

# HC-One Beamish Limited

# Grampian Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 9 March 2018 and was unannounced. A second day of inspection took place on 12 March 2018 and was announced.

Grampian Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grampian Court is a purpose built residential home which provides personal care for up to 57 people. At the time of our inspection there were 44 people living at the home who received personal care, some of whom were living with a dementia.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service was first registered with the Care Quality Commission in February 2017. This was the first inspection of this service. During this inspection we found the service was 'Good' in all areas so the overall rating is 'Good.'

People and relatives spoke positively about the service and said it was a safe place to live. Staff had received training in safeguarding and knew how to respond to any allegations of abuse. Safeguarding referrals had been made to the local authority appropriately, in line with set protocols. When new staff were appointed, thorough checks were carried out to make sure they were suitable to work with people who used the service.

Regular planned and preventative maintenance checks and repairs were carried out and other required inspections such as gas safety and servicing were up to date.

Accidents and incidents were recorded accurately and analysed regularly. Each person had an up to date personal emergency evacuation plan should they need to be evacuated in the event of an emergency.

Staff received regular supervisions and told us they felt well supported by the manager. Staff training in key areas was up to date.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind and caring. People said their choices were respected and their dignity was upheld. We saw lots of pleasant interactions between staff and people.

Each person who used the service was given information about how to make a complaint and how to access

advocacy services. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure. People who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, relatives, staff and visiting health and social care professionals were regularly consulted about the quality of the service via meetings and surveys.

People who used the service spoke positively about the manager and said they would recommend Grampian Court to others. Staff told us they enjoyed working there and there was an open and positive culture.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and were happy living there.

Staff recruitment and selection procedures were thorough.

There were enough staff to meet people's needs.

Risks to people's safety and welfare were assessed and monitored.

### Is the service effective?

Good ●

The service was effective.

People's nutritional needs were met and food was prepared freshly each day.

People's healthcare needs were monitored and the service liaised with other healthcare professionals where appropriate.

Staff adhered to the principles of the Mental Capacity Act 2005.

Staff training in a range of key areas was up to date.

### Is the service caring?

Good ●

The service was caring.

People told us staff were kind and they were well cared for.

Staff were attentive to people's needs and reassured people when this was needed.

People said staff supported their rights to make decisions and choices for themselves.

Relatives told us they were encouraged to visit at any time and they were made to feel welcome.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and reflected individual needs and preferences.

People were supported to participate in activities which they enjoyed

Staff knew people's needs, interests and preferences well.

Systems were in place to manage complaints appropriately.

### **Is the service well-led?**

The service was well-led.

People who used the service, relatives and staff told us the registered manager was approachable.

People's feedback was acted upon.

Quality assurance systems and processes were effective in monitoring the quality of the service provided.

Staff meetings were held regularly and staff felt able to raise concerns with the management team at any time.

**Good** ●

# Grampian Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 12 March 2018. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning. The inspection team was made up of two adult social care inspectors, an inspection manager and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, and other professionals who worked with the service to gain their views of the care provided by Grampian Court.

During the inspection we spent time with people living at the service. We spoke with 12 people and six relatives. We also spoke with the registered manager, the area director, the deputy manager, three senior care assistants, five care assistants, one activities co-ordinator, two members of kitchen staff, two members of domestic staff and two visiting health professionals.

We reviewed three people's care records and four staff recruitment files. We reviewed medicine administration records for 10 people as well as records relating to staff training, supervisions and the management of the service.

Due to the complex needs of some of the people living at the service we were not always able to gain their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

People told us they felt safe living at Grampian Court. One person told us, "I feel safe living here. I always have my buzzer if I need anything." Another person said, "I feel very safe living here."

Relatives told us they felt people were safe. One relative commented, "[Family member] is 100% safe living here. There are plenty of staff to look after them." Another relative said, "People are very safe. There is so much interaction and there is always someone around."

Staff had completed training in how to protect people from abuse and they were reminded of their responsibilities to keep people safe and how to report any concerns during staff meetings. Staff told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. A staff member said, "If I was worried about anything [regarding safeguarding] at all I would go straight to [registered manager] but there's nothing." Records showed safeguarding concerns were recorded and dealt with appropriately.

The provider had an effective recruitment and selection procedure in place. Relevant security and identification checks were carried out when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and reduces the risk of unsuitable people working with children and vulnerable adults.

There were enough staff to meet people's needs promptly. We noted that when people called for assistance this was given in a timely way. We looked at staff rotas for the week of the inspection and the previous two weeks. At the time of the inspection there were 44 people using the service across three units. Rotas showed that each day shift was covered by three senior care assistants and five care assistants. The registered manager and deputy manager were on duty from Monday to Friday. In addition to care staff the provider employed other staff in a range of support roles such as maintenance staff, laundry and domestic workers, kitchen staff, wellbeing co-ordinators (to arrange activities) and administration and clerical support.

People received their medicines safely. We observed senior care assistants administering people's medicines. They checked the electronic medicine administration record (EMAR) so they could be sure they were dispensing the correct medication to the right person. They provided people with a drink and waited until their medicines were taken. They only signed the EMAR after the person had taken their medicine. EMARs we viewed had been completed accurately.

Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature for them to be considered effective. Medicines that are liable to misuse, called controlled drugs were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly.



The staff team had received training in medicine administration and their competency was checked to ensure their practice remained safe. Staff knew what people's medicines were for and if they needed to take any particular precautions. For example staff knew how much time should be left between doses. Staff understood the importance of gaining people's consent before offering them their medicines.

Staff were provided with a range of equipment to help reduce the spread of infection such as gloves and aprons. We observed staff used personal protective equipment effectively and followed good infection control practices. Gloves and aprons were stored appropriately where staff could access them easily.

Regular planned and preventative maintenance checks and repairs were carried out on the premises and equipment, such as water temperatures, window restrictors, bed rails and hoists. Other required inspections and services included gas safety and electrical testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Records showed appropriate action had been taken by staff, such as referring a person to the falls team or obtaining assistive technology to prevent recurrence. Analysis of incidents showed that the majority happened during the afternoon or early evening. Staff had been reminded of the need to be extra vigilant at all times, but particularly during these periods.

Each person had a Personal Emergency Evacuation Plan (PEEP) which contained details about their individual needs should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

There was a pleasant, relaxed and homely atmosphere at the service. The accommodation was comfortable, clean, decorated to a very high standard and there were no unpleasant odours. A relative commented, "The décor is stunning and always lovely and clean."

## Is the service effective?

### Our findings

People and relatives we spoke with said staff had the right skills to provide the care they needed. One person commented, "They can manoeuvre the stand-aid with ease and confidence, they definitely know what they are doing." A relative told us, "Yes, staff know what they are doing."

Staff told us they felt well supported and they received regular supervisions. Supervision is a meeting, usually between a staff member and their line manager, to provide guidance and support and discuss training needs. Records confirmed regular supervisions had taken place. One staff member said, "I had supervision yesterday. It's regular, every three months. We get plenty of support."

Staff told us and records confirmed training in topics which the provider deemed compulsory was up to date. Records showed staff members had completed training in areas such as safer people handling, nutrition, dignity, equality and diversity and infection prevention and control. Staff told us they felt they had sufficient training to support them in their roles.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. There were enough staff to support people to eat, and the dining experience was calm, pleasant and relaxed. Tables were set nicely with tablecloths, linen napkins, cutlery, placemats, flowers and condiments. Staff regularly asked people if they wanted more, if they were enjoying their meal and if they wanted another drink.

On the first day of inspection lunch was a choice of fish and chips with mushy peas, homemade pie, fried egg and chips or egg mayonnaise salad and warm potatoes. This was followed by rhubarb crumble and homemade cakes. Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. People told us they had enjoyed their lunch. Comments included, "I enjoyed that, it was very nice," "The cakes were beautiful" and "The fish was lovely."

Relatives told us the food was consistently good, they were welcome to join their relatives for meals, and were encouraged to do so. A relative said, "Staff let me have meals with [family member] for some quality time with them and the food is outstanding."

The head chef showed us how they presented food for people who required specialist diets in an attractive way. Some people who lived at the service had difficulty swallowing so needed their meals to be pureed. The food had been given texture and put into moulds so that it resembled its original shape and could be eaten with a knife and fork. It looked appetising and the vegetables we sampled were tasty. This meant people's dignity was maintained despite having additional dietary needs.

People's weight was checked and monitored appropriately. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. Care

records showed staff referred people to a dietician or the speech and language team (SALT) in a timely way if they required support with swallowing or dietary difficulties.

People were supported to maintain their health and well-being. The service had close links with healthcare professionals such as community nurses, GPs and the palliative care team. People's care records contained evidence of consultation with professionals and recommendations for staff to follow. Food and fluid charts were completed accurately for those people who needed them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS applications had been made for 20 people to the relevant local authorities.

Mental capacity assessments had been carried out for people as required and decisions made in people's best interests were documented. Some best interest records lacked detail around which relatives had been involved in the decision making, but when we spoke with relatives they confirmed they had been involved. When we spoke with the registered manager about this they said they would ensure records accurately reflected relatives' involvement in this area.

Some of the people who used the service had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records we saw were up to date.

Staff told us how they involved people to make their own decisions where possible, for example when choosing how to spend their time or what to wear. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities.

The design of the premises was appropriate for the people who lived there. Corridors were wide to accommodate wheelchair users and communal areas, including bathrooms and toilets, were spacious.

There were visual and tactile items to engage people living with dementia which can help reduce anxiety levels. Colourful written and pictorial signs helped people orient themselves around the home. People's bedroom doors had large signs that included the person's name, room number and photograph, where appropriate. The accommodation for people living with dementia (which the provider called memory care communities) had numerous old pictures of the local area on display and themed areas such as a department store, bus stop and post office. Dolls were used to provide comfort to people and staff respected the importance of these.

## Is the service caring?

### Our findings

People and relatives spoke positively about the care provided. People's comments included, "I love it here. The girls are lovely," "Staff are very kind and friendly. They are fantastic" and "I'm very happy as the staff are so caring."

A relative told us, "[Family member] is happy here so we're happy. You wouldn't find a better home than this. All of the family are more than happy with the care here as the staff are fantastic." Another relative commented, "[Family member] is totally comfortable here. The staff are lovely with them and treat them like their own family. A visiting health professional said, "Staff appear to be lovely with the residents."

We observed staff spoke with people in a kind, caring and respectful way, taking time to listen to people and understand what they were communicating. Staff were attentive to people's needs and reassured people if they were upset or distressed. During this visit we saw lots of pleasant interactions between staff and people. For instance, some people were sitting with staff having a chat and a laugh over a cup of tea or coffee. Staff were appropriately affectionate towards people.

All of the people we spoke with felt staff acknowledged their privacy and demonstrated respect. For example, people told us how staff ensured curtains were pulled across and doors closed to ensure privacy was maintained when people were supported with personal care. One person said, "The staff always knock on my door before coming in."

Staff provided physical assistance at meal times to people who needed it in a dignified way. When people requested assistance to go to the toilet they were supported immediately. We saw this was done in a discreet way that maintained their dignity and without others knowing. Staff were kind and polite when supporting people, and clearly knew people well.

People said staff supported their rights to make decisions and choices for themselves. One person told us, "I can get up and go to bed when I want." We saw residents choosing where they wanted to sit in dining rooms and lounges. A staff member told us, "I provide support to people with any day to day decisions. People we support have choices and rights just like everyone else."

Staff we spoke with were knowledgeable about people's needs and circumstances. They told us in detail about people's health and care needs and preferences. People told us they were encouraged to be as independent as possible but staff were always on hand to provide support.

Relatives and friends were encouraged to visit and they told us they could visit at any time. During our visit we observed relatives being greeted by the staff team in a friendly and welcoming manner. A staff member said, "We are more than a team, we're like a big family. Everyone gets on well here." Another staff member told us, "I love it here, the residents are brilliant."

Each person was given a residents' guide which contained information about all aspects of the service

including how to access independent advice and assistance such as an advocate. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. Although nobody at the service had an advocate, this facility was available and information about this was easily accessible.

## Is the service responsive?

### Our findings

The registered manager told us, and records confirmed, that people's care and support needs were assessed prior to them moving into the service. This was so they could assure themselves that people's needs could be met by the staff team.

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, continence and mobility. Care plans were personalised and included people's choices, preferences, likes and dislikes. They contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual. For example, what an individual's bedtime routine was.

Where potential risks had been identified during or after the initial assessment process risk assessments were in place. We viewed these assessments and noted they were personalised to each person's circumstances and were reviewed regularly. Daily progress reports were completed at least twice daily and more frequently if there was anything specific to record.

People and relatives told us they were involved in setting up and reviewing care plans. All of the people we spoke with said they felt involved in decisions about their care. One person told us, "Yes I am involved with everything about what I need." A relative said, "[Family member] and I were both involved in making decisions about their care. Their care is reviewed, and we are kept up to date with any changes. Everything is transparent."

Relatives told us communication was good and they were kept up to date. A relative said, "It's fabulous here. If ever there has been anything happen they [staff] ring to tell you."

The staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people. People's records contained information about their social history, likes, dislikes and preferred routines. It is important staff have access to this information so they can get to know people as individuals.

Care plans had been updated to account for changes in people's circumstances such as when people had short term illnesses or changes in their mobility. Regular reviews were carried out to help ensure care plans reflected people's current needs.

Relatives told us how living at Grampian Court had had a positive impact on their family member's health. A relative told us, "[Family member] was under nourished before they came here but they've since put on weight. They used to be in a wheelchair but now they're walking again and are involved in activities. It's great to see."

People were supported to participate in activities which they enjoyed and were meaningful to them. A wellbeing co-ordinator was employed for this purpose. People and relatives spoke positively about the enthusiasm of the wellbeing co-ordinator. People told us they enjoyed the range of activities on offer,

although some said they preferred their own company.

A range of activities were available which included quizzes, crosswords, hand massage, manicures, armchair exercises, pets as therapy and arts and crafts. Staff told us how two people who lived at the service served afternoon tea once a week in the coffee lounge on the first floor. People told us how much they looked forward to this every week. The registered manager told us, "We try and do something big every month which usually involves staff getting dressed up and having a party for everyone. We've done Grampian X Factor and Grampian Strictly Come Dancing and it was great."

On the afternoon of our visit we saw residents doing cross-stitch Easter crosses which were to be used as bookmarks when finished. The atmosphere was happy and there was lots of conversation between people, staff and visitors.

There was a well-equipped hairdressing salon on the first floor near to a coffee lounge. There were two computers available for people to use should they wish to. A tuck shop was available where residents and visitors could buy sweets, soft drinks and toiletries

Staff told us about the provider's 'Three Wishes Campaign' which involved people being asked to write down three things they would like to achieve over a year. Staff then worked hard to make sure at least one if not all of the wishes came true. Staff told us how one person had always wanted to visit a particular country, so they held a themed night where the person could sample that country's food.

We saw that where possible, people remained at the service at the end of their lives, as long as they did not require specialist care that could only be provided at a hospital. People's care plans reflected their preferences, where people felt able to discuss this sensitive area. This meant staff had information to refer to about the person's wishes should the person not be able to make their wishes known.

During our visit one person was receiving additional support as they were nearing the end of their life. A visiting health professional told us, "Staff were responsive when [person's] condition deteriorated and they rang the relevant people immediately. They knew [person] was in pain and they gave them something for that. All the staff could tell me everything about [person]. Staff were fantastic."

The registered manager told us how they used an air pump which created foam as an alternative to oral care swabs which were used when people received care towards the end of their lives. The foam could be created from a number of different food and drink items such as bubblegum or whisky. This meant people's individual food and drink preferences could still be accommodated at the end of their lives, even if they could not eat or drink properly.

A box containing LED candles, room sprays, fleece blankets, books of poetry, hand cream and lip balm was on hand for staff and relatives to use for people nearing the end of their lives. This meant people could be kept comfortable.

People and relatives knew how to complain if they had concerns about the care provided. All of the people we spoke with advised they did not currently have any complaints and had never had any reason to complain. They all told us that if they needed to raise any issues they would feel comfortable addressing this with staff or the registered manager. Records showed complaints had been dealt with appropriately and in a timely manner.

The registered manager had received numerous compliments and thank you cards. Compliments included,

'[Family member] needed emergency treatment and was hospitalised. Their condition was identified by staff who managed the situation extremely professionally' and 'Everyone has taken the time to get to know [family member] and us.'



## Is the service well-led?

### Our findings

The registered manager had worked in the care sector for 18 years and had managed other care homes previously. The registered manager was supported by the deputy manager. There was a clear management structure in place and staff understood who they reported to. The registered manager spoke passionately about the home and was knowledgeable about people who lived at the service.

Services that provide health and social care to people are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred in the home.

People and relatives we spoke with knew the registered manager well and spoke positively about them. One person who used the service told us, "She is very pleasant and approachable." Another person said, "You couldn't get anyone better. She manages the home very well." Relatives' comments included, "The manager embraces her role. She is available anytime and has an open-door policy" and "The manager is brilliant, you can go to her for anything." People and relatives told us they would recommend Grampian Court to others.

Staff told us there was an open and positive culture at the home and they enjoyed working there. Staff told us they felt supported by the registered manager and could raise issues at any time. A staff member told us, "The manager is very good. Their door is always open." Another staff member said, "The registered manager is firm but fair. If you have any problems she'll try to sort them out." A third staff member said, "If [registered manager] sees something is wrong she'll deal with it there and then. She's the best manager I've ever had."

Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Records of discussions held and actions needed were clearly captured. Staff told us they had enough opportunities to provide feedback about the service. A staff member said, "Staff meetings happen once a month. You can raise any concerns or anything at all and it gets dealt with."

People's feedback was sought regularly via residents' meetings, care planning reviews and an annual survey. An annual survey had recently been conducted, the results of which had not yet been collated at the time of our visit. People had requested alternatives to sandwiches and cakes so wraps and Danish pastries were added to the menu. At a subsequent meeting people said they were happy with the alternatives that had been added to the menu. This meant people's feedback was acted on.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. A monthly risk monitoring report which included clinical indicators such as people's weight loss, pressure care and serious changes in people's health status was completed by the manager and submitted to head office for analysis. A 'Resident of the day' audit was carried out. This meant that all aspects of the person's care including care plans, medicines and bedroom facilities were quality checked.

There were good community links with the local primary school and church which meant people who lived at the service were regarded as an integral part of the community.