of months last year. The manager was working with human resources and senior management colleagues to address this problem. The manager had maximised resources by purchasing a dishwasher for each unit so staff could prioritise residents' needs.

The manager had also taken on additional duties which led to her being away from the home for periods over the last nine months. These issues may have contributed to audits and staff supervision not being carried out timeously and effectively. The manager reflected on the impact of her absence during the inspection.

The service should develop an audit system that would ensure areas for improvement could be identified and addressed appropriately.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

The management team should ensure that all documentation relating to nominated welfare appointees are provided and kept by the service as part of the pre admission process. This will ensure that the information sharing and decision-making regarding the welfare of individuals are adhered to and undertaken by the legally appointed person.

This is to meet National Care Standard 5, Care Homes for Older People- Management and Staffing Arrangements.

This recommendation was made on 12 April 2017.

Action taken on previous recommendation

All relevant documentation has been gathered and is now available in residents' care plans. This recommendation has been fully met.

Recommendation 2

The management team should undertake direct observation of staff practice as part of the audit process. This will be useful in identifying if there is any training and development need for staff.

This is to meet National Care Standard 5, Care Homes for Older People- Management and Staffing Arrangements.

This recommendation was made on 12 April 2017.

Action taken on previous recommendation

This recommendation has not been implemented.

Recommendation 3

The management team should analyse the findings of their quality assurance audits and produce from this an overall development and improvement plan for the service.

This is to meet National Care Standards 5, Care Home for Older People - Management and Staffing Arrangements.

This recommendation was made on 12 April 2017.

Action taken on previous recommendation

This recommendation has been fully met.

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
12 Apr 2017	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
21 Apr 2016	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
5 Oct 2015	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
31 Oct 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
28 Nov 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings
26 Feb 2013	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
29 May 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
26 Jan 2012	Unannounced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
9 Sep 2011	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
19 Jan 2011	Unannounced	Care and support 3 - Adequate Environment Not assessed Staffing 3 - Adequate Management and leadership Not assessed
2 Sep 2010	Announced	Care and support 2 - Weak Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
23 Feb 2010	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
23 Sep 2009	Announced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
17 Mar 2009	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	5 - Very good
		Management and leadership	2 - Weak
23 Oct 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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