

Ardnahein Care Care Home Service

10 Glenmorag Avenue
Dunoon
PA23 7LG

Telephone: 01369 703371

Type of inspection: Unannounced
Inspection completed on: 27 April 2017

Service provided by:
Ardnahein Care Ltd

Service provider number:
SP2014012301

Care service number:
CS2014325883

About the service

This service registered with the Care Inspectorate in December 2014.

Ardnahein Care is a care home registered for 30 older people who may have dementia and/or physical disabilities. The provider is Ardnahein Care Ltd. There were 27 residents using the service during our inspection.

The service is provided from a converted, three storey detached villa located in a residential area close to Dunoon town centre with good access to local amenities including shops, bus routes and ferry links. Single room accommodation is provided over three floors.

The stated aims of the service are:

- to provide the highest standard of quality of care and support
- to treat all service users as individuals and to provide person centred care supportive of their individual needs in consultation with the individual and their appropriate family/carers
- to support service users to maintain their independence physically, mentally, socially and spiritually and their privacy and dignity by respecting their wishes, needs, individuality and routines and supporting them in maintaining these in accordance with their wishes within the context of their health and care needs and involvement of family, carers, and professionals
- to be alert to service users' health and welfare needs through observation, listening and collation of information from the service user, family, friends and supporting professionals and for these to be reflected and supported in the service user's personal care plan
- to provide a dedicated, trained, supportive and motivated staff team and to provide strong, professional management and oversight which seeks, collates and drives forward development of provision on the basis of participation by all service users.

What people told us

We spoke to nine of the 27 residents and five visiting relatives during the inspection. We also received 14 completed questionnaires from residents and their families. People were very positive about the quality of the overall service and spoke highly of the staff team. Some of the comments we received were:

"100% happy at Ardnahein - no problems."

"Staff look after me well and are very caring - I have every confidence in them."

"I'm very happy with the care provided - I'm very happy here."

"The home is very clean, tidy and well kept."

"I'm very happy with my newly refurbished bedroom."

"(Relative's) general wellbeing has improved since she came in here."

"I believe that (relative) wouldn't be alive if she wasn't in here."

"(Relative) hasn't just gained extra time by being here - it's quality time."

"She's brighter and more interested."

"I rate the staff highly."

"I'm confident (relative) is safe in here."

"Staff do everything they can to enrich (relative's) life. Staff know him and what he likes and wants. They respect him and care about him. Everything's perfect."

"The home has set up a tailor made environment for my (relative) that addresses her lack of mobility and frailness. Her identity as a person is maintained and individual needs catered for."

"My relative is not able to communicate her wishes directly due to her advanced dementia but staff know her well and are able to look after her knowing what she likes and dislikes. Her room is bright and homely."

"My (relative) chose Ardnahein as her care home from past experience of visiting friends there. I believe her judgement was sound based on my observation and experience of the staff attentiveness and caring behaviour."

"I am absolutely delighted with all the changes that have been made recently. They have upgraded virtually everything and their care is second to none. They have given my (relative) years that I never thought she would have. The staff are excellent, very friendly and very caring and extremely professional."

"If an old and vulnerable person is treated with genuine respect, gentle care and kindness everything else will fall into place. I have seen this at Ardnahein."

"My (relative) is happy and contented at Ardnahein and is very complimentary about the level of care. Staff are aware of his needs. Staff are always ready to assist whenever we visit and show care and appreciation of visitors."

"I know (manager) and I appreciate what she does."

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at their own improvement plan and quality assurance paperwork. These demonstrated their priorities for development and how they were monitoring the quality of the provision within the service.

From this inspection we graded this service as:

| | |
|---|---------------|
| Quality of care and support | 5 - Very Good |
| Quality of environment | not assessed |
| Quality of staffing | not assessed |
| Quality of management and leadership | 5 - Very Good |

What the service does well

The staff team had developed positive relationships with residents and their families. We found that staff had welcomed their involvement, listened to the views expressed and valued their input. The management team had also established a culture of dignity and respect where staff treated each person in a way that recognised their individuality and their right to have their support provided in accordance with their choices and preferences.

We observed and heard very positive interactions between staff and residents throughout the inspection and saw that staff were always available. Staff were respectful and attentive towards residents and the genuine warmth of the relationships between staff and individual residents promoted a very homely and relaxed atmosphere.

The staff we spoke to were positive about their training and the support they received from the management team and their colleagues. We saw that a good range of training had been delivered to enable staff to meet residents' needs and this had been monitored by the management team to make sure staff kept up to date. We also saw that new staff had been recruited safely with the required checks in place before starting work which protected residents.

The personal plans we looked at showed that staff had assessed residents' needs properly which had enabled them to plan and deliver the necessary support to keep people safe and well. There was evidence to show that staff had responded quickly when residents needed to be seen by a GP or other health professionals such as dieticians or psychiatric services. We saw how the actions taken by staff had resulted in good outcomes for individuals, for example, the prevention of falls or stabilising weight loss. We were pleased to see the introduction of the 'one page profiles' that detailed what was important to residents, what people like and admire about them and how best to support the individual. These were being rolled out and the ones we saw had been very well completed.

We found that medication had been well managed and records were accurate and accountable.

The provision of meaningful activities that residents could participate in and benefit from had been established as being an important part of the day. We saw that a good range of activities had been offered. We observed residents enjoying stimulating activities during our visit, including a lively exercise class.

There had been a low level of accidents and incidents. We found that the management team had looked at the circumstances surrounding these to analyse what had happened with a view to minimising the risk of recurrence as much as possible. This had been informed and supported by the introduction of an in-depth 'post accident/incident' review process.

The provider had continued to invest in the premises and, since the last inspection the refurbishment of the ground floor bedrooms had been completed to a high standard. Standards of maintenance and cleanliness were very good and there was a welcoming, homely feel that was appreciated by residents and their families. The development of the environment was ongoing to address the limitations relating to the space and facilities available in some parts of the care home.

We saw that the management team had provided very good leadership to staff and we found that residents and their families were very happy with the quality of the overall service. Checks and audits had been carried out to monitor and maintain standards and the quality assurance system continued to develop. We concluded that there was a clear commitment to the development of the service with many improvements and new initiatives evident since our last visit. The improvement plan also set out the plans and priorities for the future.

What the service could do better

Although the core checks had been managed properly before new staff started work, we found that improvements were needed to make recruitment records fully accountable. We directed the management team to the good practice guide 'Safer Recruitment Through Better Recruitment' published in November 2016 so that they could use this guidance to review and improve the overall recruitment process – see recommendation 1.

Despite seeing some very good content in the personal plans we looked at, we found that the quality of these records was variable and did not fully reflect the level of knowledge that staff had about each individual. It was anticipated that the introduction of the electronic personal planning system and the use of the 'one page profiles' referred to earlier would help to support improvement. We advised that staff needed to record more information about residents' abilities to reflect and promote their independence. More detail about individual choices, preferences and daily routines was also needed. When carrying out evaluations of care plans and six monthly reviews, staff should reflect on how the support provided has promoted positive outcomes and experiences for each resident. – see recommendation 2.

The approach to staff supervision meetings should be reviewed to make them more meaningful. The records we looked at were repetitive, did not reflect the views of the staff being supervised and lacked clear focus on training and development. Staff should also be supported to develop their reflective practice skills as this helps staff to reflect on what they do well and identify the areas where their practice could improve. This would help staff to complete the post registration training and learning logs required for their continued registration with the Scottish Social Services Council – see recommendation 3.

Training should be sourced for activities staff to enable them to continue to develop their role. Staff should also explore the development of links within the local community and opportunities for residents to go out more regularly need to be established as residents told us they would like this.

The approach to staff meetings should be reviewed so that staff participate more and contribute positively to the agenda and topic discussions. When this is done in a meaningful way, staff involvement helps to inform and support the ongoing development of the service.

Action plans should be used consistently to address the areas for development and improvement arising from meetings, audits and so on. These should detail the action to be taken, the responsible person(s), the timescale and the eventual outcome. This helps to monitor and support progress.

Maintenance records should be signed off once checks have been completed. Thermometers should be readily available to check bath and shower temperatures and these need to be recorded by care staff as part of the hot water safety procedures in place to protect residents from the risk of scalding.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The recruitment process should be reviewed to ensure that records are fully accountable and informed by best practice.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

2. Personal plans should fully reflect residents' abilities and independence. More detail about individual choices, preferences and daily routines should be recorded and the way that the support provided has promoted positive outcomes and experiences should be clearly reflected when carrying out evaluations of care plans and six monthly reviews.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

3. The approach to staff supervision meetings should be reviewed to make them more meaningful. The views of staff being supervised should be included and the way that training and development needs are being met should be clearly detailed. Staff should also be supported to develop the reflective practice skills needed to maintain the post registration training and learning logs required for their continued registration with the Scottish Social Services Council.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

Complaints

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

Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|---|
| 19 Apr 2016 | Unannounced | Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed |
| 27 Apr 2015 | Unannounced | Care and support 4 - Good Environment 4 - Good Staffing 4 - Good |

| Date | Type | Gradings | |
|------|------|---------------------------|----------|
| | | Management and leadership | 4 - Good |

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