

Newark Care Home Care Home Service

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Port Glasgow
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Telephone: 01475 705800

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Silverline Care Caledonia Limited

Service provider number:

SP2014012299

Service no:

CS2014326119

About the service

Newark Care Home is registered with the Care Inspectorate to provide a care home service to a maximum of 61 older people. The service has been registered since 2011 with the Care Inspectorate. There were 51 residents living in the care home at the time of the inspection.

The home is close to the town centre of Port Glasgow and is near to local shops and public transport. The accommodation is within a two-storey building of a modern style. Each person living there has their own bedroom and en-suite facilities. The home is split into four 'units' and each unit has its own living room, dining room and quiet lounge area. There is access to a safe, enclosed garden area.

Their philosophy of care is 'We respect each resident as an individual with different needs and preferences. Our philosophy of care and its delivery reflect this, enabling every resident to enjoy life to their fullest potential, living with peace of mind.'

What people told us

We received mainly positive feedback from residents and relatives we spoke with. One resident told us: 'It's great here. Everybody is so kind. We all get on very well - no fighting.' Another said "We have fun because the staff are so nice."

We spoke with relatives. One family told us: "We are very happy with our relatives care, she is much happier now that she has company." Another visitor said, "My relative is very well cared for. The staff are great- everyone of them. The difference in him since he came here is amazing."

Other comments included:

From residents:

"I'm very happy here. Food is excellent. I love the company and staff are so kind."

"There is nothing happening. Staff are too busy."

"Staff are varied - some have time for you, others are too busy to be bothered. The food is ok."

"Everybody is so friendly and helpful. The meals are great."

From relatives:

"We have noticed a big difference with my relative since she came in. She was lonely before. The staff are all excellent."

"We are delighted that our relative is in here."

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?	3 - Adequate
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

We saw and heard that residents experienced compassion, dignity and respect as warm, natural relationships with staff were evident. Appropriate use of humour was well received by residents and lifted their spirits. One resident told us "It's home from home, I could not be happier." Staff were vigilant and attentive if a resident seemed distressed and respectful attention was given when someone needed help with personal care.

The breakfast and lunch time experiences for residents offered a pleasant, social opportunity. This had improved from our last visit. Residents were gently prompted to eat and drink in a respectful, unhurried manner and this benefitted everyone particularly those residents who were reluctant to eat.

To improve the quality of experience for residents, staff should be more aware of how to care for and support people living with dementia. Promotion of choice and independence should be an integral part of staff interaction with residents.

Staff spending meaningful time with residents was important for their well-being. Some residents were able to tell us that they were happy with how they spent their day. One told us "I love the company." A family member stated "His overall mood and health is much improved since being here." Staff could often, however, be caught up in the 'task' of caring for residents, leaving little time for meaningful opportunities. We saw residents sitting for a long time with little staff interaction, as evidenced through our short observational exercise. One resident said "It's a long day - not much happens." Every resident should have an equal opportunity to participate in activities which were meaningful to them no matter what their health or mental wellbeing needs may be. This will be an area for improvement.

Staff were trained to be responsive to the health needs of residents and this was appreciated by them and their families. One relative said "What a difference to my relative - she looks so much better." There was also a good overview of health needs of residents from external health professionals and staff were responsive to any advice given. They were good advocates for residents and their health needs. To help maintain residents health and wellbeing the service should ensure that record keeping with regards to health matters was improved. Robust pain management plans should be in place when a resident expresses they are in pain. This was a recommendation at the last inspection. Staff should ensure that each resident has a protocol in place if 'as required' medication has been prescribed. All aspects of medication and health management should be as accountable and accurate as possible to support safe, responsive health care for residents. This will be an area for improvement.

Areas for improvement

1. Meaningful activity should be available for each resident and respond to their needs, wishes and choices. The home needs to review the activities provided for those residents cared for in their rooms or living with dementia to ensure that they have every opportunity to participate.

HSCS - 1.25 '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'.

2. Staff need to ensure that record keeping in care records and medication protocols is accurate and meaningful to inform the on-going care needs of each resident. Staff must follow their professional codes of practice in these areas.

HSCS 1.23 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected'.

How good is our leadership?

3 - Adequate

There had been some changes within the management team since the last inspection however the current team were responsive to the inspection process and co-operated fully with the findings. We saw a brief paper plan which outlined the areas of achievement and priority within the home that the manager had identified. All of these would improve the outcomes and experiences for residents if completed fully.

To support the on going well-being of residents and to monitor staff practice, the management team undertook a variety of audits. These regular audits showed what was working well within the home and where practice needed to improve. We were reassured that residents had a voice within the home as they told us that they could participate in meetings and they would have 'no hesitation' asking to speak with the manager. This was evidence of an open and transparent ethos within the home.

We observed that quality assurance systems and monitoring of staff practice was not as accountable as it could be. This did not promote a safe, responsive environment for residents at all times. The management team needed to develop an improvement plan for the home that was measurable and realistic. The recommendations made by external regulators needed to be addressed and achieved. There needed to be more scrutiny of staff practice and interaction 'on the floor' by the nursing staff.

The internal audits undertaken by the management team needed to be reviewed to determine that they were providing the correct information required to evidence where areas needed to improve. Issues such as the quality of the environment for people living with dementia or ensuring that every resident had a protocol in place for specific medications should be specifically addressed. This would improve staff practice and improve the quality of experience for residents living in Newark.

The management team were pro-active and responsive to the concerns when we brought them to their attention.

Areas for improvement

1. The quality assurance systems and processes needed to improve to ensure they gave the correct information required to improve staff practice and improve the resident experience within the home.

HSCS 4.19 ' I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality

How good is our staff team?

3 - Adequate

Residents and relatives were very complimentary about the staff group. They were described as 'great', 'kind', lovely' and 'good.' We could see positive relationships between staff and residents and this led to a pleasant, upbeat atmosphere in the home at times.

The staff team was consistent and there was occasional use of agency staff so this meant the residents were supported by a staff team who know them well. Residents and relatives found this 'reassuring'. Staffing levels were discussed regularly amongst the management team to ensure that there were enough staff members on shift to meet the needs of residents. The home ensured that residents were safe by following robust recruitment procedures.

Staff told us that they were often "too busy" to engage in meaningful activities with residents. This led to staff being task orientated rather than using the time they had to spend it in a worthwhile way with residents. Staff needed to change their mind set to appreciate that spending quality time with residents was good for their well-being and made the day more meaningful and interesting for them.

Positive outcomes and responsive care for residents was dependent upon staff working well together. Teamwork amongst staff groups was disjointed at times and this led to residents having a variable experience of staff time and attention. We saw some staff spending pleasant time with residents in one unit and residents having no staff attention in another during a period one afternoon. This needed to improve for the benefit of residents.

To improve outcomes for residents and to keep them safe, staff should have access to regular training. The training plan in place did not cover all aspects required to support staff to care for residents. Training needs such as dementia awareness needed to be undertaken.

Staff should take responsibility for their own professional practice. They needed to improve record keeping, the assessment of needs and recording this in a robust plan of care. Teamwork and their task orientated practice also needed to be reviewed. This will be an area for improvement.

Areas for improvement

1. Staff should be aware of their own practice and how to improve the experience for the residents they support. Their paperwork should be robust and accountable.

HSCS 3.14 '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.'

How good is our setting?

4 - Good

The home was warm and welcoming. Residents described it as 'cosy' and 'comfortable.' Some refurbishment had taken place since our last visit. Residents were able to sit in lounges with new chairs and carpets and this made for a relaxed and pleasant environment. The small kitchen areas had also been refurbished which demonstrated a willingness from the provider to improve the quality of the environment for the benefit of residents.

The Kings Fund Audit, a tool to support services to make their environment as good as possible for residents living with dementia, had been completed. The findings from this would be used to inform improvements to the home. There was a recommendation at the last inspection relating to taking account of this audit which had not yet been completed. This will be an area for improvement.

To promote the well-being and independence of residents, the home made sure the doors from the units to the corridors were open. This allowed residents who liked to walk with purpose, the freedom to do so. It was good to see the benefit that residents got from this experience. They were able to meet other residents and staff members and choose where they wished to go rather than being restricted to 'their unit'. There was good evidence that this helped residents when they were feeling distressed.

The management team need to review the setting to determine whether all areas in the home were being used in the best interests of residents. There were rooms that were used infrequently (sensory room) or areas that were not homely and being used for maintenance equipment. These rooms could be used for the benefit of residents. The management team gave assurances that they would look at these areas to see if they could be put to a more purposeful use for residents. The Kings Fund Audit Tool would help with the on going overview of the environment.

How well is our care and support planned?

3 - Adequate

The assessment and care planning for each resident did support their day to day health, with information being assessed and kept up to date. Staff would review the care and support of residents on a regular basis and update the care plan accordingly. We could see that the health needs of residents were well documented, on the whole. Staff knew the residents and their needs however the care plans were written in a clinical and generic way which did not do justice to the caring and supportive interaction we saw during the inspection.

The care plans were still in the process of being transferred fully to the electronic system so some parts of the plans had not been completed. We were assured that this would be attended to as a priority.

We did not get a sense of people's identity from the care plans we looked at. The manager acknowledged that there were further improvements needed to ensure that information recorded was reflective of the needs, wishes and aspirations of residents, not just their clinical needs. We looked at care plans where stress and distress for a resident was evident. Robust plans to help support residents' mental health and wellbeing were not in place.

We discussed this with the management team. To support the on going comfort of residents, staff must ensure that pain management plans are in place if required.

The daily notes and review reports did not fully reflect the choices and preferences of residents as they were also generic in tone and information. To promote the needs of residents in a meaningful way, staff should record how a resident has been, emphasising any positive outcomes. This was a previous recommendation and will now be an area for improvement.

Areas for improvement

1. Each resident should have a person centred care plan that fully reflects their needs, wishes and aspirations. The plan should be reviewed on a regular basis in consultation with residents and their relatives.

HSCS 1.15 'My personal plan (sometimes known as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.'

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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

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