

Alysia Caring (Stamford) Ltd

Grand View Care Home

Inspection report

Uffington Road
Stamford
PE9 2EX

Tel: 01780668118

Website: www.grandviewcarehome.co.uk

Date of inspection visit:
18 April 2023

Date of publication:
28 June 2023

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

Grand View Care Home is a residential care home providing personal and nursing care to up to 80 people. The service provides support to adults of all ages some of whom may be living with dementia, a physical disability or sensory impairment. At the time of our inspection there were 21 people using the service. The home is purpose built and is spread over three floors.

People's experience of using this service and what we found

Most risks to people had been identified and action taken to keep people safe. However, while staff were aware of people's individual support needs when they were distressed this information had not been included in their care plans. The registered manager contacted us after the inspection to say this had been rectified.

People were supported to eat and drink enough to stay healthy. However, where people needed their fluids monitoring this was not always accurately recorded, while there was no impact on people we raised this as a concern with the registered manager.

The home was clean and staff followed infection control processes to reduce the risk of spreading infection. Medicines were safely managed and available to people when needed.

People were happy with the care they received. Staff were kind, caring and supported people's independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough staff to meet people's needs and the recruitment practices ensured staff were safe to work with people living in the home. Staff received the training and support needed to provide safe care to people.

Staff were confident in raising any safety concerns they had about people's care and the registered manager worked with the local safeguarding authority to keep people safe. Staff worked collaboratively with other health and social care professionals to ensure that people received support when they were unwell.

The registered manager had good oversight of the care provided in the home and used audits effectively to identify areas for improvement and to progress the standard of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Grand View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspector and an 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.

Service and service type

Grand View Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grand View Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, a nurse, a care worker and a housekeeper.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were well looked after by staff.
- Staff had received training in how to keep people safe from harm. They were confident about raising concerns with the registered manager and knew how to raise concerns with external agencies.
- The registered manager worked with the local authority safeguarding team to ensure any allegations of abuse were investigated. Where needed appropriate action was taken to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments and care plans had not been put in place for when people living with dementia became distressed. Staff we spoke were able to tell us how they supported the individuals, for example by sitting with them and looking at family photographs. However, the lack of recording meant we could not be sure all staff were aware of people's needs. Following the inspection, the registered manager confirmed these care plans were put in place.
- People and their relatives told us care was provided to keep people safe from avoidable harm. One relative said, "I'm happy the staff know what they are doing. [Name] is unable to use the call bell but they are checked and repositioned regularly." Repositioning people on a regular basis will help to prevent them developing pressure areas.
- Physical risks to people had been identified and care was planned to keep people safe. For example, where people were at risk of falling out of bed an assessment was completed to see if bed rails should be used.
- Incidents were analysed to ensure learning was in place. Action was taken to stop similar incidents reoccurring in the future.

Staffing and recruitment

- People and their relatives told us staff provided safe care and there were enough staff to meet people's needs. One person told us, "The help is good, no problems at all with it."
- The provider had assessed people's needs and used this information to identify safe staffing levels for the home. Rotas showed the home was staffed according to the identified need.
- The provider had systems in place to ensure staff were safe to work with vulnerable people at the home. Staff told us they had to complete a Disclosure and Barring Service checks before starting work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely managed. People told us staff administer their medicines in line with their prescriptions. One person commented that their medicines were, "Given at the right time." Where people were able to manage their own medicines, this was encouraged and supported to help people remain independent.
- Medicines were safely stored and administered to people at the right time. Medicine administration records were accurate. Staff had received training in the safe administration of medicines and had their competencies checked to ensure they worked in line with the provider's medicines policy.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Friends and relatives were supported to visit in line with government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of capacity to do so for themselves. The MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA and understood that people with the capacity had the right to make their own decisions. However, MCA assessments had not always been completed when restrictions such as bed rails had been put in place. We raised this with the registered manager, they contacted us following the inspection to confirm these assessments were now in place.
- Where people may lack the capacity to live at the home the registered manager had submitted applications for them to be assessed under the Deprivation of liberty safeguards. No one with a DoLS in place had any conditions relating to their DoLS.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment of their needs so that safe care could be planned. Care plans showed that good practice tools had been used when completing the assessments. For example, people's risk of developing pressure areas had been assessed using the Waterlow tool.
- The provider had timelines in place for getting care plans for new people completed. The timelines focused on getting the risk assessments first completed at the earliest opportunity so that any care provided was safe.
- The provider had policies and procedures in place to ensure that up to date guidance and legislations were available to staff. Staff knew where to access the policies if they needed to refer to them.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started to work at the home. The induction consisted of completing training and shadowing more experienced staff. This ensured staff had all the skills needed to provide safe care.
- The registered manager had systems in place to monitor ongoing staff training and staff were prompted when refresher training was needed. The nurses were supported to complete clinical training to maintain their skills and registration with their governing body.
- Staff had regular supervision meetings with their line manager to discuss their performance at work. Staff were also able to identify areas where they felt more training would be beneficial and the registered manager arranged them to access this.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the food offered to them. One person told us, "The food choices are good, even with [Name] changing diet. They can handle requests if the menu isn't suitable. [Name] is also able to have an omelette for tea."
- Some people needed their food and drink monitored to ensure they were eating and drinking enough to stay well. However, while there was no evidence that people were dehydrated, staff had not always recorded that people had been offered enough to drink. We raised this with the registered manager who told us they would remind staff of the need to fully record the care offered to people.
- People's ability to eat safely and maintain a healthy weight were assessed. Where needed advice was sought from healthcare professionals on how people's diets needed to be adapted to support them. Information was available in the kitchen to ensure the kitchen staff had all the information needed to provide appropriate drinks, meals and snacks for people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare. People told us how staff were quick to react when they were not well. One person told us, "They [staff] are quick to call a GP when needed."
- Records showed that healthcare advice and support had been sought for people when necessary. If needed staff were able to support people to their healthcare appointments such as hospital or dental appointments.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and was nicely presented. However, the dementia floor lacked appropriate signage and there was no visual guidance for people to be able to recognise their bedrooms. This reduced the ability of people living with dementia to be independent. We raised this with the registered manager who told us they had plans in place to introduce memory boxes outside bedrooms to make them more identifiable for people.
- The provider had included social spaces such as people may experience in their everyday lives. For example, there was a beauty salon, movie room and a pub. There was also a coffee bar downstairs where people were able to get hot and cold drinks and snacks. These social spaces helped people to feel part of a community.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring and knew people and their needs well. People's comments about caring were positive. One person told us, "I cannot fault the care." A relative commented, "They (staff) are genuinely caring."
- Staff liked to speak to people so that they got to know them well. One member of staff was able to demonstrate their knowledge of people by telling us about people's life history and how they used this knowledge to support the person when they became distressed. Staff knew and used people's preferred name.
- The provider supported people to maintain relationships with people important to them and to celebrate special events in their lives. The provider had a nicely decorated room that people could use to host family and friends for celebrations.

Supporting people to express their views and be involved in making decisions about their care;

Respecting and promoting people's privacy, dignity and independence

- People were supported to make choices about their care. Staff told us how they supported people to be able to make their own decisions by giving them choices. This helped people living with dementia who may not be able to verbalise their wishes but could make a choice between two options.
- Staff had received training in supporting people's privacy and dignity. They explained that they did this by ensuring doors and curtains were closed before giving care, using towels to preserve people's dignity while providing care and encouraging people to do as much as possible for themselves.
- A relative told us how staff had respected their loved one at the home. The person was not sleeping well when they moved into the service and would often wake at night feeling hungry. It was no trouble for the staff to prepare them a small snack. The relative told us staff adapted to how the person wanted to do things and felt they were treated with respect and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care provided met people's needs. A relative explained how their loved one had improved since living at the home due to the care and attention of staff. They said their family member was getting stronger and this had meant they were more independent with their personal care. The improvement in health meant the person was more sociable and was making friends in the home.
- People's care plans identified their needs and how the staff should support them. Staff were able to tell us about people's care needs and this matched the information in people's care plans. Staff told us they were kept up to date about people's needs. This included having a handover of any changes in people's needs at handover when they came on shift.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals.
- People's preferences for accessing information were discussed with them when they started using the service. For example, it was recorded if people wanted the home to manage their mail or if they preferred to open it themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider and registered manager understood the importance of activities on people's physical and mental health. There was a weekly activity plan in place and people received a copy of this so they could decide what they wanted to attend. One person told us, "I get a list of activities each week. They do get people in from outside, singers and such, they're quite good too."
- Activities were provided to support people's physical and mental health. We saw a number of people chose to join in an exercise class. Relatives told us staff supported people to access the local shops. This increased people's independence.
- Relatives spoke positively about the activities on offer. They told us about celebrations which had taken

place for the queen's platinum jubilee and that they had consulted people and their families on what they want to do for the coronation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which set out how to complain and the action they would take to investigate the concern and respond to the complainant.
- The registered manager had investigated complaints in line with the provider's policy. Records showed people were happy with the outcome of complaints.

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the home instead of being admitted to hospital.
- The manager liaised with healthcare professionals to support people to die with dignity. Where people chose not to be resuscitated at the end of their lives, the paperwork was in place, so everyone knew their wishes. End of life medicines were put in place to ensure people had swift access to medicine which would keep them calm and pain free.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the home and relatives told us that the registered manager and staff were kind and approachable, and the service was well managed. One relative told us how the management of the service had noticeably improved since the current registered manager took over.
- People and their relatives had been asked for their views on the care they received. A survey had been completed and people also had the opportunity to feedback their views at residents' meetings. The registered manager used this feedback to improve the care provided. For example, the menus were being changed to include more food that people said they preferred.
- Staff were positive about the registered manager and felt that they had the skills needed to manage the home. One member of staff said, "[Registered Manager] is very approachable and supportive in both my work and personal life." Another member of staff told us, "I am happy with [Registered Manager]. If I had a problem I could go and speak with her."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home. This allowed us to monitor the home for any concerns.
- The provider had audits in place to monitor the quality of care in the home. We saw that they had identified concerns and the registered manager had taken action to improve the care people received. There was also a monthly reporting system to head office. This allowed the provider to monitor the quality of care provided with their other homes and identify if there had been a fall in standards. This supported consistent high-quality care.
- The provider understood their duty of candour responsibilities. The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured that relatives were kept up to date with any concerns about people's care needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager took action to keep up to date with changes in legislation and best practice. For example, by keeping their nursing educations and registration up to date and by taking further management courses.

- The provider used a company to review and update their policies as legislation and best practice changed. When changes were made to policies these were reviewed by the registered manager and shared with staff as needed. Additionally, the registered manager had monthly meetings with the provider and colleagues from other homes to ensure they were working consistently across all the provider's homes.
- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.
- The registered manager told us they were looking to build links with the local community. This included working with local schools to try and build a partnership.