Cochrane Care Home
Care Home Service

67 Quarrelton Road
Johnstone
PA5 8NH

Telephone: 01505 327888

Type of inspection:
Unannounced

Completed on:
30 August 2018

Service provided by:
Silverline Care Caledonia Limited

Service provider number:
SP2014012299

Service no:
CS2014326137

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service registered with the Care Inspectorate on 8 September 2014.

Cochrane Care Home is purpose-built to provide accommodation for 61 older people. The service is set on two levels and subdivided into four units. Each unit has a choice of lounge areas, pantry, dining room, communal bathrooms and toilets. A lift allows access to the upper floors.

On the day of the inspection, there were 61 people using the service.

The provider of the service is Silverline Care Caledonia Limited. The provider's mission statement is 'to provide high quality care to our residents, peace of mind for their families, and be a great place to work'.

What people told us

Before and during our visit, we received six completed care standards questionnaires from residents, one from relatives and nine from staff.

There were 61 residents living in the home at the time of our inspection. During our visit, we spoke with 18 residents and four visiting relatives. We spoke with staff throughout our inspection and as part of our general observations. We also observed a lunchtime and carried out a SOFI 2* observation involving residents with limited communication abilities.

Overall, residents, relatives and staff gave positive feedback about the standard of care at Cochrane Care Home. When areas for improvement were identified we explored these further and communicated them anonymously to the manager and with a view to supporting improvement if needed. Comments included:

- 'The staff are excellent and do a wonderful job'.
- 'Although the care is good I feel there should be more staff to cope with the residents needs'.
- 'Staff do their best'.
- 'No complaints at all. Very happy with the home'.
- 'Staff are very good and make me feel welcome'.
- 'Staff always seem so busy, but they do their best'.
- 'Staff are kind. I have no concerns'.
- 'I have had all the care and attention I needed since I came here'
- 'I like my room which is cleaned every day by the cleaners'.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

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
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

Evidence from our observations and feedback gathered from residents and relatives showed that staff knew the residents well and interacted with kindness and compassion. This was important for people to feel confident in the staff who supported them. One person said, 'Staff are kind. They take good care of me'.

Health and wellbeing needs were assessed and care plans developed with input from residents and families. Families confirmed that care reviews were carried out regularly. Risk assessments such as nutritional needs, falls risks or moving and assisting were carried out regularly to monitor people's health and wellbeing. Staff responded to changes in people's healthcare needs and worked together with external health professionals where needed. People's medication was managed well. We discussed with managers how the management of 'as required' medication could be further improved and managers had immediate plans to do this. This meant that there was overall good evidence that the service supports people's healthcare needs and physical wellbeing.

We found that the service could improve the support of people living with dementia who are experiencing stress and distress. In particular the areas of assessment and care planning in this area of practice showed at times a lack of detail and meaningful evaluation. This meant that the support of people with stress and distress issues was not always consistent, effective and grounded in best practice. We encouraged the service to ensure that care in this area is clearly led by competent nursing staff who are able to implement current best practice and work effectively with external healthcare professionals. We identified this as an area for improvement (see area for improvement 1).

We saw that the service managed people's diets and weight control well. We observed mealtimes and saw that residents were offered a varied diet. The mealtimes were not hurried and residents were able to choose where they would take their meals. This meant that residents benefitted from organised mealtime routines. However,

the mealtimes we experienced showed, at times, significant differences in quality between the various units. We encouraged managers to use regular observations of practice to increase the consistency of mealtime quality and to develop a clear concept for mealtimes.

Our observations showed that care often appeared and felt task orientated and staff-centred. This led, at times, to some poor outcomes and meant that people were not always supported in a way that enabled them to get the most out of life. This appeared to be particularly the case for people with limited communication abilities or those who spent long periods of time in their own room. The service maintained a schedule for group activities, but it was poorly displayed and not meaningfully evaluated. The various professional groups working in the service did not appear to work well together towards enhancing people's experience of life. We identified this as an area for improvement (see area for improvement 2).

Areas for improvement

1. The provider should ensure that the assessment and care planning process for people living with dementia who experience stress and distress is improved. This should include (but not be limited to):

- ensuring that the process of assessment and care planning for people experiencing stress and distress is clearly nurse led
- ensuring that care plans are meaningfully evaluated
- ensuring that current best practice guidelines are followed.

This to ensure care and support is consistent with the Health and Social Care Standards which state that I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)

2. The provider should ensure that staff are working effectively together, across all professional groups, to enable residents to get the most out of life inside and outside the service. This should include (but not be limited to):

- ensuring that planned group activities are well displayed
- ensuring that activities take people's abilities, wishes and condition into account and that they are meaningfully evaluated to inform further plans
- ensuring that established routines and practices in the service are reviewed to ensure that they are person-centred
- ensuring that all staff groups work together effectively to meet the social and mental heath needs of people who spend long periods of time in their rooms.

This to ensure 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).

How good is our leadership? 4 - Good

The service used a range of quality assurance methods to monitor the experience of people living in the home and to ensure that their needs are met. This included a wide range of audits. The service's quality management was supported by audits carried out by the provider's area manager. This meant that managers had a good understanding of the importance of their role in directing and supporting improvement in the service. However, we found that some of the provider's audit tools lacked effectiveness in driving change, because they were too

unspecific or did not measure progress in areas for improvement that managers had identified. We discussed this with managers who told us that provider had already taken steps to review the current audit tools.

The service encouraged feedback from families and residents in a variety ways to enable people to give their views about the service. Newsletters, information boards and meetings informed people about developments in the home. We found that care reviews with residents and families were carried out regularly. People we spoke to felt that they could approach the manager with any concerns. This meant that people were informed and that their views had been taken into account.

The service had an ongoing service improvement plan to manage and support improvements in the service. Managers used some of the measurable outcomes from their quality assurance systems to inform this action plan. This meant that the service had a basic, development plan that took audit outcomes, feedback and best practice guidance into account. We discussed with managers how they could further improve their service development plan by working out the service's strengths and areas for improvement in an evidence-based way. We also found that the service could further improve how quality assurance processes and findings can be made more transparent. This could further strengthen the involvement of people in the development plan of the service.

We saw that managers had started to use a mealtime observation tool for observations of practice during mealtimes. Our observations showed that this had led to some improvements and increased staff awareness of best practice. This meant that people's experience of mealtimes was improved by this method of quality assurance. However, we noticed that the quality of mealtimes was still inconsistent and that the observation had not been adapted well enough to be able to focus on remaining areas for improvement. We, therefore, encouraged managers to keep developing the mealtime observation tool and to empower more junior staff members to become involved in carrying out and evaluating those observations. We also spoke to managers about how their quality assurance system could be further expanded by including more regular observations of practice in other areas of care.

Where things went wrong with a person's care and support, managers were able to demonstrate how they dealt with it in an open and constructive way. This meant that people's rights were respected and that managers used learning from accidents, incidents or complaints to improve the service. A relevant example of practice was that managers had increased staffing levels at night in response to a complaint.

How good is our staff team? 3 - Adequate

Managers were able to demonstrate how they used a dependency tool in combination with other measures, like unit size and layout to determine the necessary staff numbers to meet the needs of residents. However, a number of people told us that they found staff to be very busy and that they felt at times unsure about staffing levels. A recent complaint about staffing levels at night had been upheld and managers had started on working to increase staffing levels in response to that. We encouraged managers to keep developing how they could use a variety of measurements, including feedback from residents, relatives and staff to determine the right numbers and mix of staff. We also stressed the importance of making the process of how the service determines staffing levels and deployment as transparent as possible.

Staff were in general clear about their roles. However, we found that during our visit the different staff departments did not always appear to work effectively together to support people. This had the potential to negatively affect people's outcomes, particularly in the areas of social stimulation and activities, but also around

busy times, like breakfast or mealtimes. We encouraged managers to review staff deployment and established work routines and to challenge task orientated thinking.

We found that working relationships between staff were generally good and staff were able to communicate effectively. Managers provided opportunities for staff to discuss their work and how best to improve outcomes for residents. This included staff meetings and individual supervision meetings. Staff were provided with regular and relevant training opportunities. This meant that staff were enabled to develop their professional skills on an ongoing basis. However, we discussed with managers that further progress was needed to ensure the implementation of Promoting Excellence dementia care training and with the implementation of reflective practice (see outstanding areas for improvement).

How good is our setting? 4 - Good

We saw that residents overall benefitted from a modern, purpose-built service. This included features and designs to promote independence for older people and people living with dementia. We found that people were able to personalise their bedrooms and people, overall, commented well on their environment. There was a variety of lounges and communal areas, including quiet spaces. This meant that the setting overall contributed to achieving good outcomes for people by encouraging people to retain their physical abilities by moving around as much as possible in each unit.

Although each unit was well designed to promote independence and allow a maximum of free movement, we found that people could not move between units without a staff member opening the door for them. We spoke to managers about this and they felt positive about trying out to allow more open movement, once the planned refurbishment had been completed. This could potentially further enhance people's choice and independence.

We saw that some areas of the service had recently been refurbished. This also included upgrades to lighting. However, we found that various areas of the home were worn and in need of refurbishment and improvement. This meant that people's outcomes were potentially affected by their environment, not being looked after and maintained as well as possible. However, we were encouraged by managers being able to present us with confirmed and detailed plans for an extensive refurbishment programme. This included a special focus on dementia friendly features and designs. Managers were also able to show us examples of people being involved in making choices for the planned designs. We discussed the importance of implementing the planned environmental improvements as soon as possible and encouraged them to maximise the informed involvement of residents and families.

We found that the service had some very useful and large garden spaces. We found anecdotal evidence that these garden spaces were regularly used in the warmer months. However, during our visit we found that access to the garden space was restricted and that most residents were only able to access the garden when accompanied by staff. This meant that people's outcomes could be negatively affected by a lack of access to the outside. Although managers had plans for improving the garden designs to allow more independent access, these were still fairly vague. We, therefore, identified this a an area for improvement (see area for improvement 1).

Areas for improvement

1. The provider should review the current garden designs with a view to achieve a maximum of independence for residents. This should include (but not be limited to):

- creating garden areas that are designed to promote independence and safety for

people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that if I live in a care home, I can use a private garden (HSCS 5.23).

How well is our care and support planned? 3 - Adequate

We saw that the service had made some progress with improving the care plans. However, not all areas of the previously identified areas for improvement had been fully implemented yet. We, therefore, included some of the outstanding work in two new identified areas for improvement (see areas for improvement 1 & 2). Overall, we found that assessments and care plans were complete and up to date. The sampled care plans contained good detail and information about the person's preferences and wishes. This meant that people's health and wellbeing benefitted from a robust and safe, but basic assessment and care planning system.

The service carried out regular reviews of the personal plans with residents or their representatives. People's wishes and preferences were established and documented. This meant that people were involved in shaping their care and support. The care plan system also contained a section for anticipatory care planning which was designed to gather information to help people to live well right to the end of their life. This created a good opportunity for staff to find out about what is important to people and their wishes for the future. However, we found that this area was not consistently and meaningfully completed in many cases. Managers were aware of this and had plans to address this.

Staff nurses and senior carers contributed to the care plans. We discussed with managers that we did not find it clear who had overall responsibility for ensuring that the various parts of a person's care plans work effectively together. This meant that, in particular, the outcomes for people with complex health conditions, like advanced dementia could be limited by a lack of oversight and meaningful evaluation.

We saw that some of the assessment and care planning processes for specific health conditions and symptoms, like pain or stress and distress in dementia did not always contain sufficient information or that different relevant care plans were not working well together. Although the care planning system contained good and relevant assessment tools, we found that they were not always used effectively. This could potentially affect the quality of outcomes for people. We discussed this with managers and identified it as an area for improvement (see area for improvement 1).

We found that so far none of the plans contained any formulated personal outcomes. This meant that personal plans lacked sufficient focus on the person's abilities and what was important to them in relation to the individual plan. We discussed this with managers and identified it as an area for improvement (see area for improvement 1).

Areas for improvement

1. The service should improve the assessment and care planning processes for long-term and short-term health conditions and symptoms, like pain and stress and distress in dementia.

This should include (but not be limited to):

- the use of evidence-based assessment tools for the assessment of pain to support the evaluation of pain management
- following best practice for the use of ABC charts as part of the assessment process

for stress and distress in dementia
- the use of care plans for all psycho-active medication to support the evaluation of their use and effectiveness
- the use of care plans and protocols for 'as required' medication to ensure their correct use and to support the evaluation of their use and effectiveness.

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

2. The service should include personal outcomes in personal plans and ensure that these are meaningfully evaluated.

- the personal outcomes should acknowledge things that are important to people in their lives in relation to the subject of the personal plan
- the personal outcomes should acknowledge individual strengths and should demonstrate a shared sense of purpose to which the person, their family, staff and relevant others can contribute
- evaluations and reviews of the personal plans should meaningfully measure if and how the personal outcome is achieved.

This is to ensure care and support is consistent with the Health and Social Care Standards 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).

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

The service should ensure that individual's likes and dislikes and their goals, are clearly documented within the care plans and that in supporting individuals, staff are aware of these and work to help individuals achieve them.

National Care Standards for Care homes for older people standard 8.1, Making choices.

This area for improvement was made on 11 January 2017.

Action taken since then

We found that the service had now fully implemented the new electronic care plan system. The sampled plans and assessments were complete and up to date. People's likes and dislikes were documented.

We discussed with managers that assessments and care plans for certain conditions and activities could be further improved and identified new areas of improvement to that effect.

This area for improvement will not continue.

Previous area for improvement 2

Staff training in promoting excellence in dementia care remains outstanding. The service should ensure that staff are supported to gain this training.

To fully implement the recommendation, the service should:

- make sure that all training provided matches the knowledge and ability criteria outlined in the promoting excellence framework (http://www.gov.scot/Publications/2011/05/31085332/0)

- identify all staff members who should complete enhanced level training and make a plan for how and when to achieve this

- create ways to find out if and how learning is applied to practice, for example observations of practice or reflective records.

This is 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).

This area for improvement was made on 23 June 2017.

Action taken since then

We found that the provider had made further progress with implementing staff training at the Skilled Level. However, the provider should continue to work on plans for implementing reflective practice and observations of practice, as part of evaluating the effectiveness of the training and how it is applied to practice.

The provider should also still identify all staff members who should complete enhanced level training and make a plan for how and when to achieve this.

This area for improvement will continue.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good

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

How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.