Canderavon House
Care Home Service

34 Queen Street
Stonehouse
Larkhall
ML9 3EE

Telephone: 01698 793454

Type of inspection: Unannounced
Inspection completed on: 21 April 2017

Service provided by:
South Lanarkshire Council

Service provider number:
SP2003003481

Care service number:
CS2003001335
About the service

Canderavon House is owned and managed by South Lanarkshire Council and is registered to provide care and support for up to forty-three older people with a range of physical and cognitive impairment. The home is situated in a residential area of Stonehouse and is within close proximity of local amenities and transport links.

The home provides long-term residential care as well as short stay/respite/reablement known as intermediate care. This is an eight bedded unit and is part of the Integration of Health and Social Care Initiative. This involves admitting people from hospital for a short period of reablement within Canderavon. During this time staff support and promote their independence under continual supervision and assessment. The anticipated outcomes for this short period of respite are to reduce unnecessary, prolonged periods in hospital and support people in returning to their own homes.

The home is purpose-built over two levels with a passenger lift providing access to the first floor. The home consists of four small units with lounge and dining facilities in each of these. There is a large communal dining area on the ground floor. All bedrooms have ensuite facilities and people are encouraged to bring in their own possessions to personalise their rooms.

There is a secure, spacious garden area at the rear of the building with plants, water feature and seated areas for residents and visitors to enjoy.

The home states its aim is to “provide a good quality of life for service users, affording privacy, dignity and choice, in a homely, comfortable and welcoming environment. Independence and individuality are encouraged and service users’ rights as citizens promoted”.

What people told us

Prior to this inspection we issued fifteen Care Standard Questionnaires to people using the service as well as relatives and carers. At the time of this inspection we received one completed questionnaire from a service user and a four from relatives/carers. All responses indicated that overall they strongly agreed that they were happy with the quality of care and support provided.

During the inspection we also spoke to eleven people who use the service. Some of the comments we received were as follows:

“Staff at Canderavon treated my relative with care, dignity and respect during their stay. I would have no problem highly recommending Canderavon and have the utmost respect for everything they did”.
“My relative was very well looked after by all the staff who always spoke to us and kept us up to date. My relative loved all the daily activities and enjoyed taking part. Canderavon helped restore their independence and enable them to go back home”.
“Everyone is very nice to me and my family”.
“The food is excellent and staff are very nice”.
“There are not many activities, been out in the garden once, its not easy to get out, you need permission as its locked”.
“My bedroom is lovely have no problems whatever, if I was worried I would find someone who would listen”.
“There’s always something going on, I don’t go unless I’m interested, if it’s a nice day they tell you when the garden is open”.
Self assessment

The last self-assessment was submitted in June 2015. Since then the Care Inspectorate have not requested any further self-assessments from the service. We spoke to staff about identifying and recording future ongoing development plans for the service and took this information into account when writing this report.

From this inspection we graded this service as:

- Quality of care and support: 4 - Good
- Quality of environment: not assessed
- Quality of staffing: not assessed
- Quality of management and leadership: 4 - Good

What the service does well

Residents we spoke to, spoke positively about the service and level of support provided by a kind, caring, well-trained and competent staff team.

Communal areas appeared calm and relaxed. Residents were able to move around freely in a spacious environment. Where support was required to mobilise, we saw that this was provided in a dignified, appropriate manner.

Since the previous inspection additional staff had been recruited which had resulted in a positive impact on the service, with the re-opening of the intermediate care unit. As part of the Integration of Health and Social Care the home benefits from an eight bedded intermediate care unit. This provides residents with a reablement programme supported by staff who encourage and promote their independence, by working in partnership with members of the local community healthcare team who meet weekly, to discuss individuals cases. This service provides the necessary support needed, to allow people to return to and live independently in their own homes for as long as possible, preventing lengthy, unnecessary time in hospital, or to provide a full assessment where long-term care may be the best outcome for an individual.

Care plans provided some good information on individuals needs and preferences and how staff should support these. Some good information was being implemented on how to manage catheter care which provided clear guidance for staff to follow. Appropriate risk assessment tools used to assess nutrition, falls and skin integrity were in place. Residents benefitted from a designated GP practice and staff were confident referring to other healthcare professionals with any concerns.

Staff continue to promote individual choice, for example, through medication administration from pods within bedrooms. We found the medication administration and topical medication charts were being completed in accordance with best practice guidelines and were being regularly audited by senior staff, demonstrating safe medication management.

The manager had introduced a quality assurance system. This involved collating all the relevant information from all four units. This provided an overview of the identified risks regarding residents including nutritional risk, skin integrity issues, falls as well as maintenance issues, complaints, care plans and medication. This included any action required and outcome achieved to date.
What the service could do better

Some of the personal plans we looked at provided conflicting information and require further development to provide more detail on individuals’ specific healthcare needs, how these present and how staff are expected to manage these appropriately.

Where a specific risk has been identified more information is needed explaining how staff manage this as well as a follow-up, to incidents directly effecting residents safety.

An audit of the information recorded within the Power of Attorney/Guardianship, Anticipatory Care Plans and Do Not Attempt Cardiopulmonary Resuscitation would be beneficial to ensure the most current information and details have been reviewed and documented and are available to all staff. This will ensure that details of who has the legal powers to make decisions on an individuals behalf and what exactly these powers specify are available for reference.

Charts used to monitor fluid intake did not always provide a total intake over a twenty-four hour period. Other additional monitoring charts had gaps which could have a detrimental effect on the persons wellbeing if not completed and assessed correctly (see requirement 1).

Personal plans were being reviewed however some of these dates were outwith the required six-monthly timeframe (see requirement 2).

There is secure door entry into the home with a push button mechanism to exit the building with no restriction. The door to the enclosed garden was alarmed and required staff assistance to access this area.

We requested a review of this process as we were unable to ascertain how the service maintained the safety of residents’ who had been identified as potentially at risk, if they left the home independently through the main entrance (see requirement 3).

The home appeared clean and fresh despite gaps in cleaning records, bathrooms were cluttered and used for storage. There remains a lack of signage and lighting remains dull in some areas casting shadows and increasing the risk of trips and falls. We were informed of future plans to refurbish the home and will continue to monitor how this has progressed through future inspections, as well as the managers ongoing development plan (see recommendation 1).

Some rooms had portable heaters which posed a risk of trips and falls and were hot to touch increasing the risk of injury. Some of the hot water units in the communal pantry areas had faulty locks resulting in direct access to boiling water. We discussed this with senior staff who assured us these concerns would be reviewed as a matter of priority (see recommendation 2).

A clearer method of monitoring staffs registration details would provide evidence of the actions taken by the service, to monitor individuals whose registration had lapsed with a record of the actions taken until they had been reinstated.

Requirements

**Number of requirements:** 3

1. The service provider must ensure that each care plan sets 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 these plans:
- Accurately reflect all the current healthcare and needs of individuals and how staff are expected to manage these appropriately.
- Include accurate up to date information about care and support which is fully evaluated to provide an explanation on 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 for each individual, including any follow-up to incidents which have occurred with evidence of consultation and review of this process.
- Daily progress notes, additional observational charts and those used to monitor fluid intake must be fully completed and evaluated, to ensure the healthcare needs of residents who have been identified as at risk, are followed up and positively actioned.
- Include accurate up to date information on who has the legal powers to make decisions on a persons’ behalf and include details of what these powers are and what they mean. All staff should have access to a summary of all this information relevant to each resident, to ensure they are fully aware and confident in their knowledge when sharing this information with other healthcare professionals.

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 completed by 31 August 2017.

2. The Provider must ensure that personal plans are reviewed at least once in every six month period whilst the service user is in receipt of the service or when there is a significant change to the service users health, welfare and safety needs.

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 5(2)(b)(ii)(iii) Personal plans.

Timescale for implementation; to commence immediately with priority given to those outstanding. Then remain ongoing six-monthly or when there is a change in needs.

3. The provider must ensure the health, welfare and safety of all service users by reviewing the unrestricted access from the front door and assessing the risk associated with each individual should they choose to leave the building independently. Where a risk has been identified there must be a clear, written plan of how the service plan to manage this, to ensure the safety and wellbeing of the resident is maintained at all times and be reviewed regularly to reflect any changes.

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 completed by 31 August 2017.
Recommendations

Number of recommendations: 2

1. The manager should continue to develop and add to the ongoing development plan for the service including further environmental changes in order to ensure a safe, comfortable and homely environment for people using the service. This should include evidence of progress already undertaken and future plans to continue with improving the environment including the following;

- Areas requiring improved lighting and signage.
- Any carpets or soft furnishings requiring replacement.
- Redecoration of rooms and communal areas including communal bathrooms.
- An audit of cleaning schedules to ensure completion.

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

2. The manager should ensure that all portable heaters and hot water units have been fully assessed and are fully operational and safe to use, without posing any risk to residents/visitors and staff. Residents who chose to have portable heaters should have one which meets with current health/safety and fire regulations. This should be documented within individual care plans demonstrating how staff have risk assessed and reviewed this regularly to ensure individuals safety, taking into account the location and surface temperature of these heaters when in use.

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

Complaints

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

Inspection and grading history

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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Inspection report for Canderavon House