

## Kingsgate Care Home Care Home Service

149 Glasgow Road  
Nerston  
East Kilbride  
Glasgow  
G74 4PA

Telephone: 01355 279789

Type of inspection: Unannounced  
Inspection completed on: 23 September 2016

**Service provided by:**  
Larchwood Care Homes (North) Limited

**Service provider number:**  
SP2011011695

**Care service number:**  
CS2011301140

## About the service

Kingsgate Care Home is registered to provide care and support for up to sixty-one older people with a range of physical and cognitive impairment. Kingsgate is one of six homes in Scotland run by Larchwood Care Homes (North) Limited who aim to "provide a friendly, caring home environment where dignity, independence, safety and comfort are paramount".

At the time of this inspection there were forty-one people living in the home.

The service has been registered with the Care Inspectorate since 2011 and is situated in a residential area of East Kilbride within close proximity to local shops and transport links. The home is purpose-built over two levels with a passenger lift providing access to the first floor. All bedrooms have ensuite facilities and people are encouraged to bring in their own furnishings to personalise their rooms. There is a secured garden area and a tea room for residents and visitors to use.

## What people told us

Prior to this inspection we issued twenty Care Standard Questionnaires to people who use the service of which eight were returned. Four people strongly agreed and four agreed that overall they were satisfied with the standard of care and support provided.

Five people disagreed that they were asked their opinions on how to improve the service. Four people were unsure how to complain to the service or the Care Inspectorate.

Some of the comments received were as follows:

"Quite happy with it all, love the meals and the staff are lovely too"

"Place is spotless, I love it"

"They do a great job on the whole"

"Lovely place and very clean"

During the inspection we spoke to eight people who use the service, some of their comments were as follows:

"It's comfortable, clean and tidy, I have my own things around me, I like my room"

"I've been along to meetings, sometimes I don't bother, I don't know the manager"

"The food is not great, but not too bad either"

"I've never been asked to help with recruitment, I would if I was asked"

"I get up when I'm ready, there's not much to do I just watch TV"

"I know the manager, she's pretty good, she lets you know what's happening. I go to the meetings we always talk about food, I would like to get out more"

"Never seen my care plan. They run it well, they seem to know what they're doing"

"I've seen my care plan and know my keyworker, my visitors are always made welcome and get tea and sandwiches"

"The staff are very good and treat you kindly. The manager is easy to approach and asks for ideas and suggestions"

"It's a safe place, comfortable, warm and clean"

"I can't see the notice boards, my eyesight is poor and they go past so quickly"

We also issued twenty Care Standard Questionnaires to relatives/carers of people who use the service of which five were returned. Three people strongly agreed and two agreed that overall they were satisfied with the standard of care and support provided. Two people were unsure how to complain to the service or Care Inspectorate, two disagreed that the home was clean and hygienic and two disagreed that there were enough

trained staff on duty. Two people were unsure if their relative had a support plan and two disagreed that the keyworker system encouraged choice.

Some of the comments received were as follows:

"I am extremely happy with the care my relative receives. All staff are attentive, professional and thoughtful to both of us, I cannot praise them enough, very much appreciated"

"The care home has improved greatly over the past year or so"

"My only issue is the main door, every time I visit I am left standing outside for five - ten minutes, sometimes I have to phone the home to get staff to open the door for me"

During the inspection we spoke to three relatives/carers who commented:

"It went downhill for a while but things have picked up a lot "

"Would be happy to help interview"

"They're always cleaning it, its spotless"

"I reviewed the care plan recently with the keyworker"

"Staff are brilliant, they always have time and are respectful"

"The manager is great, the food is first class, choices wonderful, tasty and healthy"

"Manager is brilliant, totally dedicated, they do more now for my relative than ever before"

## Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider. The provider identified what it thought the service did well and where it thought it could improve and how it intended to do this.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

The management of the company had recently transferred from Orchard to Larchwood Care. We found the service was still in the process of updating its documentation to reflect this change. We were informed that there were plans to introduce a new care plan format and policies/procedures were being reviewed to reflect this change and to comply with Scottish legislation.

Staff were friendly and approachable and we observed good interaction between staff and residents.

Regular meetings were taking place with residents, relatives and staff and we could see that positive actions were being taken where suggestions had been made.

Methods of consultation for residents with physical/cognitive impairment still requires further development (see recommendation 1).

We looked at personal plans and found these contained some good information on how the service met the needs of people, including up to date risk assessments and wound care. There was up to date information on relative/carers legal powers and six monthly reviews involving residents, relatives and staff were taking place.

There was an activity programme displayed and staff recorded any participation in individual activity records. This could be improved for residents by obtaining information on specific interests relating to individuals' preference and previous hobbies to provide a wider range of choice.

We looked at additional monitoring charts used for oral health and bowel habits. These require improvement, we found large gaps in these and were not being completed consistently. This could have a detrimental effect on the person's health and wellbeing if not recorded accurately. (see recommendation 2)

Mealtimes were organised and relaxed. Staff supported residents individually in a dignified manner. We saw staff encouraging mobility and promoting independence. Tables were nicely set, drinks were available and choice of menu was offered by staff.

Staff were encouraged by the manager to discuss and implement improvement. This resulted in staff developing a summary of needs document. This provided a quick guide to each residents dietary and mobility without having to look through the full care plan for this information.

Medication was stored safely and securely and was audited regularly by the manager. We could see evidence of actions taken where issues had been identified. The medication administration charts could be improved by implementing protocols for as required medication and ensuring staff provide signatures/dates where handwritten entries have been made.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service should consider how best it can capture the views of those residents with cognitive impairment and those who choose not to attend meetings. This will ensure that the service captures the views of the majority rather than the minority of residents. Minutes of meetings should be provided for those people who do not attend to ensure they have the opportunity to remain informed of what is happening within the service  
National Care Standards Care Homes for Older People Standard 11 Expressing Your Views.

2. The manager should ensure that all charts used to monitor residents healthcare need are reviewed and updated at least once in every twenty-four hour period. Any gaps identified should provide evidence of actions taken and outcome achieved to ensure the wellbeing of the individual.  
National Care Standards Care Homes for Older People Standard 14 Lifestyle-Keeping Well-Healthcare.

**Grade:** 4 - good

## Quality of environment

### Findings from the inspection

Access to the home is through a controlled door entry system monitored by staff. The reception area provides a visitors signing in book, suggestion box and a range of information from the complaints procedure to weekly menus.

Rooms and communal areas were clean and tidy. The atmosphere in the home was warm and friendly, staff were available in the lounges ensuring residents safety and providing support where needed.

Residents and visitors had unrestricted access to an internal courtyard to wander or sit and enjoy in the better weather. The new roof, heating and kitchen refurbishment was now complete and we could see the provider had started to make progress with the internal décor and furnishings.

There was evidence of consultation in recent changes to the environment, some of the rooms we saw were individually decorated with personal furnishings.

The refurbishment programme should prioritise the communal toilets and bathroom. These appear dirty and worn despite cleaning. Lighting in some areas remained dull, casting shadows and posing a risk of trips and falls for residents with visual/cognitive impairment.

Residents we spoke to stated they would like to get out and about more often. This had not been happening recently. The home shared a minibus with one of the sister homes, due to a conflict of interest the bus had not been available for use at Kingsgate. However we were assured that this had now been rectified and the bus would soon be available for future use.

There was a maintenance folder covering a range of safety checks and highlighting any issues/repairs required. Additional satisfactory safety checks were in place for equipment such as moving/handling equipment, lift, fire, environmental health and legionella. This was audited weekly by the manager to ensure completion and residents safety. A full environmental audit was completed monthly, covering all rooms, décor and furnishings. Issues identified were included in a development plan for senior management to review and we could see that steady progress was being made. We will continue to monitor how this refurbishment progresses at future inspections.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

## Quality of staffing

## Findings from the inspection

Staff we spoke to commented positively on recent environmental changes, spoke highly of the manager and said they felt well-informed and aware of future plans for the ongoing development of the home.

The manager discussed future plans to involve residents in the recruitment, induction and supervision of staff.

The recruitment files we checked demonstrated staff were recruited safely with references and relevant safety checks in place. This process could be improved by ensuring all references received include proof of authenticity, with either a company stamp or headed notepaper provided.

All newly recruited staff received an induction, however the induction was the same for every staff member despite their experience and designation. The induction process could be improved by developing inductions which are specifically relevant to staffs past experience and post applied for.

Staff had received copies of their codes of practice and were aware of their registration and revalidation requirements relevant to their regulatory body. The manager was supporting staff with this through regular meetings and discussion at supervision. Some staff were working towards a Scottish Vocational Qualification in health and social care, while others were encouraged to undertake additional training in subjects of particular interest, for example oral hygiene and end of life care.

There was a training matrix and training was provided both online and face to face. Staff we spoke to stated there was plenty of training opportunities available, some had recently attended management of stress/distress and end of life care supported by a local hospice.

Supervision and appraisal were taking place regularly and staff were encouraged to discuss their continuous professional development and training needs at these meetings. We could see that any issues or requests had been recorded and actioned, staff told us they felt listened to and well supported by the management.

The level of in-house training and competency assessments carried out by the manager and the in-house trainers had decreased recently. We were informed that this was due to a delay in assessing these trainers on order to ascertain if their skills and knowledge was of a suitable standard to deliver training to other staff members. This should be reviewed as this delay was having a negative impact on the training plan and training statistics within the service.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

## Quality of management and leadership

## Findings from the inspection

The manager and staff team had worked hard together since the previous inspection resulting in the grades improving from adequate to good over all the quality themes.

The manager had established a good quality assurance system and through effective management and clear supervision processes had reduced the level of staff absence.

The manager was in the early stages of implementing the Scottish Social Service Councils Continuous Learning Framework for staff. This will provide staff with the opportunity to discuss their roles, responsibilities and achievements and how they plan to develop these further.

A range of audits were in place covering the environment, health and wellbeing as well as staff training, registration status and dependency assessments. We could see where issues had been identified these were included in an action plan with evidence of actions taken to ensure a positive outcome.

In addition to these in-house audits the manager completed a more comprehensive impact audit for senior management. This covered the quality of care, medication, nutrition, infection control, health/safety, environment and management. We could see where issues were identified these were included in an action plan or discussed at staff supervision to ensure positive outcomes. We concluded that these audits were having a positive impact on the steady improvements to the environment and standard of documentation we saw at this inspection.

Dependency assessments were calculated monthly and from the rotas we looked at and speaking to staff we could see that the current staffing levels were in excess of the staffing schedule which is based at maximum occupancy. At the time of this inspection there were twenty vacancies. From our observations we could see that this was having a positive impact on the service with staff able to spend time interacting with residents.

Accidents and incidents were recorded and analysed by the manager, this identified any trends and demonstrated actions taken to prevent a recurrence. Taking into account the current staffing levels and actions from the analysis, this demonstrated a reduction in the level of accidents/incidents. Statistics recorded for this service were below the average levels of accidents/incidents compared to other homes in the group.

There was a complaints policy displayed and the manager kept a log of any complaints/concerns. We could see that positive actions were taken to improve outcomes and prevent escalation.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 – good

## 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 that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this the service must ensure that the personal plans; - include information about the care and support interventions required to effectively support individuals who are anxious/distressed. - fully reflect the care being provided and are evaluated regularly to inform care planning. - continence care plans should provide details of how continence is promoted and demonstrate actions taken to prevent constipation prior to the use of a prescribed laxatives with reference to nutritional and skin integrity care plans.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulations 5(1)

Timescale for implementation: to commence upon receipt of this report and be completed by 31 January 2016.

**This requirement was made on 7 August 2015.**

#### Action taken on previous requirement

We looked at a sample of plans including wound management and a short-term respite plan. All plans outlined assessed care needs and daily care evaluation records referred back to the assessed care needs. It was evident in the files that appropriate referrals were being made to external health care professionals. Risk assessments and care plans were being updated regularly to reflect recent changes. The respite file had a pre admission assessment, a comprehensive support plan and relevant risk assessments in place. Staff had received training on how to manage stress and distressed behaviour and the information recorded in the plans was reflective of this.

**Met - within timescales**

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

### Previous recommendations

#### Recommendation 1

The service should consider how best it can capture the views of those residents with cognitive impairment and those who choose not to attend meetings. This will ensure that the service captures the views of the majority rather than minority of residents. Minutes of meetings should be provided for those people who do not attend to ensure they have the opportunity to remain informed of what is happening within the service.

This is in order to comply with; National Care Standards Standard 11 Expressing Your Views.



**This recommendation was made on 7 August 2015.**

## Action taken on previous recommendation

The manager explained this remained work in progress, there were pictorial cards available however some staff were unaware of this. The manager discussed introducing more pictorial prompts, individual music playlists and iPads, we look forward to seeing how this has progressed at the next inspection.

This recommendation has not been met.

## Recommendation 2

The manager should ensure that care plan notes written by nursing staff use terminology which is respectful to the resident and which accurately describes what has occurred. National Care Standards for care homes for older people, Standard 5.3 management and staffing. This also considers The Code, NMC 2015

**This recommendation was made on 7 August 2015.**

## Action taken on previous recommendation

The daily progress notes we looked at provided a brief description of how the person had spent their day with details of any issues or medical intervention required and any follow up information.

This recommendation has been met.

## Recommendation 3

The manager should ensure that all nursing staff have the opportunity to update their knowledge on a regular basis in relation to pain and symptom management. National Care Standards for care homes for older people, Standard 5.3 management and staffing. This also considers the Scottish Palliative Care Guidelines, NHS and Health Improvement Scotland, updated November 2014.

**This recommendation was made on 10 December 2015.**

## Action taken on previous recommendation

Training had been delivered on pain management and symptom control earlier in the year with another session planned. There was evidence in the medication charts that staff used pain assessment tools regularly to assess individual pain levels.

This recommendation has been met.

## Recommendation 4

Through consultation with residents, relatives and staff the service should improve the decor in the bedrooms and communal bathrooms in order that the residents can enjoy their bathing experience in a warm, homely environment. Signage could be improved in order to enable residents and visitors to move around the service and the grounds. Signage should assist people in maintaining their independence taking into account people with visual and cognitive impairment.

This is in order to comply with; National Care Standards Care Homes for Older People Standard 4 Your Environment

**This recommendation was made on 7 August 2015.**

## Action taken on previous recommendation

There was signage throughout the home which directed residents and visitors to different areas of the home. The redecoration of bedrooms was work in progress, communal bathrooms require a full refurbishment as they appear old and grubby despite regular cleaning. The bathrooms were cleaner, tidier and staff had tried to make them more homely by applying stickers to the wall.

This recommendation has been met.

## Recommendation 5

The service should review and improve the information recorded within the auditing process to ensure that any areas for improvement identified show the actions taken and outcome achieved. This should include where relevant actions implemented to prevent a recurrence.

This is in order to comply with National Care Standards Care Homes for Older People Standard 5 Management and Staffing Arrangements.

**This recommendation was made on 7 August 2015.**

### Action taken on previous recommendation

There was a range of audits in place from accidents/incidents to weightloss and woundcare. There was good information on these with evidence of positive actions taken to ensure a positive outcome for individuals.

This recommendation has been met.

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
27 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
7 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

Date	Type	Gradings	
4 Mar 2015	Unannounced	Care and support	2 - Weak
		Environment	1 - Unsatisfactory
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
11 Jul 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
26 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
20 May 2013	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Aug 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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