

Spiers Care Home Care Home Service

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Telephone: 01505 503324

Type of inspection:

Unannounced

Completed on:

18 September 2018

Service provided by:

Silverline Care Caledonia Limited

Service provider number:

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CS2014326143

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

Spiers Care Home is located in the centre of the small town of Beith, close to local amenities and transport links. The service is registered to support up to 45 older people, some of whom may have dementia. Residents' accommodation is located on the ground floor and is built around an attractive central courtyard, garden area. All of the bedrooms are single, with en suite facilities, 13 of which also have a shower.

There are three units. Each has a lounge/dining area. There is an additional lounge for those who choose to smoke, a small therapy/relaxation room and a hairdressing salon. There is also a café room, used mainly for visitors. There is accommodation on the upper floor, used for staff training and administration.

This inspection took place on the 17 and 18 September, which included an evening visit on the 18 September.

What people told us

We asked the service to distribute Care Standards questionnaires to residents, relatives and staff. We did not receive any completed questionnaires from relatives, but did receive four from residents. The residents who completed questionnaires were happy about the quality of care they received and were complimentary about staff. All four 'Strongly Agreed' with the statement.

'Overall I am happy with the quality of care I receive in this home'.

Other comments in questionnaires included:

'I am very happy here, everyone is so good'.

'I feel if I had any problems they would be on hand and ready to help me'.

We also spoke with 15 residents during the inspection. The majority were happy with the care they received. They told us that staff were polite and respectful and said that they were well cared for. They spoke positively about the quality of food and said they could always get something to their taste even if the menu that day didn't suit they could ask for something else. However, one resident stated that they could wait some time before being assisted by staff, but they appreciated that staff were busy but felt it could be excessive at times.

We also spoke with four relatives during the inspection. They were also positive about the overall standard of care. One relative told us she was delighted with the quality of care her loved one received and felt there was such a positive difference in her since she came into the care home.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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 observed some positive exchanges between staff and individual residents where people were being treated with warmth, compassion and respect. We saw short exchanges between some staff and service users which included fun and laughter. We saw that nursing and care staff were courteous and respectful when making a point of saying good night to the residents before leaving the building after their shift and telling them whether or not they would be back the following day or when they would be back on duty. However, we also observed other instances where staff were very task focused and gave priority to carrying out specific tasks rather than attending to individuals' needs. We observed some instances where people's privacy and dignity had been compromised and the overall approach of a small number of staff could have been better. (Area for improvement 1)

The residents we spoke with told us they were well cared for. One resident said 'I have no complaints, I am very comfortable and the staff are lovely'. Another service user told us about the friend she had made since moving into the care home and how their chats together were an important part of her day.

Relatives and friends visiting the service told us they were made welcome by staff. They said they were happy with the level of communication with staff and were always informed if there were any health concerns or any other significant changes to their loved ones care arrangements. One relative told us 'I am absolutely delighted with the care provided, I know I don't need to worry about how she is being cared for. The difference in her is wonderful'.

The service did have methods in place to give residents and relatives the opportunity to express their views on topics like the quality of food, activities and suggestions for organised trips. People were asked in questionnaires about the overall quality of the service provided. We also heard people being given choices about day to day aspects of their care. Advocacy input was sourced where needed to ensure decision making benefited individuals.

Care reviews were taking place, however, these were not always taking place at the required intervals. Review records were generally poor and did not evaluate the desired outcomes for individuals, record decisions and agreements or demonstrate how the resident and/or their carer/relatives had been involved in the review process. (Area for improvement 2)

There had been no designated activity staff in the service for a number of weeks, however, we were informed that the vacancy had been filled and the person was taking up the post imminently. There were some good examples where residents had the opportunity to establish links with their local community. For example, a small group of residents attended a weekly community group and there had been some inter-generational activities with the local school and nursery. However, links with the local community could be further developed. We observed significant periods of time where residents were sitting in lounges or in their own rooms with no engagement or stimulation. Even when exchanges were initiated by staff, these tended to be short in nature and had limited overall positive effect on individuals' mood. The records of activities that individuals had participated in were generally poor. They did not always evidence the nice experiences some residents had or evidence that all residents had the opportunity to participate in activities which were meaningful to them in a way that enhanced their overall wellbeing. (Area for improvement 3)

In the main, people living in Spiers Care Home received support that benefited their health and wellbeing. Staff were able to recognise a deterioration in individual's health and took appropriate action involving external health care professionals, where required, which helped people to stay as well as they could.

People experiencing care could be confident that their medication support needs were being appropriately managed. It was good to see that medications were being managed from individuals own rooms. However, the medication routines in the service were still very much organised as a 'medication round'. This more person-centred approach to managing medication from people's own rooms could be developed and improved further to ensure that medications are administered in accordance with each individuals own preferred daily routine and not that of the care home. (Area for improvement 4)

People spoke positively about the food and confirmed their dietary choices were met. However, this could be improved further by supporting people who live with dementia to express their choices of food and drinks, using visual prompts where required.

Kitchen staff worked alongside nursing and care staff to increase and maintain weights. They were aware of residents dietary needs and where specific measures were required to support individuals with compromised nutrition. However, although staff were attentive to people's dietary needs and where there were concerns about weight loss, food and fluid monitoring charts could be better maintained. (see 5.1)

To support the wellbeing of people who live with dementia, the service should devise a specific dementia improvement strategy based on best practice guidance. This should take into account the skills of the staff team, the care home environment and meaningful recreational activity.

Areas for improvement

1. The provider must ensure that residents experience care and support which promotes their right to privacy, dignity and respect. In order to achieve this staff should ensure that;

- the care of residents is given priority over routine household tasks
- people's privacy and dignity is protected at all times, particularly when they are in bed or in their rooms
- all staff engagement and interventions with residents show patients, empathy and compassion
- that call alarms are responded to timeously.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: If I intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected,

and I experience people speaking and listening to me in a way that is courteous and respectful with my care and support being the main focus of people's attention (HSCS 3.1)

2. The provider's review process must evidence that;

- residents are involved in the review of their care in a way that is meaningful to them
- relatives/carers/representative, where appropriate, are invited to the review
- any consultations with relatives/carers/representatives who are unable to attend is recorded with the method and date of consultation
- all parties views and decisions recorded
- where the resident has no named representative to attend the review, particularly where there is a legal order in place regarding an individual's capacity, that independent representation is sought to advocate on behalf of the resident
- that the overall quality of review minutes are improved.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: I am supported to use independent advocacy if I want or need this (HSCS 2.4) and My views will always be sought and my choices respected, including when I have reduced capacity to fully make decisions (HSCS 2.11) and If I am unable to make my own decisions at any time, the views of those who know my wishes, such as, my carer, independent advocate, formal or informal representative, are sought and taken into account (HSCS 2.12)

3. The provider should ensure that people living in Spiers Care Home;

- have the opportunity to participate in activities that are meaningful to them and that every effort is made by staff to ensure that individuals are not socially or emotionally isolated by improving the frequency and quality of engagement with individuals throughout the day
- that records are improved to reflect the activities individuals have participated in and how positive engagement enhancing people's overall health and wellbeing.

This is 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) and I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22) and I take part in daily routines such as setting up activities and mealtimes, if this is what I want. (HSCS 2.21)

4. The service should continue to improve and develop the person-centred approach to managing individuals' medication by ensuring it is administered in accordance with each individual's own preferred daily routine and not that of the care home.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

The service had an electronic care planning system which had become more established since the previous inspection. We saw that staff were more comfortable using the electronic system and a senior member of staff was available to provide added support and instruction when required. The area for improvement in the previous report regarding this matter had been met.

The model of electronic care planning used referred to outcomes for individuals'. However, it was clear that staff were not confident in identifying and describing personal outcomes for people and how to evaluate these in a meaningful way. Care plans tended to be written as a medical model focusing on what people couldn't do and gave directions to staff regarding any interventions required. They did not place sufficient emphasis on what was important to the individual and the outcomes they wanted to achieve and how they could be supported to achieve them. There was limited evidence of how residents and/or relevant individuals important to them had contributed to the care planning process. The provider was aware that the electronic care planning system required some further refinement. (Area for improvement 1)

We saw that care plans were evaluated, mainly at monthly intervals. However, we noted a number of instances where changes in people's care needs, recorded in the evaluations, had not been reflected in care plans. This meant that information in care plans were out of date and not accurately reflecting individuals' current presentation and care arrangements. (Area for improvement 1)

Residents benefited from assessments carried out by competent and suitably qualified staff. The assessments tools used to support the care planning process, were based on current good practice. Staff were adapting the multi-factorial falls risk assessment to be better suited to the electronic care planning systems being used. A number of Malnutrition Universal Screening Tools (MUST) were not fully completed. This meant that individuals assessed risk and any advised control measures regarding nutrition were not always accurately reflected in care plans. (Area of improvement 2)

There were recording gaps in other supporting documentation such as food and fluid monitoring, the application of prescribed skin care treatments, weight monitoring records and repositioning regimes. This meant there was a lack of evidence to show that individuals received the level of support as stated in their care plans. (Area of improvement 2)

Areas for improvement

1. The provider should ensure that people experiencing care have care plans which;
 - more clearly reflect personal outcomes and how these outcomes were evaluated
 - ensure that care plans are updated to reflect evaluations of personal outcomes
 - evidence the involvement of the resident and/or relevant individuals important to them had contributed to the care planning and evaluation process.

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) and I am fully involved in developing and reviewing my personal plan, which is always available to me. (HSCS 2.17) and My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected. (HSCS 1.23)

2. The provider should ensure that;

- all assessments, such as MUST are fully completed
- recording gaps in supporting documentation such as food and fluid monitoring, the application of prescribed skin care treatments, food and fluid monitoring and repositioning regimes are addressed to evidence that individuals received the level of support as detailed their care plans.

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

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

Staff should have further training and instruction on the use of the electronic care planning system. Individual staff competency on the effective operation of the system should be monitored through the staff supervision process and further training provided where required.

Health and Social Care Standards 3. I have confidence in the people who support and care for me.

This area for improvement was made on 18 January 2018.

Action taken since then

We saw that staff were more confident in the use of the electronic care planning system. Staff told us that they were finding it easier to use. Although they had no formal training they told us that they felt their confidence and competence increased the more they used it. Staff also told us that they were able to access ongoing guidance and instruction from the deputy manager who had lead responsibility for staff development in this area.

This area for improvement is: met.

Previous area for improvement 2

Records used to monitor individuals:

- fluid and dietary intake
- application of creams and lotions should be accurately completed and contain good detail.

Health and Social Care Standards 1. I experience high quality care and support that is right for me.

This area for improvement was made on 18 January 2018.

Action taken since then

We continued to see gaps in records which meant that the service was unable to evidence that people were receiving the level of support as stated in their care plan.

This area for improvement is: not met.

Previous area for improvement 3

The provider must ensure that residents have the opportunity to participate in meaningful engagement and activity, based on individuals' needs, interests and aspirations. The following best practice guidance should be considered; CAPA (Care About Physical Activity), A Moment in Time (Pocket ideas) NHS Ayrshire and Arran. Tips for good quality for meaningful engagement and conversation. Making Every Moment Count. Care Inspectorate and BHF National Centre.

Health and Social Care Standards 1. I experience high quality care and support that is right for me and Standard 2 I am fully involved in all decisions about my care and support.

This area for improvement was made on 18 January 2018.

Action taken since then

Although residents did have access to some activities and there were some links with the local community, this was an area which should be improved. This should include evidence of how individuals' aspirations and personal outcomes are met with accurate records available to evidence that outcomes are being achieved.

This area for improvement is: not met.

Previous area for improvement 4

The provider should ensure that the approach to the prevention of falls and fractures is improved. To assist in improving practice in this area the service should:

- use the Managing Falls and Fractures in Care Homes for Older People. Good practice Resource 2016 Care Inspectorate and NHS Education in Scotland
- ensure staff undertake updated training.

Health and Social Care Standards 1. I experience high quality care and support that is right for me and Standard 3. I have confidence in the people who support and care for me.

This area for improvement was made on 18 January 2018.

Action taken since then

The service had made progress in this area. The provider was adapting the multi-factorial falls risk assessment to link with the electronic care planning system. Some staff had also accessed falls prevention training with a number of planned dates scheduled for to ensure that all nursing and care staff completed the training before the end of 2018. We have continued this area of improvement until a greater percentage of staff have completed the training.

This area for improvement is: not met.

Previous area for improvement 5

The provider should develop the induction training programme to include evidence of competency for each element of training completed, which should include observed practice.

Health and Social Care Standards 3. I have confidence in the people who support and care for me.

This area for improvement was made on 18 January 2018.

Action taken since then

The service had developed an induction training programme which now included the need to record evidence of competency for each element of training completed and also included observed practice assessments.

This area of improvement is: met.

Previous area for improvement 6

The provider must ensure that staff complete the Dementia Training outlined in the Promoting Excellence Framework developed by Scottish Social Services Council and NHS Scotland as part of the Scottish Governments Dementia Strategy.

Health and Social Care Standards 3. I have confidence in the people who support and care for me.

This area for improvement was made on 18 January 2018.

Action taken since then

Records showed that the majority of care staff had now completed Dementia Training to Skilled Level.

This area for improvement is: met.

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	3 - Adequate

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 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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