

Cowdray Club Care Home Service

1 - 5 Fonthill Road
Aberdeen
AB11 6UD

Telephone: 01224 212140

Type of inspection: Unannounced
Inspection completed on: 4 January 2017

Service provided by:
Renaissance Care (No1) Limited

Service provider number:
SP2011011731

Care service number:
CS2011303086

About the service

This service registered with the Care Inspectorate on 14 November 2011. Cowdray Club is registered to provide residential and nursing care to a maximum of 35 older people.

The service is located in a large traditional building situated in a residential area near to the centre of Aberdeen and close to a bus route. The accommodation is located on several floors. The bedrooms in the basement and on the top floor of the extension wing were not being used at the time of this inspection.

The provider's statement of aims and objectives states that they aim to provide a high standard of individualised care to all its service users.

There were 28 people resident in the home at the time of this inspection. The people who live in Cowdray Club prefer to be known as residents, therefore this term has been used throughout this report.

What people told us

We spoke with eight residents and relatives during the inspection and we received completed Care Inspectorate questionnaires from 21 residents and relatives prior to the inspection. Most of the residents and relatives who we spoke with told us that they were very satisfied with the quality of service provided overall.

Most residents and relatives told us that they thought the food was very good, that high standards of cleanliness were maintained throughout the home and that most staff were competent and caring.

One resident felt that the food did not meet their dietary requirements and that some staff did not know how to communicate in accordance with their individual needs. The management of the home agreed to continue to engage with this resident to try and see how they could better meet their expectations.

Residents and relatives comments included:

"The staff know my relative well as a person and deliver the highest standards of care."

"The Cowdray Club is an excellent nursing home with a very kind caring and professional staff and management team. It would be good if my relative could be supported to get out into the garden more often."

Some residents and relatives mentioned that communication with some staff whose first language was not English could be a challenge. (The provider advised that they intended to continue to support staff to ensure that all staff have adequate verbal English skills).

One relative stated that it would be useful if the provider made it clearer to visitors that they could help to reduce the risk of spreading infection, if they washed their hands when visiting the home and advised where the appropriate places are, where they can do this. Hand sanitizers are not considered to be a suitable alternative to hand washing with soap and running water. (The provider agreed to look into this matter).

Self assessment

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this, and with the relevant information included for each heading that we

grade services under. The provider identified what they thought the service did well, some areas for development and the improvements they had planned.

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

What the service does well

We found during this unannounced inspection that high standards of cleanliness were maintained throughout the home and that the home was generally free from any unpleasant odours. Some areas of the home had been recently redecorated and refurbished. This included the communal areas on the ground floor and a number of bath and shower rooms. A new panel board had been fitted to the passenger lift to improve its reliability and repairs to the roof had been completed. A quiet 'reminiscence' room had been created to provide an alternative to the busy lounge area for small group activities and visits. The provider planned to undertake significant further refurbishment and alterations in 2017 to improve the overall environment. **(See also 'What the service could do better').**

Personal Plans.

Since the previous inspection the provider had introduced a checklist with timescales for the completion of the different elements of each residents' personal plan. Whilst there was still some gaps in the completion of this audit, overall it had supported improvements in ensuring that adequate information about each resident's needs and risks was recorded promptly upon admission to the home.

Medication care plans and pain management plans had been introduced to ensure that all residents were supported to achieve the maximum benefit from their medication and relief from pain and discomfort where this was applicable. As part of the regular management audit the provider should ensure that, where residents are unable to effectively communicate information about the pain they are experiencing, the pain scale assessment tool is used on a daily basis.

The service had recently taken part in a falls reduction programme with the support of the NHS falls prevention service. This had raised awareness among staff about the day-to-day actions they could take to reduce the risk for residents of falling. We saw some good examples of person-centred care planning in relation to falls prevention and the service had managed to achieve a reduction in the number of falls experienced by service users. A senior carer had completed training in foot care and had implemented learning from this to ensure that residents were supported to maintain good foot health.

Good arrangements were in place to support residents with any health issues. This included prompt action in identifying any health concerns, contacting external health services on residents' behalf and supporting health care treatment plans. Residents had in place appropriate care plans to support any health matters which effected them.

Since the previous inspection a new service user guide had been developed and was provided in the information pack in each bedroom. This contained information about how to raise any concerns or how to make a complaint to the service provider or the Care Inspectorate.

An appropriate system of routine formal staff supervision and appraisals was in place. Records indicated that all staff had received a recent annual appraisal and that most staff had received a recent formal supervision. There was evidence that supervision and appraisals had been used to support staff professional development. (See also 'What the service could do better')

Most of the residents and relatives who took part in the inspection told us that they were satisfied with the quality of the food. The provider planned to involve residents and relatives in undertaking a review of the menu. The service kept up-to-date records of residents' weights and these showed that a number of residents who were nutritionally at risk had been supported to gain weight since admission to the home.

The provider had in place a suitable quality assurance system. This included a range of quality audits and included audits for; food hygiene and preparation, maintaining a safe environment, care planning, and checks of professional registers. The manager was required to provide a weekly report to the senior managers and a comprehensive audit of the home was completed several times per year by a senior manager.

What the service could do better

We found that a number of rooms, including a communal toilet, had no means of ventilation (neither a window which could be opened or a working extractor fan). The provider should undertake an assessment of the entire building and take remedial action to ensure that every room can be appropriately ventilated. Some areas within the home and the external paintwork were overdue for redecoration. The provider should continue with its refurbishment programme to ensure all areas of the home are adequately decorated. **(See Recommendation 2).**

Very good arrangements continued to be in place for planned activities and events and there was good evidence of how these had been planned around residents' individual needs and interests. The service should further build on this by making use of the best practice guidance documents 'Make Every Moment Count' and 'Make Every Movement Count' to raise awareness with all staff about the ways in which they can support residents to remain active and spend their time meaningfully. Individual plans for supporting residents to spend their time meaningful and to remain active should be further developed.

Whilst there was evidence that on-going audits of residents' personal plans had been completed, these should be further developed to ensure that all aspects of each resident's personal plan is completed meaningfully and is person-centred.

Further work was needed to ensure that all staff receive formal supervision regularly and complete all core training and refresher training. The provider should assess the professional development needs of the staff team and develop a structured plan to meet these. **(See Recommendation 1).**

The provider should continue to offer appropriate supports as is necessary to staff whose first language is not English to ensure that all staff working in the service have the ability to communicate effectively with colleagues and residents.

The service assessed the dependency levels of each resident, however, this information was not yet being used to inform an overall assessment of the staffing requirements of the home. Systems were in place for

communication within the staff team and for arranging the routines and planning for each shift. All of the people who we spoke with during the inspection told us that there were sufficient staff on duty to be able to respond promptly to residents' requests for assistance. The provider planned to review the dependency figures monthly as part of the senior manager's audit and to introduce a tool for using the dependency figures to inform the assessment of the staffing requirements of the home. **(See Recommendation 3).**

In order to ensure that completion of all of the elements of the management and quality system is achievable and sustainable, the provider should continue to develop leadership abilities across the team and to further develop delegation and sharing of responsibility for management tasks. It was helpful that the provider had developed a service level improvement action plan. The use of this should be further developed so that it is used as a more active tool for planning the actions needed to bring about improvements and to keep track of progress.

The provider should develop a register of all legal powers in respect of every resident. This will ensure that this information is accessible to those who require it and will make identification of any missing information easier to identify.

We had a limited look at the system for managing service users' day-to-day money. Whilst this appeared to be well organised and the records were clear, it would be useful for the provider to be able to demonstrate the steps it takes to ensure that appropriate safeguards are in place. This should involve a periodic audit being undertaken by a person who does not have day-to-day responsibility for the administration of the system.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The provider should ensure that effective arrangements are in place to support staff's professional development. This should include ensuring that all staff receive regular formal supervision and have completed all core training and refresher training. The provider should assess the professional development needs of the staff team and develop a structured plan to meet these.

Reference: National Care Standards Care Homes for Older People - Standard 5: Management and staffing arrangements.

2. The provider should continue with its programme of environmental improvements. This should include:

- ensuring that all rooms have a means of ventilation either through provision of a window which opens or installation of a functioning extractor fan.
- continuing with the programme of internal and external redecoration.

Reference: National Care Standards. Care Homes for Older People - Standard 4: Your environment.

3. The provider should implement a formal tool to assess the staffing requirements of the service. This is in order to ensure that adequate numbers of staff are available at all times to meet the care and support needs of residents. The provider should be able to demonstrate how the views and experiences of residents have been taken into account in determining whether staffing levels are adequate at different times of the day and week.

Reference: National Care Standards Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

Complaints

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

Inspection and grading history

Date	Type	Gradings	
25 Aug 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Sep 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Dec 2013	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
22 May 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
9 May 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
17 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.