

Grahamston House Care Home Service

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Type of inspection:
Unannounced

Completed on:
12 September 2023

Service provided by:
Falkirk Council

Service provider number:
SP2004006884

Service no:
CS2003011555

About the service

Grahamston House is a care home providing care and support for up to 36 older people living with dementia. Four of the places can be offered to people for a short break service. This service is registered separately with the Care Inspectorate.

The service were in the process of applying for a variation to their registration to remove the 4 respite beds as they no longer offer this.

Grahamston House offers accommodation in four separate units. Each unit comprises of an open plan lounge and dining room with kitchen facilities where snacks and drinks can be prepared. Bedrooms are of single size with wash hand basins. Communal toilet, bathing and showering facilities are available nearby. Bedrooms can be decorated to people's individual preferences and people can bring furniture with them when they move into the home. Each unit has a conservatory where people can enjoy private time or visits with family and friends.

About the inspection

This was an unannounced inspection which took place on 7, 11 and 12 September 2023. The inspection was carried out by one inspector 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:

- spent time with people using the service and obtained feedback from their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- obtained feedback from visiting professionals.

Key messages

- Staff treated people with compassion, dignity and respect.
- People living in the care home looked relaxed and those that were able, told us that they were happy there.
- There was some in-house activities for people, however, this was mainly on the two days when the peripatetic activity co-ordinator visited.
- Improvements were needed around supporting people with their nutrition and hydration.
- Families told us that they were happy and that there was good communication between them, staff and management.

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?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

We evaluated quality indicator 1.1 as very good where there were significant strengths. We evaluated 1.2 and 1.3 as adequate as strengths only just outweighed weaknesses.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. This created a warm and homely environment for people. One person told us, "The staff are all good", whilst a relative said, "I can sleep at night knowing my relative is looked after here". Another relative told us, "My relative has been well looked after and the service they have provide has exceeded my expectations".

Personal care was carried out in a dignified manner and at the right time for people. People looked neat, tidy and well presented.

There was a peripatetic activity co-ordinator who supported the care home two days per week. There was a range of planned group activities including visiting entertainers, exercise classes and some arts and crafts. However, minimal activities were supported by the carers out with this which meant people were sitting around most of the day or alone in their bedrooms. Staff were keen to do this and spoke of previously being able to, however, due to current staffing they had had to spend their time focusing on direct care for people. The service do not have their own transport, except a car which had accessibility limits, which meant that people had not been out and about very often (see area for improvement 1).

Improvements were needed around nutrition and hydration as people's assessed needs were inconsistently met. The service used the Malnutrition Universal Screening Tool (MUST) to identify people who may be at risk, however, this was not consistently completed. We observed practice and sampled meal records and these did not assure us that people who had been losing weight were always being offered enough to eat and drink. Some staff were not aware of who was at risk of further weight loss and who therefore should have a focus on nutrition to reduce this risk. Some people regularly missed at least one meal per day. We were concerned that one person who had been assessed as requiring a specialised diet did not receive this. Communication between the kitchen and the units needed to improve (see requirement 1).

People benefited from regular access to relevant professionals to support their health and wellbeing. Staff had good links with local health professionals and relatives told us that they felt their loved ones' health needs were always met. One relative told us, "I am glad we chose here for my relative", whilst another said, "The staff are marvellous...I have no concerns".

Where people experienced stress and distress, staff recordings of these times could have been written in a more sensitive manner and demonstrated a lack of understanding around living with dementia. Guidance for staff on how best to support someone during these times was limited (see area for improvement 2).

Requirements

1. By 31 December 2023, the provider must ensure people are supported to have food and drink that meets their needs and wishes.

To do this the provider must, as a minimum, ensure that:

a) people identified as having a MUST score of 1 or above and therefore at risk of malnutrition are offered a

food fortified diet throughout the day.

b) staff are trained in texture modified diets as per the International Dysphagia Diet Standardisation Initiative (IDDSI).

c) food and fluid charts are completed and retained to allow for further assessment and to provide evidence that first line interventions have been implemented.

d) snacks and meals are offered throughout the day.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37).

Areas for improvement

1. The service should carry out a review of how they support people to spend their day and consider new and meaningful ways of engaging with the community, trying new hobbies and having an opportunity to fulfil any wishes and aspirations.

This ensures care and support is consistent with the Health and Social Care Standards, which state: "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) and "I can choose to spend time alone". (1.26).

2. To promote a culture of respect, the service should ensure staff have training to understand how best to record any episodes of stress and distress. These should then be used to implement care plans for mental wellbeing. Triggers for stress and distress should be documented along with any tried and tested distraction techniques that can guide staff on how best to support the person during these times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff we spoke to told us about the good team working within the care home. They told us that the manager was very approachable and they felt supported by them. This meant that people using the service benefited from a staff team that worked hard to care and support them. However, there was currently a reliance on agency staff which meant that there was not always a consistent staff team.

We highlighted our concerns as detailed under Key Question 1 with the Operations Manager as the Home Manager was on annual leave. They were responsive to our feedback and along with the Assistant Manager immediately started to plan appropriate actions to address these and drive improvement. This included reviewing the staffing levels and by the last day of the inspection, staffing had increased.

People could be assured that there were systems in place to audit standards of care within the care home. We found that this included audits for key areas including medication management, nutrition and falls.

However, a review of this is needed to ensure that the concerns identified during the inspection will be monitored going forward (see area for improvement 1).

Areas for improvement

1. To ensure that quality assurance and improvement is led well, the service should review current quality assurance, including self-evaluation and improvement plans, to ensure standards of good practice are adhered to and to drive change and improvement where necessary.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance systems' (HSCS 4.19).

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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