

Care service inspection report

Full inspection

Southview Care Home Service

34 Howieshill Avenue
Cambuslang
Glasgow

Service provided by: Thistle Healthcare Limited

Service provider number: SP2003002348

Care service number: CS2003010439

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

Southview Care Home provides care and support to adults with a variety of Mental Health conditions and to more elderly residents with Dementia related needs. Residents are divided over the ground and first floors with accessibility between. Staff are generally dedicated to one specific area in which they specialise as needs and support types are quite different.

In both areas of care, the service and their staff provide care and support which is by necessity individualised and person-centred. While residents on the upper floor can often progress and move on to more independent living, those with Dementia on the lower floor tend to remain.

The service are able to respond to the variety of care and support needs presented and aim to provide outcomes for residents which are realistic and based upon ability and assessed need.

What the service could do better

We considered that the service was operating with the minimum number of staff particularly during the night. While they appeared to be managing this there was little allowance made for unforeseen eventualities or absences.

While socialisation and outcome focussed areas of support were considered in support planning, there was little evidence of its implementation and this should be developed by the service and implemented by staff.

Staff supervision was taking place but required to be more regular and structured in order that proper monitoring could take place.

What the service has done since the last inspection

At our last inspection we made no requirements and four recommendations relating to outcomes and risk assessments within support plans, environmental improvements and staff training and awareness. We found during this inspection that these improvements had either been addressed or were being progressed. The service were continually seeking ways to develop and improve.

Conclusion

Southview Care Home provides specialised care and support to residents with a variety of needs divided into the main areas of Mental Health and Dementia. Staff within their discipline are largely experienced and are caring and committed to the wellbeing of the residents in their care. The outcomes-focussed and potentially transitional elements of support provided should be developed and areas of referral and admission clarified. Staffing levels also require to be carefully monitored.

1 About the service we inspected

Southview Care Home is a purpose-built care home with two floors. The ground floor is used to support seventeen older people and the upper floor is used to support twenty three people with mental health problems.

The home is located in the Cambuslang area in South Lanarkshire. It is near local shops and public transport routes. The service states that its primary concern is that the highest level of individual care is provided to each resident.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection of the service on 5 and 6 August 2015 between 9am and 5pm and 1pm and 5pm respectively. The inspection was carried out one Care Inspectorate Inspector.

Feedback was given to the Service Manager, Deputy Manager and Coaching and Training Supervisor on 6 August 2015.

During our inspection we spoke with:

- one resident at length and briefly with others
- one family carer
- one Advocacy Worker
- the Service Manager
- the Deputy Service Manager
- the Coaching and Training Supervisor
- Senior Carers and Carers.
- We also observed lunch being taken by residents.

We examined:

- Support Plans (both units)
- Service Participation Policy
- 'The View' Quarterly Newspaper
- Accident/Incident File
- Falls and Fracture Risk / Intervention Tool
- Monthly Falls Overview
- Staff Supervision Records
- Matrix and Staff Training Matrix.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Self assessment fully completed and submitted in good time.

Taking the views of people using the care service into account

The service consulted residents during the self assessment process.

Taking carers' views into account

The service consulted carers during the self assessment process.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service Strengths

We found that the service enabled and encouraged the participation of service users and family carers in quality improvement in a number of ways.

In a direct way, service users and family carers were encouraged to complete questionnaires and surveys developed by the service. They also participated in reviews and other meetings regularly held by the service. This was part of the services' participation plan for service users who were supported to participate as much as possible in how their care and support was delivered. Family carers, where applicable, were similarly involved.

The service saw themselves as more than a sedentary care home and we saw several examples of how residents were being supported and challenged to be more independent and make decisions relating to care, support and development. We were made aware of a number of instances where residents had acquired the sufficient skills and level of recovery, supported by staff, to move on to supported living in the community. The service were keen to point out that this was their hope for residents whenever possible.

We found that the participation of residents was variable between the two

units. While the ability of residents was more limited within the Tìree Dementia Unit, an increased level of ability and therefore participation was evident in the Iona Mental Health Unit.

Areas for improvement

The service should review their aims and objectives to better reflect the worthy goal of developing residents wherever possible to transit from their service to a more independent setting.

The service should endeavour to achieve more participation from family carers in the improvement of quality of service provision for their relatives. Maintaining regular contact with such relatives where possible may help to achieve this.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 5

"We respond to service users' care and support needs using person centered values."

Service Strengths

We considered that the service performed well in this area and that care and support given was person-centred and needs-based.

During our inspection we became aware of a number of examples of person-centred practice. Individual support plans were constructed in liaison with service users and contained detailed personalised information which included a life story autobiography. Assessments based upon individual needs and wishes were also present and where available included Social Work Assessments, referral details and circumstances together with the service provider's 'Thistle Assessment'.

In particular, we noted that the health and wellbeing information recorded in respect of service users was very detailed and person-centred. This ensured that residents were seen as and treated as individuals. This included a full assessment of each area of support and intervention concerning aspects such as communication, dependency scale, skin integrity, communication with family and health professionals, nursing notes and medication. Information relating to orders and authorisations such as Guardianship Orders, Powers of Attorney and S47 Certificates were also noted and copies made available.

Areas for improvement

We were concerned that the level of staff available at any one time appeared to be minimal. This was particularly evident during the late/night shift from 9pm to 8am when one nurse and one care assistant were on duty in each unit. We considered that this represented the bare minimum required and allowed little flexibility to respond to unexpected events. This level of staffing also reduced the opportunity to respond to developmental and outcomes-focussed support and activities. We made a requirement regarding this. Requirement 1

While the majority of information held within support plans was sufficient,

there were inconsistencies leading us to the opinion that care plans would benefit from review to achieve consistency of content, format and quality. While the health and medical elements of care were well considered and documented, the social and developmental aspects were not so well recorded. In terms of outcomes-focussed support, this was an area for potential development.

Grade

5 - Very Good

Requirements

Number of requirements - 1

1. The service must ensure that there is a sufficiency of staff available at all times to properly respond to all aspects of care and support required or anticipated by the residents. This should include emergency evacuation. The number of staff required to comply with the principles of development and outcomes-focussed support must also be considered.

SSI 2011/210 15 Staffing

This should be completed within three months of the receipt of this report.

Number of recommendations - 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the environment within the service."

Service Strengths

The evidence reported at Statement 1:1 is also relevant here. During our inspection we found evidence of service user participation in environmental improvement in both personal and general areas of the service.

Within Tiree and Iona Units we noted that there was a significant amount of personalisation of residents' rooms. Rooms were single occupancy and were adorned with family photos and mementos and decorated to the individual resident's wishes and preferences.

General areas were brightly coloured and had art work and freezes displayed throughout, some of which were painted by residents or staff. In particular, we were shown an environmental project completed by residents of Iona Unit. In response to comments and suggestions made by residents for improvements to the residents lounge, a committee was formed which proposed and agreed a refurbishment plan for the Iona Lounge.

Supported by staff, residents chose paint and wallpaper and re-decorated the lounge area.

Some second hand furnishing was sourced and entertainment equipment provided. The result was a lounge area which residents enjoyed relaxing in and which they could proudly call their own. We considered this to be an excellent example of service user participation in action which was person-centred, needs-led and outcomes-focussed.

Areas for improvement

The service should continue to work with residents in both units to encourage their participation in environmental improvement projects.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service Strengths

The evidence reported at Statement 2:1 above is also relevant here.

We considered that the residents' participation in environmental improvement encouraged and supported by the service was almost exclusively with the intention of improving their quality of life while residing there. In some cases, the experience would also serve them well in gaining and maintaining their own tenancy.

We noted that residents were fully involved in consultation and implementation of environmental changes to the home. This was aimed not only at an improved quality of life but also at improving life skills lost, independence and creating ownership of matters effecting their 'home'.

We learned that this participation extended beyond the selection and application of decorative materials and furnishings internally to improvements of external areas also. Residents were consulted over plans to improve the use of the gardens and grounds for their recreation and benefit.

We further noted that all equipment, furnishings and fittings were properly maintained in good order. The home was clean and hygienic this being the responsibility of fully employed cleaning staff.

Areas for improvement

The service should continue to identify ways of improving the quality of life of residents in terms of their environment encouraging their participation whenever possible.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service Strengths

We found that the service encouraged and facilitated service users and their family carers to influence the quality of staff working in the service.

Service users and family carers were asked to complete questionnaires twice per year which included questions about the quality and performance of staff. Service users and family carers were invited to reviews and other meetings and thus contributed to the improvement of quality of service delivery including staffing.

We also noted that service users and family carers were encouraged to participate in the recruitment and training of staff and also, where possible, the selection of key workers supporting individual residents.

We considered that the most effective way for service users to influence staff quality was via the close working relationship which existed between staff and residents. This meant that issues arising could be dealt with directly and quickly ensuring that staff quality was maintained.

Areas for improvement

We noted that supervision records indicated some irregularity in the frequency of staff supervision. This should be reviewed. Supervision records should also record the position held by the staff member concerned within the organisation. Forms and records should be revised to reflect this.

The service should continue to involve service users and family carers whenever possible in the improvement of staff quality.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We ensure that everyone working in the service has an ethos of respect towards service users and each other."

Service Strengths

We considered that the service performed well regarding this statement.

While we observed a good level of care and respect by staff for residents throughout the home, this was delivered in different ways depending upon the unit involved and the individual resident concerned.

We found staff to be caring and empathetic towards residents while encouraging self-determination and independence wherever possible. Within 'Tiree' staff were skilled at supporting Dementia related issues and behaviours showing patience and understanding. This ensured that residents felt safe and supported in the way they preferred.

Within 'Iona' a higher level of ability and independence was apparent. In recognition of this, staff were required to discuss and negotiate support needs and wishes to a greater degree.

This ensured that residents were supported in the way and to the extent they wished within agreed safe boundaries. There was also a greater emphasis upon the development of living skills previously lost and of independence. Speaking with staff, we considered that they had a good understanding of the need to avoid dependence and to work in an outcomes-focussed way.

Service users and family carers we spoke to and who completed questionnaires felt that they were listened to, valued and their needs and wishes respected as individuals.

We were advised that the service did not use agency staff to fill gaps in staff availability. The small staff teams worked in close co-operation with each other ensuring not only that cover was maintained by mutual consent but also that an efficient and respectful working relationship existed within the service.

Areas for improvement

The service should continue to promote an ethos of respect in staff for service users and for each other.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service Strengths

The evidence reported at Statements 1:1, 2:1 and 3:1 above is relevant to this statement also.

We noted that managers and supervisors were very 'hands-on' with residents and were familiar with their care and support needs. They also adopted an open door policy which enabled service users to call in and speak to management whenever they felt the need.

In this way, residents and their family carers had confidence in management to listen to and act upon any issues raised and were happy to approach them as and when they wished.

Areas for improvement

The service should continue to ensure that management and leadership make themselves available to service users and family carers and that all opportunities for comment leading to improvement are provided.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"To encourage good quality care, we promote leadership values throughout the workforce."

Service Strengths

We considered, following our inspection of staff records, that the service placed a great deal of importance upon the training and development of their staff.

New staff were properly selected, inducted and trained and, following a period of shadowing more experienced staff, were supervised and supported in their care and support role.

Staff were encouraged to undertake further training and at the time of inspection most had achieved SVQ Level 2 or 3 in Health and Social Care. The service had developed a number of staff 'Champion' roles giving staff responsibility for and ownership of a number of areas of care and support including Nutrition, Continence, Falls Prevention and Medication.

We noted that the service actively promoted continuous professional development with their staff at all levels encouraging ownership of quality and best practice. A number of staff had been promoted internally having been recognised for their ability, skill and professionalism. We also noted that the service had achieved a number of staff and management awards including being short listed for the Regional Cook-off Award 2015 and the Scottish Care Award for Management and Development 2014.

Areas for improvement

As previously reported, we were aware of the minimal staffing levels present within the service. Leadership values, morale and commitment of staff may also be affected should this not be addressed.

The service should continue to promote leadership values throughout their workforce which will encourage personal and professional development and ultimately improve the quality of service delivered.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. 1.1 Long and short-term goals to be included in personal plans

This recommendation was made on 17 September 2014

The revision of personal support plans was commenced and is still underway.

2. 2.2 The garden and fence at the front of the building should be maintained.

This recommendation was made on 17 September 2014

The garden area has been landscaped and the fence replaced and painted.

3. 2.2 Secondary smoke in common areas should be addressed.

This recommendation was made on 17 September 2014

Most residents in the Iona Unit are smokers. A new extractor fan has been installed in the smoking room and the situation much improved.

4. 3.3 Staff should be made aware of the 'Promoting Excellence Framework'.

This recommendation was made on 17 September 2014

Staff have now been given training on this legislation copies of which are also available.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
18 Aug 2014	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div>
27 Mar 2014	Unannounced	<div>Care and support</div> <div>Environment</div> <div>Staffing</div> <div>Management and Leadership</div> <div>5 - Very Good</div> <div>4 - Good</div> <div>5 - Very Good</div> <div>5 - Very Good</div>
6 Sep 2013	Unannounced	<div>Care and support</div> <div>Environment</div> <div>5 - Very Good</div> <div>5 - Very Good</div>

		Staffing Management and Leadership	Not Assessed Not Assessed
6 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
1 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
11 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed Not Assessed Not Assessed
16 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 3 - Adequate 4 - Good 3 - Adequate
26 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 4 - Good Not Assessed Not Assessed
11 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
11 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

13 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
27 Mar 2009		Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
26 Jan 2009		Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 2 - Weak 2 - Weak

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