

The Argyle Care Centre Care Home Service

21 West Argyle Street
Helensburgh
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Type of inspection: Unannounced
Inspection completed on: 15 March 2017

Service provided by:
Clearvue Investments Limited

Service provider number:
SP2005007952

Care service number:
CS2005111774

About the service we inspected

The original service was registered with the Care Commission in January 2006, this registration was transferred to the Care Inspectorate in 2011 and is registered to care for 58 older people.

The following is an extract from the service mission statement which describes its aims as:

"To give the best possible individualised person centred care in as homely, pleasant and contented environment as possible."

"Everyone will be treated with respect and sensitivity and this will be at the centre of all interaction and communication...between staff to residents, staff to each other, and with all visitors and agencies/professionals."

"We will be sensitive and adapt to residents' ever changing needs, whether that be medical, therapeutic, cultural, psychological, spiritual, emotional or social as much as we possibly can."

How we inspected the service

The inspection was carried out by two care inspectors. In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents to examine the actions taken by the service to meet requirements and recommendations made.

This included:

- Speaking with manager,
- Owner,
- Three nurses and seven other members of the staff team,
- Eleven service users,
- Three relatives/friends,
- Dependency tools,
- Registration Certificate,
- Section 47 certificates,
- Self-assessment,
- Risk reduction paperwork,
- Six sampled care plans,
- Policies available to the staff team for guidance during the inspection,
- Participation information,
- Falls analysis 2016,
- Accident and incident records,
- The staffing rota over a 4 week period,
- Quality Assurance systems including:- Monthly reports on nutrition, including records relating to weights and BMI, tissue viability, Care Plan audit,
- Maintenance repair records and environmental checks 2016,
- Medication audit systems,
- Staff team minutes,
- Observation of staff practices,
- Observation of the environment, meal time experiences and equipment,
- Relative/service user minutes 2016,
- The training plan for the service,
- Notice boards,
- Activities records.

Taking the views of people using the service into account

People using the service spoke highly of the staff and the manager and felt well supported. Service users that we met told us that their care and support was of a very good standard. Most gave examples of staff 'going above and beyond'. Comments included:

"I'm happy here, staff are good to me."

"I enjoy the food and I like living here."

During the inspection we spoke with 11 people using the service. Most were happy with the support provided by the service. They felt that the staff who provided the support were friendly, professional and approachable. They said that they felt listened to and were included in how the support was developed to meet individual needs.

There was a relaxed atmosphere when we visited and we saw that service users enjoyed each others' company as well as the companionship of the staff team.

Taking carers' views into account

Relatives spoken with said that communication with the staff was good. However, some relatives felt that more staff were needed to increase activities and for staff to have more time to sit and chat with service users.

Comments included: "Very happy with the service and the staff are very nice."

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

Previous requirements

Requirement 1

Effective management procedures and auditing systems for the administration of medication should be implemented to ensure accountability of staff practice.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Health and welfare of service users.

This requirement was made on 11 November 2016.

Action taken on previous requirement

Changes had been made to improve the ordering and record keeping in relation to medication management. Some initial improvements were noted in terms of streamlining responsibility and improving the ordering and returns of medications. Records showed quantities of medication arriving and staff indicated on the medication administration records when administering. There was no carry forward of medications and small numbers of unused medications were being returned to the supplying pharmacy. A new audit sheet had just been brought into use and this needs time to test compliance and demonstrate improvement.

Overall, improvements were being made and tighter systems introduced. Progress will be checked at the next inspection.

Met - within timescales

Requirement 2

A more robust quality management system should be put in place which meets the principles outlined in the regulations and National Care Standards. SSI 114 Regulation 4 (1) Welfare of Users. Timescale: 30/11/2014.

This requirement was made on 3 July 2014.

Action taken on previous requirement

The home had a Quality assurance policy in place. We noted that better audits were in place, for example how they checked health and safety issues and fire safety. The home had an audit of staff training which included details of numbers of staff that had undertaken specific training. We found that the staff team were more involved in quality assurance processes and any subsequent action planning to improve standards. It is important that this is further developed to ensure that staff know what is meant about delivering a quality service, and how they can become involved in improving how the home operates.

Met - outwith timescales

Requirement 3

The provider must ensure that medication is administered safely adhering to good practice guidance. This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Health and welfare of service users. Timescale: 30/6/2015

This requirement was made on 30 June 2015.

Action taken on previous requirement

As stated in requirement 1, overall, improvements were being made and tighter systems introduced. However, further work is needed to ensure good practice and further develop audit systems. Progress will be checked at the next inspection.

Met - outwith timescales

Requirement 4

Effective auditing systems for the administration of medication should be implemented to ensure accountability of staff practice.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Health and welfare of service users. Timescale: 28/2/16

This requirement was made on 11 February 2016.

Action taken on previous requirement

An audit of how the home checked medication management was available with a pharmacist providing additional checks and support.

Met - outwith timescales

Requirement 5

Each person should must have an oral health assessment and plan in line with best practice guidance 'Caring for Smiles'.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Health and welfare of service users.

This requirement was made on 11 November 2016.

Action taken on previous requirement

All six files sampled contained a good level of detail with a supplementary folder of oral care daily records. This showed that oral care risk assessments, care plans and daily oral care charts were in use and up-to-date. These indicated regular oral care was taking place.

Met - within timescales

Requirement 6

Effective care plans should be developed to support stressed and distressed behaviour in people who have support needs relating to dementia.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Health and welfare of service users.

This requirement was made on 11 November 2016.

Action taken on previous requirement

Staff were observed to be kind to people living in the home. However, assessments and personal plans needed improvement to describe more clearly the triggers and diffusers that could contribute or reduce stress/distress reactions. For example, the use of ABC charts to record behaviours and the development of a stronger link with the review and changes made to psychoactive medications. A new section of the personal plan gave generic descriptions but this was not sufficiently individual to the person. Staff had not yet had more detailed training to bring them up to date with terminology and good practice in relation to stress/distress. We were pleased to see the training planned by the new manager.

Not met

Requirement 7

The provider must put in place and implement a system to demonstrate that the nutritional needs of service users are met in line with good practice. In order to do this you must:

- Demonstrate that the malnutrition screening tool (MUST) is used to develop eating, drinking, hydration and nutritional care plans.
- Ensure residents are provided with a suitable choice in courses on the daily menu.
- Review the drinks menu provided to ensure these meet the needs of older people.

- Ensure that meals are fortified appropriately for those who are at risk of malnutrition and the menu planner meets the recognised dietary needs of older people in a care home setting. Pureed food should be presented in an appetising manner.

This is in order to comply with:

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users & regulation 5(1) - requirement for personal plans.

This requirement was made on 11 November 2016.

Action taken on previous requirement

Each personal plan had a record of nutritional preferences which indicated the level of assistance, preferences and any special dietary needs. An overview of weights was held by each unit and these showed that these were mostly stable. Food charts were in place if needed to help monitor food intake. The chef used a 3 week menu which was changed and updated regularly in response to people's preferences. We observed choices being offered at each meal. Alternatives were available if preferred. There was a good range of snacks available for mid afternoon tea. Fortified drinks were offered if needed. There were no concerns noted.

Met - within timescales

Requirement 8

The provider should ensure that care plans are easily accessible to staff, are person centred and include sufficient detail to promote consistency of staff practice.

This is in order to comply with:

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users & regulation 5(1) - requirement for personal plans.

This requirement was made on 11 November 2016.

Action taken on previous requirement

Care plans and risk assessment sampled were in a good level of detail to advise staff in their practice. Plans were reviewed and updated at least every six months. This assisted staff to reflect observed and/or recorded changes in people's needs.

Met - within timescales

Requirement 9

The provider should make sure staff are all aware of and implement the Mental Welfare Commission guidance on restraint - 'Rights, risks and limits to freedom.'

This is in order to comply with:

SSI 2011/210 regulation 4(1)(a)-requirement for the health and welfare of service users.

This requirement was made on 11 November 2016.

Action taken on previous requirement

The care home have obtained a copy of this guidance and have plans in place for staff training. However, staff interviews evidenced various levels of understanding. This requirement will be repeated and checked at the next inspection.

Not met

Requirement 10

The lounge in Argyle Lodge needs to be improved to provide a homely, comfortable space for people to relax. This should not be sited in full view of the front door, should be spacious enough to provide varied seating arrangements and should promote the individual's rights to privacy and dignity. This is to comply with: SSI 2011/210 10 Fitness of Premises.

This requirement was made on 11 November 2016.

Action taken on previous requirement

This requirement was still within timescale. The service provider had engaged the services of an architect and was in progress of making a plan to address the need for improved facilities in Argyle Lodge. This requirement was still ongoing

Not met

Requirement 11

The provider should make adequate provision for bathing and showering in Argyle Lodge. This is to comply with: SSI 2011/210 10 Fitness of Premises.

This requirement was made on 11 November 2016.

Action taken on previous requirement

This requirement was still within timescale. The service provider had engaged the services of an architect and are in progress of making a plan to address the need for improved facilities in Argyle Lodge.

Not met

Requirement 12

All staff should have updated training in infection control and comply with best practice guidance. This is to comply with SSI 2011/210 4 Welfare of Users.

This requirement was made on 11 November 2016.

Action taken on previous requirement

We could see evidence of staff training. However, not all staff were following best practices and further training and observations are needed before this requirement is met.

Not met

Requirement 13

Effective induction procedures and approaches to staff supervision should be implemented as a matter of urgency. This must result in improved staff practice and be measured by improved outcomes for service users. There is a need for strong leadership which demonstrates good practice.

SSI 2011/210 4 Welfare of users.

SSI 2011/210 3 Principles.

A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

This requirement was made on 11 November 2016.

Action taken on previous requirement

Staff told us that they now had more opportunities to meet as a staff team and said that they received supervision. There are more effective systems in place for monitoring the competence of staff on completion of training and in ongoing practice.

Met - within timescales

Requirement 14

Staff need ongoing training in person centred approaches to care, the impact of institutionalisation, the impact of discriminatory language and the need for confidentiality. This is to ensure that people's self-respect, dignity and privacy are maintained. Best practice information sharing should be the focus of more regular staff meetings. SSI 2011/210 4 Welfare of users. National Care Standards 5, Care Homes for Older People - Management and Staffing Arrangements.

This requirement was made on 11 November 2016.

Action taken on previous requirement

We noted that staff had undertaken specific training relevant to their job. This was clarified by most staff members we spoke with. We found that some staff had professional qualifications, with others being put forward to undertake SVQ training. We observed consistently positive and sensitive interactions throughout this inspection.

Met - within timescales

Requirement 15

The provider should ensure that there are enough staff on duty in the care home. They should use the dependency assessments to plan ahead the number of staff required to meet people's assessed needs. The staffing schedule identifies minimum staffing requirements and must be adhered to and increased in response to increased needs.

SSI 2011/210 4 Welfare of users. National Care Standards 5, Care Homes for Older People - Management and Staffing Arrangements.

This requirement was made on 11 November 2016.

Action taken on previous requirement

The staffing rotas evidenced that minimum staffing levels were being met. We found records which evidence that a dependency assessment tool is being used by the service. We noted that the dependency assessment in use at the service does not take into account the layout of the building which may have a significant impact on the deployment of staff throughout the service. Staff were consistently observed to be very busy and we observed delays when people requested support before staff were available, therefore this requirement is not met and will be examined further at the next inspection.

Not met

Requirement 16

The management team need to familiarise themselves with the current best practice guidance in relation to care homes for older people and the service must comply with this. They should continually guide staff to the wide range of resources available on the Care Inspectorate Hub and support and motivate them to improve the outcomes for service users. SSI 2011/210 4 Welfare of users. National Care Standards 5, Care Homes for Older People – Management and Staffing Arrangements.

This requirement was made on 11 November 2016.

Action taken on previous requirement

Staff have access to a 'thinking portal library', the HUB and a wide variety of best practice guides. Interviews with the staff team confirmed that they use these resources to influence service delivery.

Met – within timescales

Requirement 17

The provider should review and improve the quality management system they have implemented to ensure consistent high quality is achieved across all aspects of the operation of the service. The success of the system should be measured by improvement in the outcomes for service users. SSI 2011/210 4 Welfare of users. National Care Standards 5, Care Homes for Older People – Management and Staffing Arrangements.

This requirement was made on 11 November 2016.

Action taken on previous requirement

We found that the service did have a suitable training policy in place and we saw clear guidance which explains the process of induction, regular updated training, and how staff would be developed on an on-going basis.

Met – within timescales

Requirement 18

Each person's support plan should have up-to-date accurate information about how their needs should be met. These plans should be reviewed at least every six months and all risk assessment kept up to date. SSI 114 Regulation 4 (1) Welfare of Users.

This requirement was made on 3 July 2014.

Action taken on previous requirement

There was a training programme in place which included both mandatory and non-mandatory training. We met with members of care staff to discuss progress since the last inspection. Staff told us they had received training. They spoke positively about the training which had been delivered and all felt the training had improved practice. Personal planning paperwork assessed, monitored and evaluated health risk areas and care needs such as nutrition, falls, restraint, pain, behaviour, activity/social interaction and skin care. Although the content could be developed further in being person centred and outcomes could be documented clearer, all information was up-to-date.

Met – outwith timescales

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

Previous recommendations

Recommendation 1

The policy for promoting tissue viability should be updated and effective accountable systems for assessing and treating wounds and pressure ulcers should be used throughout the service. Information about best practice can be found on the Care Inspectorate Hub.

National Care Standards: Care Homes for Older People – Standard 14 Lifestyle – Keeping Well – Healthcare.

This recommendation was made on 11 November 2016.

Action taken on previous recommendation

We found that staff had a good awareness of service users' individual health and wellbeing needs and had acted properly to meet the needs identified. The service users and relatives we spoke to told us that staff had provided very good care and support. They had confidence in staff and said that they noticed and responded quickly to any changes or issues around any concerns relating to skin integrity. This recommendation has been met.

Recommendation 2

All staff should be made aware of the best practice guidance 'Managing falls and fractures in care homes'.

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

This recommendation was made on 11 February 2016.

Action taken on previous recommendation

See Requirement 13 for work undertaken within the service. This recommendation has been met.

Recommendation 3

There should be individual plans about each person's preferences relating to all aspects of personal care. National Care Standards 6, Care Homes for Older People – Supporting Arrangements.

This recommendation was made on 11 November 2016.

Action taken on previous recommendation

Although information contained in care plans was up-to-date it could contain more unique information. It is very important that systems for hearing the views of other people with an interest in the service are varied and effective. It was suggested to the provider to drive up and maintain standards that protected time for staff to document clear, accurate and up-to-date information in care plans may need to be planned for a longer period within staff rotas. This recommendation is still ongoing.

Recommendation 4

An outline of how each person's preferences for outings, access to fresh air and meaningful activities will be achieved. The provider should keep records which identify when outings take place for each person on this plan.

Currently it is not possible to identify when an individual was last outside of the care home or when they last took part in an activity that enhanced their quality of life.

National Care Standards 17, Care Homes for Older People – Daily Life.

National Care Standards 8, Care Homes for Older People – Making Choices.

This recommendation was made on 11 November 2016.

Action taken on previous recommendation

Whilst in the service we saw that staff were respectful of service users in their interactions. We observed staff providing service users with information and choices and taking time to answer any questions people had. Overall we found that the staff team were committed to promoting people's rights. However, staffing numbers need to be examined further to increase flexibility and choices for people getting out and about with greater frequency before this recommendation is fully met. A record should be kept evidencing the outcomes achieved. This recommendation is still ongoing.

Recommendation 5

The lighting throughout the home should be improved to meet the needs of people who have dementia.

National Care Standards 4, Care Homes for Older People – Your Environment.

This recommendation was made on 11 November 2016.

Action taken on previous recommendation

This recommendation is part of the requirements made relating to the ongoing improvements planned within the home and will be further examined at the next inspection. This recommendation is ongoing.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	
11 Nov 2016	Unannounced	Care and support	3 – Adequate
		Environment	3 – Adequate
		Staffing	3 – Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
6 Nov 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
26 Feb 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
11 Aug 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Dec 2013	Unannounced	Care and support	5 - Very good
		Environment	6 - Excellent
		Staffing	5 - Very good
		Management and leadership	5 - Very good
15 Mar 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
28 Sep 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	3 - Adequate
17 Feb 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
19 May 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed

Date	Type	Gradings	
		Management and leadership	3 - Adequate
1 Mar 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
5 Aug 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	Not assessed
14 Jan 2010	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Aug 2009	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Feb 2009	Unannounced	Care and support	Not assessed
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
4 Jul 2008	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

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