

Cathkin House Care Home Care Home Service

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Nerston
East Kilbride
Glasgow
G74 4PA

Telephone: 01355 234070

Type of inspection: Unannounced
Inspection completed on: 7 December 2016

Service provided by:
Care UK Limited

Service provider number:
SP2003002341

Care service number:
CS2011300794

About the service

The inspection focused on standards of care for people living with dementia. We are using a sample of one hundred and fifty care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

Cathkin House Care Home is owned and managed by Care UK. Ltd. The home is situated in Nerston village, next to East Kilbride. The home is purpose built and provides support for forty-four older people. Care UK's mission statement says that they undertake to ensure that all residents experience 'A safe and welcoming atmosphere; a stimulating environment; understanding and compassion; a rich and fulfilling life; comfort and reassurance and respect and dignity'.

On the days of the inspection the home had no empty beds.

What people told us

The views of people using the service and relatives have been included in this report. Prior to the inspection we issued twenty Care Inspectorate questionnaires to people using the service of which two were returned completed. One person strongly agreed and one disagreed that they were happy with the quality of care they received. Some comments included:

'Always short of staff'

'Sometimes have to wait fifty minutes for toilet'

We issued twenty Care Inspectorate questionnaires to relatives and received six completed questionnaires. Of the six, one strongly agreed, four agreed and one strongly disagreed that they were happy with the quality of care their relative or friend was receiving. Some comments included:

'Very satisfied with mum's care, all the staff are superb'

'Nothing to complain about, my mum is so happy in the home, all staff are excellent'

'Not enough staff'

'A full complement of staff is needed'

'Sometimes visitors have to help out residents especially when in distress'

During the inspection we spoke to a number of people living in the home and their visitors. A volunteer inspector was also part of the inspection. Volunteer inspectors have direct experience of care services.

Some of the comments we received included:

'Very hard working staff who are hard pressed for time to spare for chatting and engaging with residents'

'I don't think there's enough stimulation'

'The girl takes us out sometimes to pub or to village church'

'At meetings they write it all down but don't get back to you'

'Lovely surprise yesterday, offered fruit'

'Nice and bright dining area'

'Buzzers go off for significant periods of time'

'Agency staff don't know us'

'I sit for a long time at breakfast'

'The place is clean'.

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.

The self - assessment was completed fully, submitted on time and identified some areas for development.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	4 - Good
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

Staff worked hard to respond to the needs of people living in the home. At times we saw people being assisted in a calm, unhurried manner. Whereas, at other times, staff performed tasks for people but without explaining what was happening to them. People with communication difficulties or needing assistance to move around were not always listened to or fully informed of what was happening. People with distressed behaviour were not fully supported with appropriate measures of comfort. We saw people buzzing for assistance and having to wait a long time for staff to respond. This meant that not all residents were treated with the same level of dignity and respect, or had their care needs fully met.

Care and support plans contained a lot of information but did not have a person centred focus. Life story information that could help staff to understand the needs and wishes of people was difficult to see.

We saw a lack of consistency with record keeping. Care and support plans and supplementary recording sheets were not always up to date. This inconsistency with record keeping could influence the ability of staff to provide appropriate care to meet the needs of people.

People living in the home were assessed using appropriate tools such as falls, nutritional and mobility assessments however, the information from these was not always included in relevant sections of care and support plans. This could lead to the safety of residents being compromised. There was a recommendation made about this at the previous inspection which was not met. On this occasion we have made a requirement about this.

See Requirement (1).

Some residents were able to move around the home freely and access the enclosed garden, however some sat or lay for long periods of time with no stimulation. We acknowledge that there is a new activities co-ordinator in post and we will look forward to reviewing progress with meaningful activities at the next inspection. Lack of pressure relief could lead to problems with skin integrity.

We felt that staff deployment could be reviewed to ensure closer observation of people living in the home to avoid people being left unattended. Some people did not have easy access to call for help with a buzzer system and so we have made a requirement about this.

See Requirement (2).

A dependency scoring system was used to determine the number of staff required to meet the needs of residents throughout a twenty-four hour period. From the level of support required by many residents, we were not confident that the scoring system accurately reflected their complex needs. We have made a requirement about this. See Requirement (3).

Despite staff endeavours, people had to wait some time to be supported with care needs including eating and drinking or being assisted to the toilet. We have made a recommendation about the dining experience. See Recommendation (1).

Requirements

Number of requirements: 3

1. The service provider must implement a system to ensure that records of support and monitoring charts provide an accurate, up to date account of any support provided to people. The manager must ensure that:

- All healthcare monitoring records are checked at least once in every twenty-four hour period to establish any changes in health and wellbeing; to identify appropriate action to maintain the health and well-being of the person concerned.
- Include accurate up to date information about care and support which is fully evaluated to provide an explanation of changing needs which are reflected within the relevant section of the care plan.
- Have a full range of risk assessment tools in place to demonstrate the current level of risk and how staff are expected to manage this effectively with evidence of consultation and review of this process.

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 users.

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

2. The service provider must implement a system to ensure that staff are responsive to the needs of people using the service. The manager must ensure that:
people living in the home have access to an alarm system in order to summon assistance when they require it. Each person's bedroom must have an accessible, reliable alarm system and it must be placed within easy reach of the person.

This is in order to comply with Scottish Statutory Instruments, SSI 2011/2010 4 (1) Welfare of Users, (a), (b) and National Care Standards for Older People, Standard 9, Feeling Safe and Secure (4)

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

3. The service provider must ensure that the staffing levels in the home must be reviewed in accordance with the changing dependency levels of people who live there.

Dependency scoring must be completed accurately to reflect the physical, psychological, social and recreational needs of people in order to provide an accurate score to inform staffing levels. The provider must ensure:

- There is the correct number of trained and skilled staff in each unit in order to meet people's needs over a twenty-four hour period.
- A record must be kept of the deployment of staff to take account of the physical layout of the building, staffing and supervision needs.
- Individual dependency assessment records for all people living in the home are completed monthly with a record retained in the person's care plan.

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 users.

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

Recommendations

Number of recommendations: 1

1. The service should review the overall dining experience to ensure that staff deployment provides support to people who require assistance during mealtimes. Supervision of the dining experience should take account of the physical and cognitive needs of people to prevent poor nutritional intake, food becoming cold or social isolation.

This is in order to comply with National Care Standards, Care Homes for Older People, Standard 13 - Eating Well.

Grade: 2 - weak

Quality of environment

Findings from the inspection

There was a secure door entry system and visitors book for people to sign in and out of the home, promoting a safe environment. Generally the environment was welcoming and clean. A range of information was displayed in the foyer and corridors to inform people of events and provide information about the home, for example a notice board indicating what actions have been taken on suggestions made by families and people living in the home. There is a café area for people to use when visiting which has had the addition of some children's' toys and books.

There were some dementia friendly features such as individualised coloured doors with nameplates and door knockers to assist people to recognise their own bedroom. Although the home is comfortable, there needs to be greater emphasis on creating an environment that is more supportive for people living with dementia, memory problems or sensory impairment. Some directional signage was in place but that could be enhanced to make it easier for people to find their way around the home, helping to orientate people and promote independence. Lighting was inconsistent with some areas being brightly lit while others remained dull and shadowy. Well lit

areas are important for people with sensory and cognitive impairment. Consideration should be given to ease of access to the garden area to promote choice and independence.

Access to assistance and support should be available to people living in the home through the use of a buzzer / nurse call system. This is essential to allow staff to respond to people.

We have made a requirement about this in Quality Theme one, Care and Support. Please see Requirement (2), Quality Theme, Care and Support.

To keep the environment homely and safe, there is a need to review the storage of equipment, personal and protective equipment and sundries in communal areas and people's bedrooms. We saw that equipment was stored in the way of toilets and bathrooms, posing a risk to people living in the home and staff who had to move around this. Multiple toiletries and continence products were kept in bathrooms which did not provide a homely environment, promote dignity or maintain safety. We have made a recommendation about this. See Recommendation (1).

At times there was a lot of noise in the home due to televisions being turned up high and buzzers buzzing for long periods. This noise could cause agitation or distress for people living in the home.

The manager told us that there are plans to re - evaluate the use of communal areas such as dining rooms to aid staff in supporting people and enhance the experience of people living in the home. We will look forward to reviewing these plans at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should review the overall storage capacity available and usage thereof within the care home to reduce compromising choice, accessibility to areas such as the bathroom, and to protect the people who use the facilities from risk of harm.

- Moving and assisting aids such as slings must be stored in such a way as to keep them in a hygienic condition.

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

Grade: 4 - good

Quality of staffing

Findings from the inspection

Like many care homes, Cathkin House has experienced challenges with recruitment of qualified nurses and care staff, resulting in the need for agency staff to achieve minimum staffing levels. The manager acknowledged the impact this has had on permanent staff. We saw that despite the use of agency staff, at times there had been a

reduced number of staff on duty. This resulted in challenges for staff to deliver competent, compassionate care. We heard from families and people living in the home that staff try their best to be responsive and meet people's needs.

There are plans to increase access to staff training and to develop 'champion' roles. We feel this should make a positive difference as we saw that the numbers of staff who had completed training varied with not all essential training being completed within the expected timeframe. Although some staff had completed dementia training, we did not see consistent practice that demonstrated staff put their knowledge into practice. We saw that staff did not always respond in the most appropriate way to avoid people becoming distressed or to manage distressed behaviour. We have made a recommendation about this. See Recommendation (1).

We saw that the process of staff supervision and appraisal was behind schedule meaning that an accurate assessment of on-going learning and development needs of individual staff was not current. We think it is important for staff to be able to have regular one to one discussion about their development needs as this helps to raise standards of practice. We have made a requirement about on-going supervision and competence assessment of staff. See Requirement (1).

We observed that not all staff put their training into practice to promote and maintain a safe environment. Some staff did not always follow recommended practice to minimise the risk of cross infection between people. Storage, disposal and transport of equipment should follow recognised guidelines for safe and effective practice for the benefit of people living in the home. We have made a requirement about this. See Requirement (2).

We observed that the standard of record keeping was not consistent, resulting in some recorded information being incomplete. This lack of detail and clarity could influence the ability of other staff being able to follow-up with appropriate actions to support the changing health care needs of people. We have made a recommendation about this. See Recommendation (2).

Requirements

Number of requirements: 2

1. The service provider must formally assess and evaluate the competency of each staff member in order to identify where staff may need further support, training or assistance.
 - The service provider must ensure that supervision and appraisal of staff conforms to the frequency of company policy.
 - The service provider must ensure that clear records are kept regarding on-going supervision and review of staff competence.

This is to ensure that each staff member is skilled and competent in the work that they do to carry out safe and effective practice and to ensure that staff are performing at the expected level and standard in accordance with their role.

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) Staffing; National Care Standards, Care Homes for Older People, Standard 5 Management and Staffing arrangements.

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

2. The service provider must ensure that each member of staff conforms to current best practice in relation to maintaining a safe environment and the prevention of cross infection. In order to do so, staff should store equipment, personal protective equipment, and sundries in accordance with recommended practice and not carry multiple supplies on their person.

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) Staffing.

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

Recommendations

Number of recommendations: 2

1. The service provider should satisfy themselves that staff training for dementia addresses the learning outcomes contained within the Promoting Excellence Framework training for dementia.

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

2. The service provider should ensure consistency of good practice in relation to recording all information relating to resident's health and support needs and decisions made to make changes to care delivery.

All staff must follow the requirements of their own professional code in relation to record keeping in accordance with the Nursing and Midwifery Council; The Code; Professional standards of practice and behaviour for nurses and midwives and Scottish Social Services Council; Codes of Practice for social service workers and employees.

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

There were thank you cards and letters received at the service, indicating that some families were happy with the care provided to their loved one. We saw that there were efforts to increase opportunities for families to be kept informed and provide feedback about the service. There were however occasions when families had not had received feedback about concerns they had raised and so we have repeated a recommendation made at the previous inspection. See Recommendation (1).

There was a planned approach to the use of agency staff to ensure minimum staffing levels were met and while this does not provide the desired level of continuity, the manager was actively recruiting new staff at the time of the inspection which we hope will improve the staffing situation. See Requirement (1).

From the minutes of staff meetings we could see that the manager was aiming to promote good practice. There were a variety of communication methods used to ensure staff were informed of current issues to equip them with relevant information to support people living in the home and their families. Staff were also given the

opportunity to provide feedback to the manager via a survey.

We discussed with the manager and regional manager the need for the service to have a development plan to ensure an organised approach to taking the home forward to ensure improvement in the coming months. See Requirement (2).

The manager had identified a number of issues that need attention to ensure a quality service is delivered. We saw a variety of quality assurance processes such as audits, records of complaints and incidents, minutes of meetings. Greater consistency in the execution of these monitoring tools is required. There is scope for improvement to ensure that issues identified from the monitoring processes contain clear information of actions required, who is responsible, the timescale and outcome of the proposed action. This should ensure the manager has a current overview of actions taken and outcomes achieved, to monitor and respond to standards of practice to achieve service improvement. Where other staff have responsibility for conducting quality assurance processes, there should be a process of supervision and peer review to ensure their competence to complete these tasks.

See Requirement (3).

Requirements

Number of requirements: 3

1. The service provider must ensure consistent support to the manager and employees at Cathkin House Care Home to ensure that the aims and objectives of the care service are met. The service provider must ensure that staff are in sufficient numbers and have the necessary competency levels to ensure positive outcomes for every person who uses the care service and their advocate.

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 users; Regulation 15, Staffing.

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

2. The service provider must generate a development plan that shows how it aims to effect improvements within the home in the forthcoming months and years.

The plan should identify areas for improvement, timescales, persons responsible for actions and an update of the outcome of actions. In order to prioritise identified issues short, medium and longer term goals should be included.

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 users.

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

3. The service provider must improve the information recorded in the quality assurance systems to ensure that where issues are identified that evidence is available to show the action taken to effect improvements.

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 users.

Timescale for implementation: to be commenced immediately on receipt of this report and completed within twelve weeks of receipt of this report.

Recommendations

Number of recommendations: 1

1. The service should ensure that where residents, relatives or staff have raised issues through the consultation process including meetings that these are suitably addressed within a reasonable timescale. The information available should demonstrate the issues raised, the action taken and the outcome achieved.

This is a repeat recommendation from the previous inspection.

This is in order to comply with National Care Standards, Care Homes for Older People, Standard 11, Expressing Your Views.

Grade: 2 - weak

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

Previous requirements

Requirement 1

The provider must ensure that at least once in every six month period, personal plans are reviewed in order to ensure that the service is able to meet individual care and support needs. The support plans must be updated to reflect any changes to inform current planning of care and support needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 5 (2) (b) (iii) Personal Plans.

Timescale for implementation: to commence upon receipt of this report and be completed within six months and remain ongoing every six months thereafter.

This requirement was made on 11 May 2016.

Action taken on previous requirement

From the sample of personal care and support plans examined during the inspection, we were satisfied that the reviews were conducted in a timely manner and we saw the outcome of reviews being documented in care and support plans. This requirement has been met.

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 ensure that medication administration recording charts and additional recording charts such as those used for topical or patch application have consistent recording patterns. The exact detail of the application given to the person should be recorded on the additional recording charts to ensure the medication given to the person is accurately recorded to help monitor the effects of the medication on the person. This is in order to comply with National Care Standards, Care Homes for Older people, Standard 15, Keeping Well, Medication.

This recommendation was made on 11 May 2016.

Action taken on previous recommendation

We reviewed medication administration recording charts including additional recording charts. We saw that body maps were in use to guide staff with the accurate administration of topical and patch applications. From the record that we examined, there were consistent recording patterns therefore this recommendation has been met.

Recommendation 2

The service should implement a system to ensure that records of support and monitoring charts provide an accurate, up to date account of any support provided to individuals. Fluid recording charts should provide a target intake over a twenty-four hour period with actions taken if this has not been achieved to ensure the health and wellbeing of the person. The manager should ensure that all healthcare monitoring records are checked at least once in every twenty-four hour period and where gaps are identified that action is taken to ensure the wellbeing of the person concerned.

This is in order to comply with National Care Standards, Care Homes for Older people, Standard 6, Supporting Arrangements, 13, Eating Well; National Care Standards, Care Homes for Older people, Standard 14, Lifestyle-keeping well-healthcare.

This recommendation was made on 11 May 2016.

Action taken on previous recommendation

We saw that healthcare monitoring charts including fluid charts and welfare check charts had gaps in them. This lack of consistency in their completion meant that the information contained within these charts did not provide enough information to monitor the health and wellbeing needs of the person concerned.

This have been made into a requirement as supplementary charts were incomplete.

Recommendation 3

The service should ensure that where staff, residents or relatives have raised issues of concern through the consultation process, that these are suitably addressed within a reasonable timeframe and arrangements for feedback to the people concerned are identified and recorded. This is in order to comply with National Care Standards, Homes for Older People, Standard 11, Expressing Your Views.

This recommendation was made on 11 May 2016.

Action taken on previous recommendation

We examined a variety of information relating to issues of concern, how they were recorded and acted upon. We saw evidence that the service had responded fully to some concerns raised, for example the request for the installation of Wi-Fi to improve communication and access to electronic media was in hand. We also saw that the service has responded to requests to minimise items being lost or mixed up during laundering. However, we also saw that there were occasions when there was a delay in feeding back to people who had raised concerns and we felt that this could be more effective.

Therefore we have repeated the recommendation.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
24 Feb 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	5 - Very good

Date	Type	Gradings	
		Staffing Management and leadership	5 - Very good 5 - Very good
18 Feb 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 5 - Very good
14 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
15 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
16 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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