

Grandview Nursing Home Care Home Service

High Street
Grantown-on-Spey
PH26 3HD

Telephone: 01479873289

Type of inspection:
Unannounced

Completed on:
28 October 2020

Service provided by:
Grandview House Ltd

Service provider number:
SP2003002405

Service no:
CS2003010540

About the service

This service has been registered since 2002.

Grandview Nursing Home is registered to provide a care service to a maximum of 45 older people. There were 40 people living in the service at the time of the inspection.

The provider is Grandview House Ltd.

The home is a three storey converted Victorian hotel, situated within a central position in the town of Grantown-on-Spey. All bedrooms were single occupancy, with a small number having en-suite facilities.

There was a passenger lift that supported people to move between levels.

The rear garden was enclosed and a marquee had been erected to support outdoor visits which offered shelter during inclement weather.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

The inspection was carried out by two inspectors from the Care Inspectorate and an inspector from Healthcare Improvement Scotland.

What people told us

Four relatives contacted us during the inspection. Feedback received was positive, and comments included:

- I would say the staff have done all they could to support dad to keep in touch with myself and the family during Covid-19."
- "We really appreciate how well mum is being looked in Grandview during this difficult time when we are unable to even get to the UK."
- "Staff regularly keep me up to date with any health changes."

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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

2 - Weak

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We evaluated the service to be performing at an adequate level. There were a number of strengths that just outweighed the weaknesses.

It is important that people and their relatives have regular communication that keeps them up to date on the impact of COVID-19. Relatives told us visiting was managed safely and that there was regular contact from the service. Some said that there were lots of activities that their relatives could take part in and felt this social aspect was important. They said that staff were good at keeping them informed and connected with the care and support and day to day lives of their loved ones. The service was currently developing care plans to support people with effective communication to allay their anxieties and promote better ways of keeping in touch with their relatives.

Throughout the inspection there were positive interactions between staff and the people they care for. Staff were compassionate, caring, and upheld people's dignity. Relatives spoke highly of the staff team and felt they were "wonderful" and "extremely caring".

Where able, people were encouraged to move around, and there was an outdoor space that could be used to sit and take fresh air. This space had been adapted to enable outdoor visits. However, the service was to ensure that this was safe as we noted a slip hazard on the pathway.

People could take part in varied and interesting activities. Individual activity plans had been developed which reflected people's interests and hobbies. This helped to keep people stimulated and interested in their day to day lives.

Mealtimes were pleasant and staff supported people who needed help in a caring and unhurried way. The menu was varied and interesting. People were encouraged to choose what they wished to eat and drink. There was independent access to drinks and snacks throughout the day.

Care plans are important to ensure that the service meets people's health and well-being needs. We found that opportunities for people and their relatives to be involved in decisions about their care and support were limited. (see requirement 1).

Care plans should clearly detail how staff support people with their healthcare needs so that it is right for them and respects their choices and wishes. Whilst there was good access to GP's and other allied healthcare professionals, we did not always see this detail in the care plans. This meant that most of the care plans we viewed lacked enough detail to direct staff to enable them to meet people's health and care needs. For example, guidance around medication, pain management and stress and distress. (see requirement 1).

People's health care needs were not always written about in a person centred or outcome focused way and this aspect of people's care was not fully evaluated. This meant that care could be inconsistent and not respectful of people's individual needs and preferences. (see requirement 1).

People should be fully involved in decisions about their current and future care through the use of

anticipatory care plans. However, the service did not have access to people's anticipatory care plans as these were stored at the GP surgery. Do Not Attempt to Resuscitate information had not been reviewed, in some cases for several years. This may mean that staff do not know people's individual needs, wishes and choices for palliative and end of life care. (see requirement 1).

There were no end of life care plans in place. This meant that people's choices and preferences were not being considered in relation to the type of care they would like to receive, the involvement of their relatives and what arrangements were in place for their funeral. Without this information staff would not be able to support people in line with their wishes. (see requirement 1).

It is important that people's medical needs are considered to promote their health and wellbeing. The overall management of medication was adequate. There were some aspects of recording that could be improved to ensure the correct actions were being taken to promote their health. For example, the effectiveness of 'as required' medication was not always recorded to demonstrate it was meeting people's needs.

We were told that the home had used closed circuit television, (CCTV), to monitor one person who regularly sat in the 'snug'. Whilst the manager told us that they had sought permission from the person's relative, the provider must ensure that any use of surveillance is lawful, fair and proportionate.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We evaluated the service to be performing at a weak level. There were a number of strengths that were outweighed or compromised by significant weaknesses.

The home was clean, tidy and generally well maintained. In response to COVID-19, there had been some decluttering of the environment to make it easier to clean, whilst still retaining a homely feel.

Housekeeping hours had been increased to support frequent cleaning of commonly touched surfaces. Cleaning schedules had been updated to include regular deep cleaning to help maintain a safe environment by reducing the risk of cross infection.

We found a number of stained mattress covers and no system that demonstrated these were being regularly checked and replaced. In addition, we saw that soiled mattress covers were not being regularly changed and laundered. This increased the risk of harm to people from infection. (see requirement 2).

There was no system that demonstrated baths, showers and reusable equipment, for example, hoists, were being cleaned between use. This increased the risk of infection and cross contamination. (see requirement 2).

Whilst there was a good supply of Personal Protective Equipment, (PPE), this was not readily available throughout all areas of the home. We discussed increasing the number of PPE stations to make it easier for staff to comply with the guidelines and keep people safe from harm.

Whilst most staff were found to use and wear PPE appropriately, this wasn't the case for all staff. For example, we saw staff moving in and out of people's rooms without changing their PPE. This practice placed both staff and people at risk of harm from cross infection. (see requirement 3).

Additional large pedal-operated bins had been provided to support staff to safely discard of used PPE. However, we discussed increasing the number of these to enable staff to safely dispose of PPE in all areas

of the home, including staff change rooms. This would minimise the risk of infection and cross infection.

Whilst the home had a staff change room, staff were not changing out of their uniform before leaving for home. Staff we spoke with were unfamiliar with uniform laundering requirements which placed staff, people and the wider community at risk of harm from infection and cross infection. (see requirement 2).

Staff told us that clinical waste was not always double-bagged or stored for 72 hours before being taken to the bin. Staff explained that when the bin was full they would place clinical waste in to an outdoor skip. We saw that the skip contained an open bag of used PPE. This practice placed people and staff at risk of harm from cross infection. (see requirement 2).

Whilst staff had ready access to hand sanitiser to support good hand hygiene, there was limited access for people and visitors to the service. We saw that people were not supported to wash their hands before or after lunch. This meant that good hand hygiene was not supported which increased the risk of cross infection and harm to people.

We saw that the home had a well-equipped, clean and well-maintained laundry. Linen was being laundered in line with guidance. However, staff were not double bagging soiled items before transporting these to the laundry. This meant people and staff were at risk of infection. (see requirement 2).

The provider did not have a robust quality assurance system that supported them to identify areas for improvement that would contribute to a safer environment for people and staff. (see requirement 2).

We saw that the home had implemented weekly staff testing for COVID-19 in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We evaluated the service to be performing at an adequate level. There were a number of strengths that when identified just outweighed the weaknesses.

On the day of inspection we saw visibly good staff numbers to meet people's health and care needs. We saw staff provide care and support with compassion, and we saw and heard meaningful conversations and interactions between people and staff. One relative confirmed, "We really appreciate how well mum is being looked after in Grandview during this difficult time."

The home had a contingency plan to support the service in the event that care staff were absent as a result of illness, self-isolation or exclusion following a positive COVID-19 test.

We saw that staff adhered to physical distancing throughout the inspection which minimised the risk of harm to people and staff through cross infection.

Staff told us that they felt supported. We saw that the home had regular meetings. Meeting minutes demonstrated that staff received regular updates regarding COVID-19. Staff told us that they found these meetings beneficial, and that they had an opportunity to raise and discuss issues or concerns.

Whilst staff told us that they felt confident to identify the symptoms of COVID-19, records demonstrated that staff had not received training that would enable them to potentially identify changes to people's health and care needs because of COVID-19. (see requirement 3).

People should feel confident that staff have the necessary skills and competence to support them during the pandemic. Staff had not completed infection, prevention and control training which compromised people's health, safety and welfare. (see requirement 3).

Most staff told us that they had attended training on wearing and removing PPE, however, the home had not maintained records that monitored attendance. This meant there was no system that tracked staff knowledge. In addition, there had been no observation of staff practice to assess that staff were competent which meant people were at potential risk of harm from infection. (see requirement 3).

People should expect that staff are given an opportunity to reflect on their practice and follow their professional and organisational codes so they can have confidence in the people who support and care for them. Whilst the home had maintained regular supervision meetings, the meeting records we viewed did not identify that staff were provided with opportunities to directly reflect on practice, discuss changes in guidance or learning opportunities relevant at this crucial time. (see requirement 3).

Requirements

1. By 13 January 2021, the provider must ensure that service users receive care and support that meets their health, safety and wellbeing needs. In order to achieve this, the provider must ensure:

- a) service users' care is planned by skilled professionals;
- b) service users, other relevant people and professionals are fully involved in the care planning process;
- c) service users receive care and support from trained, competent and skilled staff who are familiar with their needs;
- d) use the care planning process to improve service users' experiences and outcomes when there are changes to their health and wellbeing, they are unhappy or at risk of harm;
- e) the quality of service users' care and support is evaluated and action taken to make any necessary improvements. This process must take account of people's views, experiences and outcomes, the views of staff and relatives involved in their care and support and their written care records.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My care and support meets my needs and is right for me.' (HSCS 1.19);

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11);

'My care and support is provided and planned in a safe way, including if there is an emergency or unexpected event.' (HSCS 4.14); and

In order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 30 November 2020, it is a requirement that the provider must ensure:

- a) that the equipment used in the provision of care is clean, tidy and well maintained, including hoists, mattresses and mattress covers;
- b) clinical waste is disposed of in line with Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings;
- c) staff do not travel from work in their uniform;
- d) staff are provided with clear instruction on how to transport their uniform home, including laundering

requirements;

e) contaminated linen is managed in line with Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings;

f) implementation of a robust quality assurance system to ensure you timeously identify areas for improvement;

g) that effective action is taken timeously to make the necessary improvements.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22); and

In order to comply with Regulation 10(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 30 November 2020, it is a requirement that the provider must ensure that all staff (including domestic and laundry staff) are trained, competent and skilled to the prevention and managing an outbreak of COVID-19 and are following and applying all relevant Public Health guidance (COVID-19 Information and Guidance for Care Home Settings). In order to achieve this, the provider must ensure:

a) there is an on-going assessment of staff competence and skills in relation to the identified aspects of care and support;

b) that staff receive training based on the above assessment;

c) there are effective systems in place to monitor that staff are competent and skilled and where there are indications of poor practice, they are recognised, and action is taken promptly to address them;

d) that accurate training records are maintained which indicate the training events that have been attended.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and

In order to comply with: Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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