Grant House (Care Home)
Care Home Service

Castle Road East
Grantown-on-Spey
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Telephone: 01479 872 333

Type of inspection:
Unannounced

Completed on:
21 February 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307231

About the service

Grant House (Care Home) is registered to provide a care service for up to 20 older people. There were 11 people living in the service at the time of the inspection and one person who was on a respite break. .

The service is provided by NHS Highland, situated on the main street in Grantown-on-Spey and is near to local amenities, including shops and bus routes.

The care home is purpose-built with accommodation on two levels. All bedrooms have single occupancy with en-suite facilities. Rooms on the upper floor are accessible by stairs and a passenger lift. At present all residents' bedrooms were on the ground floor. There is a large attractive garden that people can access.

About the inspection

This was an unannounced inspection which took place between 18 and 21 February 2025. 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:

- spoke with all people living in the care home and five of their family members;
- spoke with staff and management and visiting professionals;
- observed practice and daily life;
- reviewed documents; and
- considered the findings of a recent upheld complaint.

Key messages

There had been a number of changes of managers before the Christmas period. This had resulted in ineffective leadership and management, high levels of staff sickness and poor outcomes for some people. There was now a stable, competent and experienced manager in place. The leadership team were focusing on service improvements relating to improved care and support for people living in Grant House.

People benefited from a warm, comfortable and welcoming environment.

Staff identified changes in people's health and made referrals to relevant health professionals for follow up treatments.

There was good communication between staff and families, especially if there had been changes to a loved one's health.

There needed to be more robust systems in place to ensure people were receiving sufficient nutrition and fluids.

There were some of areas of care planning that needed improved and people should be receiving 6 monthly reviews.

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 staff team?	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 have evaluated this key question as adequate where strengths just outweighed weaknesses. Continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

People told us they were well looked after and happy living in Grant House. Families felt reassured that staff contacted them when there were changes to their loved ones' health. Families reported that a strength of the service was good communication. There were adequate systems in place to monitor people's health and wellbeing. Staff identified changes to people's health and sought appropriate advice and follow up treatments from partnership agencies. For example the GP, community nurses, psychiatrist, dietician. Some of the comments we received included:

"We are very happy here and we have a good laugh."

"Staff keep us in the loop with any changes to my relative's health. I feel confident staff seek and follow advice given."

"It was a really difficult time over Christmas as there were hardly any staff and it was very upsetting. However there is a new manager and I feel a bit more positive that things will improve."

"To my knowledge if there are any medical concerns raised during a review, the care home have liaised with the GPs - which is most appropriate."

There were some areas that needed to be improved on to ensure the safe care of individuals (see requirement 1). Some people had lost weight in recent months. Whilst these individuals had been referred to the dietician, there was a lack of evidence that staff were ensuring people were getting sufficient food and fluids to help them gain weight. When we looked at the paperwork to monitor people's food/fluid intake there were:

- no goals for people's daily food/fluid intake;
- staff were not adding up total daily food/fluids;
- inconsistent signing to evidence food/fluids given; and
- no evaluation of what the next step should be if fluid/fluids goals were not being reached.

There had been a high number of medication errors in the last months. The leadership team had put systems in place to ensure the safe administration of medication. This included support and training from partnership agencies and staff training and observations. There were now fewer medication errors. When we looked at medication we noted there were no clear protocols for "as required" medication. This is important as it will help staff know what to look for when someone requires additional medication. There will also be a more consistent approach to administering and evaluating the effect of this medication (see area for improvement 1).

Care planning was an area of improvement the manager had identified. Overall care plans had sufficient information in them that allowed staff to provide care and support in the way the person wished and promoted independence. All services are legally required to formally review people's care on a six-monthly basis to evaluate how support is meeting a person's outcomes. This was not being done (see area for improvement 2).

There had been a recent complaint upheld in regard to insufficient monitoring and reporting accidents and incidents. This had resulted in inadequate care and support for an individual. There were now robust system in place to ensure staff were following good practice guidance in respect to accidents and incidents. There was sufficient oversight to ensure staff were following this guidance and had the right knowledge and training to do so.

People were enjoying their meals in a relaxed, homely and friendly setting. A number of people commented on how much they enjoyed the home cooked meals. When people were being supported at mealtimes, staff did this in a dignified and unhurried manner. This approach encouraged improved dietary intake. We suggested that snacks and drinks should be easily accessible throughout the day as this will promote choice and independence. Some of the comments we received included:

"The food here is amazing, the chef knows what we like".

"One of the strengths of the service is the home cooked meals, my relative loves them."

As mentioned in the section of the report "What the service has done to meet any areas for improvement we made at or since the last inspection" we will be carrying forward the area for improvement in relation to meaningful activities. Some of the comments we received included:

"I feel the recent employment of an activities coordinator will be very beneficial. There is little opportunity for activities, socialising and cognitive stimulation."

"I have visited and noticed that residents are sitting in front of the TV watching daytime TV that is very likely irrelevant to them and probably boring. It might be an idea to have options relevant to their generation available for residents."

"I feel bored sitting here, there is not much to do."

"There could be more done to keep my relative active, there is not a lot going on."

Requirements

1. By 1 May 2025 the provider must ensure people who are at risk of weight loss or dehydration are receiving sufficient food and fluids. To do this, the provider must, at a minimum ensure:

a) food/fluid charts have daily intake goals clearly identified, staff document daily the sum of food/fluids taken, sign to say when food/fluids have been offered/taken and record next steps if food/fluid goals are not being reached;

b) ensure the prompt recognition, monitoring and effective recording of people's health or level of risk is undertaken such as, risk of skin damage. This should include;
- the use of the 'skin care bundle' to record re-positioning and skin checks; and

c) regularly calibrate weighing scales so as accurate weights of people are recorded.

This is to comply with Regulation 5 (1) (a) - (d) (Personal plans) 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:

'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).

Areas for improvement

1.
To ensure the safe administration of medication and good practice guidance is being followed, the provider should ensure:

a) protocols for 'as required' medications are put in place; and

b)staff regularly evaluate the effectiveness of "as required" medication and take appropriate action if the medication is not having the desired effect.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and
'I have confidence in people because they are trained, competent and skilled, are able to reflect on practice and follow their professional and organisational codes.' (HSCS 3.14).

2. To support positive outcomes for people who use the service, the provider should continue and sustain the improvements made in care planning and related documentation. This should include:

a) people's support plans and "at a glance documentation" being be kept up to date; and

b) ensuring every person should have a formal and person-centred review at least every six months that evaluates how support is meeting their needs, as identified in their care plan. Reviews should include input from people and/or their legal representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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) and
'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

How good is our staff team? 4 - Good

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

The manager completed an assessment of people's dependencies on a monthly basis, which informed staffing levels. They reviewed this more frequently if someone's health deteriorated, or if there was a change in the service, so they could continue to meet people's needs appropriately.

Through our observations it was apparent staff knew people living in Grant House really well. Staff responded to people in a kind and caring manner so that people's needs were met in line with wishes and choices.

To ensure a well organised and managed shift there could be improved communication in relation to matters such as - identifying who was coordinating a meal time, and who was coordinating food/fluid intakes for people who were unable to leave their rooms. This will further promote people's well being.

There had been a lack of leadership and management prior to and over the Christmas period. This had resulted in a number of staff absences and the standards of care and support dropping. Staff were now back at work and felt the new manager was supportive, good at listening and that they were all working together to make improvements in Grant House. The provider had put appropriate supports in place to ensure staff were confident and confident in their roles. We will consider this further at the next inspection.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To further enhance people's well being, staff should continue getting people involved in activities throughout the day and evening.

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

This area for improvement was made on 23 May 2023.

Action taken since then

There has been some progress in regard to this area for improvement. Further improvements are required to ensure activities are routinely part of day to day care and support. An activities coordinator has been employed and will be starting imminently. We will evaluate the success of this at the next inspection. The area of improvement will be carried forward. See key question 1.

Previous area for improvement 2

So as people are experiencing high quality, safe care that meets their needs, rights and choices, the provider should undertake a process of self evaluation. This should result in the development and ongoing reviewing of improvement plans. There should be a separate improvement plan relating to the environment.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11) and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 23 May 2023.

Action taken since then

The area for improvement has been met. The provider's improvement plan was realistic and achievable. The kitchen and dining room had been painted and the corridors were next. Improvement plans were regularly evaluated and reviewed.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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