

# Ardnahein Care Care Home Service

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Type of inspection: Unannounced  
Inspection completed on: 31 January 2018

**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 26 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.

## What people told us

We met with 10 residents of Ardnahein Care across the two days we spent on site. Not all residents were able to give us verbal feedback on their experiences of care within the service, however those who did commented that:

'The food is frozen, but better than nothing.'

'Newspaper is delivered but not much else happens.'

'There is a good laundry service, they put it in one day and it's back the next.'

'No problem, good staff, good management.'

## Self assessment

The service had not been asked to complete a self assessment in advance of the inspection.

## From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of environment	1 - Unsatisfactory
Quality of staffing	1 - Unsatisfactory
Quality of management and leadership	1 - Unsatisfactory

## Quality of care and support

### Findings from the inspection

Care plans provide each resident with a clear pathway of how their support should be delivered based upon their individual health needs and desires. These documents promote a person centred approach to care. We examined five support plans during our time in the service, finding them to be incomplete and lacking in the necessary personal information which would allow staff to tailor their support to their exact needs. This results in residents not receiving the types of support which they would either choose or that they require. (See requirement 1)

Mealtimes within the care home should be an enjoyable experience for all residents with a range of nutritious choices being made available on each occasion. Having access to healthy options ensures that the health and wellbeing of each individual can be improved and tracked on a daily basis. We found that staff did not follow readily available guidelines to ensure that meals were prepared in accordance with the suppliers' instructions. Staff also routinely failed to promote and follow food safety best practice procedures. This can result in the quality and safety of the food being compromised leading to potential harm for those consuming it.

Residents of the care home and their families should be confident that a system ensuring the correct procedures is in place for the administration of medicines. The continued health and wellbeing of all residents within Ardnahein Care is assured when medications are administered by competent staff and when appropriate records are kept at all times.

We found wholly inadequate records of staff training in this area as well as unsatisfactory recording of the administration of medications affecting a wide range of residents. The potential for harm to those using the service was evident when we noted missing prescriptions for controlled drugs and confusion between staff over whether or not medications had been discontinued. (See requirement 2)

In a similar way, all residents should be assured of being supported in essential areas such as moving and assisting, falls prevention and tissue viability. These areas are important within Ardnahein Care due to the increasing age of the residents and their ever changing healthcare needs particularly in relation to their mobility and the treatment of pressure wounds.

During our time in the service, we observed techniques being used which were not only outdated but also dangerous to both residents and the staff. The dignity of residents was compromised and again staff training in these areas of support was noted as being unsatisfactory. We also noted a lack of consistency in notifications to the appropriate bodies with regards to falls as well as clear plans on their management and future prevention. Residents are at risk of serious harm if their health needs are not taken into account when assisting them to move around their home. (See requirements 3, 4 and 5)

## Requirements

### Number of requirements: 6

1. By 30 April 2018, you must demonstrate to the Care Inspectorate that service users' personal plans set out how their health, welfare and safety needs are to be met and are being implemented in full at all times. In particular, you must ensure that residents have personal plans which:

- (a) accurately reflect all their current needs
- (b) include information about necessary care and support interventions and are developed to fully reflect the care being provided
- (c) include information about care and support that is up to date and regularly evaluated
- (d) contain risk assessments that are up to date
- (e) utilise the risk assessments to inform care planning
- (f) reflect a person centred approach and are developed in line with National Care Standards.

This is in order to comply with:

Regulation 4(1)(a) and 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 30 April 2018, you must demonstrate to the Care Inspectorate that you are safely meeting the health and welfare needs of the residents with regard to the administration of medication. In particular, you must:

- (a) clearly record the reason, where any regular medicine is not given as prescribed
- (b) maintain a complete, accurate and consistent auditable record of all prescribed medicines entering the service, administered or destroyed, and leaving the service
- (c) ensure that all staff involved in medication management have received training in the safe management and administration of medication, and
- (d) Undertake regular assessments of staff competency and take prompt action where staff do not demonstrate safe competency levels.

This is in order to comply with:

Regulation 4(1)(a), 9(2)(b) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 30 April 2018, you must demonstrate to the Care Inspectorate that:

- (a) there is a record of the level of assistance required by each service user to allow them to move and mobilise safely, together with a record of any specialist equipment that may be required to allow them to move and mobilise safely, and the level of assistance that has been recorded is implemented in practice and each service user has access to the use of any specialist equipment where necessary.

This is in order to comply with:

Regulation 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 30 April 2018, you must demonstrate to the Care Inspectorate that:

- (a) members of staff employed in the provision of care are knowledgeable about and implement good practice in the prevention and management of falls
- (b) there is a system in place to assess, monitor and manage the risk of falls for each service user.

This is in order to comply with:

Regulation 3, 4(1)(a) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By 30 April 2018, you must demonstrate to the Care Inspectorate that:

- (a) members of staff employed in the provision of care are knowledgeable about and implement good practice in the prevention and management of pressure ulcers, and
- (b) an assessment and grading of skin integrity in respect of each service user is undertaken, that the assessment is recorded, together with details of any treatment required, any treatment used and the effectiveness of any treatment used.

This is in order to comply with:

Regulation 4(1)(a) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

6. The provider must ensure that people who experience the service are protected from the risk of infection:

In order to do this, you must ensure:

- (a) all toilets are fit for purpose and repaired when faulty.
- (b) refrain from storing hoists and slings in the sluice room.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210, Regulation 10(2)(a)(b)(d) Fitness of Premises.

This requirement has been continued from the most recent inspection in November 2017 and carries the same timeframe as all other requirements presented within this report, 30 April 2018.

## Recommendations

**Number of recommendations:** 0

**Grade:** 1 - unsatisfactory

## Quality of environment

### Findings from the inspection

Residents within all services providing support have the right to expect a level of privacy while moving around their home. At the time of the inspection, closed circuit television (CCTV) was still being used and recorded within Ardnahein Care. This had been discussed with the service at previous inspections. When discussed with the management team, we did not feel that the reason provided for its continued use was either clear or valid. The service's policy, in place to explain this practice, is also very confusing, leaving the reader with no real indication as to what the footage is used for, how long it is kept or how it is disposed of.

Each registered service should provide an environment in which those experiencing care can live safely in accordance with all relevant health and safety legislation. This ensures that their health and social care needs can be met in an appropriate setting.

On a routine walk around of the building, we noted that a fire escape on the first floor of the building, adjacent to a very busy residents' lounge was blocked by a wooden gate, typically found in a garden.

This gate was locked with the use of cable ties. This meant that in the event of an emergency, none of the people located on the first floor at the front of the building had any means of egress. Upon finding this, we immediately instructed that it should be unlocked. This unacceptable practice was immediately reported to the local fire safety marshall for the area serving the care home.

Further concerns were raised when we examined the service's fire risk assessment, completed by an external agency in both 2016 and 2017. Action plans had been provided to the service to ensure that all necessary remedial work could be carried out. This included the need to carry out regular fire drills in the service. We found no evidence of any being carried out in the past 12-18 months. This meant that those using the service were not safe from the risk of an emergency situation during this timeframe.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 1 - unsatisfactory

## Quality of staffing

### Findings from the inspection

Residents within the service should be able to expect that the staff providing them with support will work well together to ensure that all necessary information is passed over in a professional and documented fashion. This ensures that important health and social care information and recordings will be stored appropriately.

We sat in on a staff handover from night shift to day shift and were disappointed to note that the information being presented was not recorded in any way.

Inappropriate terminology was used to describe the movements of residents during the shifts. Staff were also wholly unaware of the best practice guidelines to be used in various care setting scenarios including the recording of fluid intake.

Residents should be supported by a staff team who have been well-trained and registered with the appropriate body. This helps all stakeholders, including the family members of those receiving support, to know that staff are capable and knowledgeable and qualified in their particular area of support.

We found that staff were not trained to an acceptable level in most areas of the support being offered in Ardnahein Care.

Some newer members of the team, who began working in Ardnahein Care in mid to late 2017, had no records of any training whatsoever.

Induction records were also poor or in some cases completely absent.

No training plan or staff development plan exists within the service.

Further to this, we noted a number of occasions where staff who were providing care to the residents did not have the appropriate registration qualifications and/or background checks, as required by law. These elements combined presented a clear risk to the residents of Ardnahein Care, they were being supported by a team of staff ill-equipped and often unqualified to do so.

Staff working in services must be given the opportunity to regularly meet with their line managers to discuss their individual development and any issues pertaining to their roles. A well-developed body of staff will be motivated to provide the best possible care and support to all residents.

Supervision and appraisal within Ardnahein Care were largely non-existent at the time of the inspection. The newly appointed manager had begun to conduct some group supervisions however the quality and presentation of these sessions was poor.

Staff told us that it had either been years since their last formal meeting with their line manager or that they have never had one at all. This means that residents and/or their families cannot be confident that staff have the right knowledge to execute their duties. (See requirement 1)

## Requirements

### Number of requirements: 1

1. Staff supervision and appraisal must be performed in accordance with the provider's policy and procedures in order to ensure staff are supported to discuss and develop their roles.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 15(a)(b)(i)(ii).

Timescale for meeting this requirement: 30 April 2018.

## Recommendations

### Number of recommendations: 0

**Grade:** 1 - unsatisfactory

## Quality of management and leadership

### Findings from the inspection

Throughout our discussions with the staff and management of the service, and within the body of this report, we have made numerous references to deficiencies found within Ardnahein Care which we believe have been allowed to become custom and practice over a period of time. A focussed management structure within a service will promote an ethos of leadership and accountability through a team of staff. This will result in the team being focussed on their role of consistently assuring the health and wellbeing of all those using the service.

Within Ardnahein Care, from the top down, a culture has developed where accountability for roles and responsibilities is questionable, morale throughout the entire team is characterised as being very low and where there is no system of quality assurance in place whatsoever. This means that all those working in the service are not doing so in a collective way to ensure the best possible outcomes for residents. (See requirement 1)

An effective service development plan will provide focus, aims and objectives to the service, ensuring that all stakeholders are aware of where the service wishes to be in a set period of time. No such plan exists within Ardnahein Care.

This again presents an inherent risk to the residents of Ardnahein Care in that the service itself does not see that there are huge areas for improvement and therefore has done no work to ensure that this is being addressed in a short timeframe.

A properly formalised system of quality assurance will encompass all members of the team, working together to ensure that everyone is aware of their own responsibilities to improve the service provision.

At the time of inspection no system of quality assurance was in operation within the service. We also found that no system of observational monitoring and/or reflective practice existed to monitor the skills and learning requirements of each member of the team. Without these types of systems in place, residents and their families cannot be sure that the service is being led or operated effectively.

When external professionals have been engaged to audit specific areas of care, their findings have largely been ignored. As has been illustrated earlier in the report, this has resulted in vital areas of support (medications, moving and assisting, health charts) being undocumented. This means that the service has no way of tracking the important health issues being faced by the residents on a daily, weekly and monthly basis.

Every registered service in Scotland is obligated to conduct regular reviews of care packages. This ensures that all those in receipt of support can be sure that their needs are being monitored effectively and changes made as, and when, deemed necessary by a multi-disciplinary team of stakeholders.

We noted that reviews were not being carried out within Ardnahein Care with any degree of regularity and certainly not within the legally mandated timescales.

The absence of these important meetings means that the service is again not able to adequately support residents with their ever-changing care needs.

Staff working within the service should expect to be presented with a range of policies and procedures, detailing their responsibilities and the guidelines set out by the service provider. These will help lead the staff in their daily roles and contribute to a well-developed team. We examined a number of policies within the service and found them to be confusing and contradictory of the practice we observed during our time in the service.

When policies are routinely ignored and are seen to be outdated and irrelevant this contributes to the lack of focussed leadership within a service which ultimately produces the types of culture we have found in this service.



## Requirements

**Number of requirements:** 1

1. By 30 April 2018, you must demonstrate to the Care Inspectorate that:

- (a) there is a system in place to monitor the quality of the provision of care provided to service users
- (b) the system ensures that where there are indications of poor care, these are recognised and action is taken promptly to address them, and
- (c) the system is focused on improved outcomes for service users and includes the involvement of all key stakeholders including staff.

This is in order to comply with:

Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Recommendations

**Number of recommendations:** 0

**Grade:** 1 - unsatisfactory

**What the service has done to meet any requirements we made at or since the last inspection**

## Previous requirements

### Requirement 1

The service provider must ensure service users are protected from the risk of falls. In order to do this everyone should have a falls risk assessment that should be updated on the event of a fall.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210, Regulation 4(1)(a) Welfare of service users. Timescale: by 30 December 2017.

**This requirement was made on 21 November 2017.**

## Action taken on previous requirement

When we visited the service, we noted that a significant amount of falls had been recorded by staff over the course of the past 12 months. However, we were unable to pinpoint any action taken by the service to ensure the safety of the residents and to update care plans with the appropriate risk assessments.

Work had been undertaken subsequent to our visit to resolve this issue, however the requirement remains unmet and has been continued again in the body of the report. (See requirement 4 under Quality of care and support)

## Not met

### Requirement 2

The service provider must improve the accessibility to residents' bedrooms by removing the door keypads.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210, Regulation 10(2)(a)(b)(d) Fitness of Premises. Timescale: by 1 April 2018.

**This requirement was made on 21 November 2017.**

## Action taken on previous requirement

On the first day of our inspection, we noted that contractors were on site to assist in the removal of the keypads, as had been previously instructed. By the time we left on the second day, all had been removed however the contractors were still working on finishing the cosmetic side of the task.

## Met - within timescales

### Requirement 3

The provider must ensure that people who experience the service are protected from the risk of infection:

In order to do this, you must ensure:

- (a) All toilets are fit for purpose and repaired when faulty.
- (b) Refrain from storing hoists and slings in the sluice room.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 2011/210, Regulation 10(2)(a)(b)(d) Fitness of Premises.  
Timescale: by 30 December 2017.

**This requirement was made on 21 November 2017.**

**Action taken on previous requirement**

Work continues in this area to ensure that all areas of the service have been renovated and redecorated to an acceptable level. We were still concerned with regards to infection control procedures and practices that were noted during our time, especially with regards to moving and assisting equipment not being labelled and/or stored appropriately.

This requirement is therefore continued. (See requirement 6 under Quality of care and support)

**Not met**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

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 and Standard 6: Support arrangements.

**This recommendation was made on 27 April 2017.**

**Action taken on previous recommendation**

We found personal care plans to be incomplete, containing mostly support strategies and some risk assessments. We noted a lack of personal profiles which would give the reader a better understanding of who the resident is, their likes and dislikes and how best to provide them with the support which matches their needs.

This recommendation was unmet in November 2017 and remains so now. It now forms part of requirement 1 under Quality of care and support.

#### Recommendation 2

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.

**This recommendation was made on 27 April 2017.**

## Action taken on previous recommendation

As has been detailed in the report, no progress had been made on providing regular and meaningful supervision or appraisals to members of the team.

This recommendation continues to be unmet and is therefore now a requirement. Please see requirement 1 under Quality of staffing.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

This inspection came from a visit to the service to investigate a complaint and escalated to a full graded inspection based on the inspector's initial concerns.

## Enforcement

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of enforcement action taken against the service.

Inspection and grading history

Date	Type	Gradings	
27 Apr 2017	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
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
		Management and leadership	4 - Good

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