

Ardnahein Care Care Home Service

10 Glenmorag Avenue
Dunoon
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Telephone: 01369 703 371

Type of inspection: Unannounced
Inspection completed on: 2 May 2018

Service provided by:
Ardnahein Care Ltd

Service provider number:
SP2014012301

Care service number:
CS2014325883

About the service

Ardnahein Care has been registered with the Care Inspectorate since December 2014. The home is registered to care for 30 older people. There were 22 people living in the home at the time of the inspection. The provider is Ardnahein Care Ltd.

The service is provided from a three-storey detached villa located in a residential area close to Dunoon town centre. It has good access to local amenities including shops, bus routes and ferry links.

The home provides single room accommodation over three floors. There are toilets and bathrooms on each floor for residents' use. The home has dining and sitting rooms on the ground and first floor.

What people told us

People using the service told us that they were happy with the care they received at Ardnahein Care. They said that staff were kind. One resident said the staff were 'nice and friendly.'

Residents said that they enjoyed joining in with the activities, particularly the word puzzle games. A resident said that taking part in with activities 'helps to pass the day.' Residents told us that they had more opportunities to go on trips and outings.

Residents commented positively about the menu offered at mealtimes. A resident told us that there were always choices of what to eat and they could get a cup of tea when they wanted.

Relatives told us that they had seen improvements in the home recently. They said the home 'looked much nicer and was cleaner.'

Relatives said that they thought the home was 'more organised' and that staff were better at keeping them up to date with any changes.

Self assessment

We did not ask the service to send us a self assessment.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Staff supported residents in a kind manner. We saw that they were familiar with residents' care needs and their preferences. However, there were periods of time when residents had little attention or interaction from staff. There was a tendency for staff to be focused on tasks and not the individual person.

A programme of meaningful activity was in place to engage residents' interests and give purpose and enjoyment. Residents told us that the activity programme had improved recently and there was more to do and better opportunities to go on outings.

Residents commented positively about the meals and that there were good choices of food on menus. There were aspects of the dining experience which should be improved. Not all staff understood the importance of supporting people to enjoy their meals to promote wellbeing and health. Further improvements and supporting staff to develop their skills would further enhance the mealtime experience for residents. (See recommendation 1)

The standard of information in place to guide staff on how best to support individuals in a consistent and safe way was not of the standard we would expect. We sampled residents' personal plans to determine how their care and support needs were being managed. Not all personal plans were up to date or fully reflective of the care and support we observed. There was a need to continue to develop personal plans to reflect the choices and preferences of the individual. (See requirement 1)

Recording medication administration should follow best practice guidance to protect residents. There was a need to improve the information in place to guide staff about the management of medication prescribed 'as required'. Attention was needed to improve records of changes to medication instructions and the management of transdermal patches. (See recommendation 2)

Requirements

Number of requirements: 1

1. In order to ensure that residents' personal plans set out how the health, welfare and safety needs of the individual are to be managed and met, the provider must ensure the following by 10 September 2018. In particular, the provider must ensure that all residents have personal plans which:

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

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices.' (HSCS 1.15) and in order to comply with Regulation 5(1) Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Recommendations

Number of recommendations: 2

1. The provider should continue to review and develop the management of mealtimes to ensure that residents are supported to enjoy their meals in a relaxed atmosphere, respecting their choices and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34)

'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible.' (HSCS 1.35)

2. To ensure that medication is managed safely and effectively, the provider should improve the records of medication administration in line with best practice guidance. This includes, but is not restricted to, the management of medication prescribed 'as required'.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

Grade: 3 - adequate

Quality of environment

Findings from the inspection

The home had used The King's Fund tool 'Is your care home dementia friendly?' to help inform a plan of refurbishment for Ardnahein Care. This would help ensure that any development of the environment was supportive of people living with dementia.

There was evidence that the service was progressing with refurbishment of the home. Bedrooms on the ground floor have been upgraded and en-suite facilities added. Residents and relatives commented positively about the improvements and how more comfortable this area was. The provider had a plan to refurbish the bedrooms and shower rooms on the remaining two floors to a similar standard.

To help ensure that residents had access to facilities which provided comfort and to help improve the dining experience, the provider planned to improve the layout of the sitting room on the first floor. This included the development of a suitable dining area and a more homely environment. We will monitor progress with this at the next inspection.

The home was generally clean. The maintenance worker was aware of his role and responsibility to maintain a safe environment for people using the service. There were records of repairs and maintenance of equipment and facilities to ensure the safety of people using the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

Staff showed that they were familiar with residents' preferences. Some people using the service told us that staff were nice and friendly.

To ensure that residents receive safe care and support, staff should have access to training based on best practice guidance. The service had a training plan in place that covered key aspects of mandatory training.

To improve the outcomes for residents living with dementia, staff should have access to dementia care training such as the Promoting Excellence programme for dementia learning and development. It was evident there was a need for staff to undertake this training to improve their knowledge and skills to develop a person-centred approach to care and support for the people living in the home. (See recommendation 1)

To support good practice, and improve outcomes for residents, staff should have access to regular supervision. The management team had re-established a schedule of regular supervision.

Staff should be focused on delivering person-centred care to ensure that residents receive a responsive style of support. The staff team would benefit from sound leadership on a day-to-day basis. Staff in supervisory roles should have access to appropriate training to ensure they have the skills and knowledge to supervise and lead a staff team. (See recommendation 2)

To raise standards of practice and increase the protection of people who use services, all care staff should be registered with the Scottish Social Services Council (SSSC). Care staff working in the service were registered with the SSSC. However, staff in a supervisory capacity were not all registered in the correct part of the register. (See recommendation 3)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. To ensure that staff have the knowledge and skills to care and support people living with dementia, the provider should ensure that staff have access to the Promoting Excellence programme for dementia learning and development.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'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)

2. To develop the leadership skills of staff in supervisory positions, the provider should ensure that staff are trained, competent and skilled in the role that they undertake.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'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)

3. To protect the health and welfare of residents and promote confidence in staff, the provider should ensure that staff are registered with the SSSC on the correct part of the register.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'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)

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

People using the service commented that the new management team had made improvements in the service. They told us that the management team was approachable and that communication had improved. A relative told us that they felt more confident that residents were receiving better care.

To ensure that the culture of continuous improvement included views from everyone using the service, the management team should further develop the participation strategy for Ardnahein. This should include methods of gathering the views of people living with dementia. Consideration should be given to methods of advising people using the service of progress with improvement and the outcomes of comments and views. (See recommendation 1)

Systems were in place to assess and monitor the quality of service provision. We saw that the outcomes of quality audits were being used to inform development of the service. This was helping to ensure improved outcomes for people using the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. People using the service should be meaningfully involved in the development of the service. The provider should develop a participation strategy for the service to inform sustained improvement of outcomes for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7)

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

Grade: 3 - adequate

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

Previous requirements

Requirement 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 and Health and Social 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).

This requirement was made on 20 March 2018.

Action taken on previous requirement

We found that each service user had a personal plan in place. The service was using recognised risk assessment tools to assess and monitor risk. There was information in place regarding service users' health and welfare needs. However, there was a continued need for the service to progress the development of service users' personal plans to fully detail the management of care and support needs and to reflect a person centred approach.

This requirement will continue. See requirement 1 under quality of care and support in this report.

Not met

Requirement 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).

This requirement was made on 20 March 2018.

Action taken on previous requirement

Staff involved in the management of service users' medication had received appropriate training and were able to demonstrate their knowledge. Competency regarding the safe medication management had been carried out for staff as appropriate. There were systems in place to monitor the adherence to best practice guidance. Where an issue was identified, prompt and appropriate action had been taken to address this.

Met - within timescales

Requirement 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).

This requirement was made on 20 March 2018.

Action taken on previous requirement

There were up to date records of the level of assistance that individual service users required to ensure they were able to move and mobilise safely. This included details of the specialist equipment required for the individual service user. The service had support from the NHS physiotherapy service to ensure that appropriate assessments of what equipment individuals needed to move and mobilise safely were carried out.

Staff had received training to improve their knowledge and skills regarding safe moving and assisting techniques. We observed that staff practice reflected best practice when assisting residents to mobilise. There was access to specialist equipment where necessary.

Met - within timescales

Requirement 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).

This requirement was made on 20 March 2018.

Action taken on previous requirement

There was evidence that staff had received training regarding the prevention and management of falls. We observed that staff practice regarding the prevention of falls indicated they were applying their learning.

The service was using the good practice resource 'Managing falls and fractures in care homes for older people' to inform the assessment and management of falls risks. There was up to date information regarding the assessment, monitoring and management of the risk of falling for service users.

Met - within timescales

Requirement 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).

This requirement was made on 20 March 2018.

Action taken on previous requirement

Staff demonstrated their knowledge regarding pressure ulcer prevention. Appropriate risk assessment tools to monitor individual service users' skin integrity were being used. The service had implemented recognised recording systems to monitor the skin integrity of those assessed at risk on a daily basis. Appropriate pressure relieving equipment was in place.

The service was supported by the NHS community nurse service regarding wound management. Visiting community nurses confirmed that the care of service users' skin was of a good standard and effective.

Met - within timescales

Requirement 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 was continued from the inspection in November 2017. Timescale for meeting requirement: 30 April 2018.

This requirement was made on 20 March 2018.

Action taken on previous requirement

There was evidence that toilets were being repaired. The provider was progressing with a programme of refurbishment of bathroom and toilet areas. Hoists and slings were being stored appropriately.

Met - outwith timescales

Requirement 7

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.

This requirement was made on 20 March 2018.

Action taken on previous requirement

The new management team had re-established a schedule of regular staff supervision.

Met - outwith timescales

Requirement 8

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).

This requirement was made on 20 March 2018.

Action taken on previous requirement

A range of methods to monitor the quality of service provision had been implemented. The management team was using the systems effectively to assess and monitor the quality of care and support service users received.

There was evidence that where indicators of poor care had been identified, prompt and appropriate action had been taken to address and resolve issues. There were indicators that outcomes for residents' health and welfare were improving.

Met - within timescales

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

Previous recommendations

There are no outstanding recommendations.

Complaints

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

Enforcement

Please see our website (www.careinspectorate.com) for details of enforcement action taken against the service.

Inspection and grading history

Date	Type	Gradings
31 Jan 2018	Unannounced	Care and support Environment Staffing Management and leadership
		1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory
27 Apr 2017	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed Not assessed 5 - Very good
19 Apr 2016	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed 4 - Good Not assessed
27 Apr 2015	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 4 - Good

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